



CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS
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www.calibrecpa.com
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KS International
The logo for KS International consists of a stylized 'KS' monogram inside a decorative, oval-shaped border.

November 13, 2012

UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000
1808 14th STREET
SACRAMENTO, CA 95811-7131

UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000:

Enclosed are the 2011 Exempt Organization returns, as follows...

2011 FORM 990

2011 CALIFORNIA FORM 199

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

SINCERELY,

Scott E. Hallberg

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2011

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14th STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2011

Prepared for	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14th STREET SACRAMENTO, CA 95811-7131
Prepared by	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814
Amount due or refund	Balance due of \$10
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0701
Return must be mailed on or before	December 17, 2012
Special Instructions	The return should be signed and dated by an authorized individual. Include the organization's California corporation/organization number and "2011 Form 199" on the remittance.

Product: Exempt

Category:

Name: UNION OF CALIFORNIA STATE WORKERS

IRS Center: Ogden

e-Postmark: 11/13/2012 4:19:53 PM

FEIN: 68-0475305

Notification:

Fiscal Year 1/1/2011

Fiscal Year 12/31/2011

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	11/8/2012	Upload Started			
	11/8/2012	Released for Transmission - Validation in Progress			System
	11/8/2012	Ready to transmit - Validation Complete			
	11/8/2012	Transmitted to FD	780252201231307e3e49		
	11/8/2012	Rejected by FD on 11/8/2012			
	11/13/2012	Upload Started			
	11/13/2012	Released for Transmission - Validation in Progress			System
	11/13/2012	Ready to transmit - Validation Complete			
	11/13/2012	Transmitted to FD	7802522012318080ae85		
	11/13/2012	Accepted by FD on 11/13/2012			

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 2011

2011

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

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

Employer identification number 68-0475305

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 61440921
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

[Signature]

Date

PRESIDENT Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only: ERO's signature [Signature], Date 10/2/12, Check if also paid preparer [X], Check if self-employed [], ERO's SSN or PTIN P01081188, Firm's name CALIBRE CPA GROUP PLLC, address 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814, EIN 47-0900880, Phone no. 202-331-9880

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (if based on all information of which the preparer has any knowledge).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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.

A For the 2011 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 SEIU 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) 554-1210 G Gross receipts \$ 61440921. 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: ▶ 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: <u>SEE SCHEDULE O</u>																									
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 64																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 64																								
	5 Total number of individuals employed in calendar year 2011 (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		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">56668257.</td> <td style="text-align: right;">61059787.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">86843.</td> <td style="text-align: right;">89842.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">388527.</td> <td style="text-align: right;">291292.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">57143627.</td> <td style="text-align: right;">61440921.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	0.	0.	9 Program service revenue (Part VIII, line 2g)	56668257.	61059787.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86843.	89842.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	388527.	291292.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57143627.	61440921.						
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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 SCOTT E. HALLBERG	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01081188
	Firm's name ▶ CALIBRE CPA GROUP PLLC Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	Firm's EIN ▶ 47-0900880 Phone no. (202) 331-9880

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 PROVIDE ASSISTANCE IN MATTERS OF JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES AND RETIREES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

**UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000**

Form 990 (2011)

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2011)

**UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000**

Form 990 (2011)

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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 any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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	

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

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 **X**

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	64		
b	Enter the number of voting members included in line 1a, above, who are independent		
	64		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/> X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/> X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/> X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/> X	
b	Each committee with authority to act on behalf of the governing body?		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/> X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/> X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/> X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/> X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/> X	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> 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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/> X	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
CORA OKUMURA - 866-471-7348
1808 14TH STREET, SACRAMENTO, CA 95811

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

Check if Schedule O contains a response 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
(1) AIDA CONONIZADO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(2) ALAN CONSTANTINO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(3) ALFREDA WEAVER DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(4) ANNA MAYO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(5) BEVERLY BROCKINGTON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(6) JAMES WILLIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(7) BRANDI KANE DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(8) BRENDA MODKINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(9) CHRISTINA EVITT DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(10) CHRISTINA VILLARREAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(11) CHRITIAN BANZET DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(12) CHUCK LEONG DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(13) CLAYTON SILVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(14) DANA MEZA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(15) DANIEL SILVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(16) DARLENE ESTEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(17) DEBRA BARSKY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	

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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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-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			
(18) BERTHA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(19) DELEON SECREST DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(20) DIANA KING DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(21) DONALD KILLMER DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(22) ED PEREZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(23) EDWARD FUNK DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(24) EDWARD SOMERA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(25) EVELYNE BOON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(26) FRANCISCA PASS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	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 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET, SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	6417461.
ROBERT HALF TECHNOLOGIES, 2180 HARVARD STREET SUITE 250, SACRAMENTO, CA 95815	TECHNOLOGY CONSULTING	220837.
ALTSHULER BERZON LLP, 177 POST STREET SUITE 300, SAN FRANCISCO, CA 94108	LEGAL	185417.
LINDQUIST LLP, 5000 EXECUTIVE PARKWAY SUITE 400, SAN RAMON, CA 94583	ACCOUNTING AND AUDITING	122500.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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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			
(27) GAIL HANNON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(28) GARY PANNETT DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(29) GENE BUCKHANNAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(30) GIANA MURILLO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(31) HAROLD FONG DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(32) IBYANG RIVERA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(33) IDA AMARO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(34) IRENE JACKSON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(35) EDWARD FUNK DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(36) JACQUELINE MCCOLLUM DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(37) JAMES HARD DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(38) JANET ZIMMER DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(39) JAQUELINE WRIGHT DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(40) JAVIER CARDENAS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(41) JAYSON SANDOVAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(42) JEFFREY FOWLER DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(43) JENNIFER HORTON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(44) JOE CHACON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(45) JOHN KERN DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(46) JOHN PACE DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	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			
(47) JOYCE MINZEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(48) KATHLEEN COLLINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(49) KEVIN CURTIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(50) KIMBERLY COWART DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(51) KWAJHALIEN DORN DAVIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(52) LARRY ROBERTS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(53) LAVERNE ARCHIE DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(54) LEONARD SEITZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(55) LEORA HILL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(56) LINDA CURRIE DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(57) LISA DAVIS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(58) MANUEL RODRIGUEZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(59) MARGARITA MALDONADO STATEWIDE VP OF BARGAINING/SEIU LOCA	40.00	X		X				0.	0.	0.
(60) MARIA OKUMURA STATEWIDE VP AND SECRETARY TREASURER	40.00	X		X				0.	0.	0.
(61) MARIA VILLEGAS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(62) MICHAEL ALLEN DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(63) MICHEAL ROSKEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(64) MICHELLE NEBBIO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(65) MIGUEL CORDOVA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(66) MODESTO RIOS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	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			
(67) NANCY LYERLA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(68) OLGA GUTIERREZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(69) OPHELIA RABANAL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(70) PAUL SMILANICK DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(71) PHYLLIS JOHNSON DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(72) RAMON VELEZ DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(73) RAYMOND ALTMAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(74) REGINA WHITNEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(75) RICHARD GUERRERO DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(76) RIONNA JONES DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(77) RITA SALAZAR DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(78) ROBERT KELLY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(79) ROBERT KING DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(80) ROBYN SHERLES DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(81) ROSE HAAKMA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(82) SANDRA GARCIA DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(83) SEAN O'CONNELL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(84) SHRHONDA WARD DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(85) ALAN CHARBONNEAU DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
(86) SOPHIA PERKINS DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Form 990 (2011)

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			
(87) STEPHEN MCVEIGH DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(88) STEVEN ALARI DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(89) TAMEKIA ROBINSON STATEWIDE VP OF ORGANIZING AND REPRE	40.00	X		X				0.	0.	0.
(90) THOMAS PERINE DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(91) TIMOTHY CHANEY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(92) TODD SNELL DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(93) VENICIA CONNALLY DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(94) VICTORIA JONES DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(95) YUSUF HANAN DLC PRESIDENT/SEIU LOCAL 1000 BOARD	2.00	X						0.	0.	0.
(96) YVONNE WALKER STATEWIDE PRESIDENT/SEIU LOCAL 1000	40.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000**

Form 990 (2011)

68-0475305 Page **9**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
	Program Service Revenue	2 a MEMBER DUES AND ASSESS	Business Code 900099	61059787.	61059787.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			61059787.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		89842.			89842.	
	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	246434.	246434.				
b INT. UNION SUBSIDIES	900099	41861.	41861.				
c OTHER	900099	2997.	2997.				
d All other revenue							
e Total. Add lines 11a-11d		291292.					
12 Total revenue. See instructions.		61440921.	61351079.	0.	89842.		

132009 01-23-12

Form **990** (2011)

UNION OF CALIFORNIA STATE WORKERS

SEIU LOCAL 1000

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	158753.			
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	15583891.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2957532.			
9 Other employee benefits	2932941.			
10 Payroll taxes	1653818.			
11 Fees for services (non-employees):				
a Management				
b Legal	400705.			
c Accounting	155920.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	814760.			
12 Advertising and promotion				
13 Office expenses	2460073.			
14 Information technology				
15 Royalties				
16 Occupancy	1595709.			
17 Travel	3254262.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1792974.			
20 Interest	55287.			
21 Payments to affiliates	15382259.			
22 Depreciation, depletion, and amortization	515487.			
23 Insurance	80361.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMBURSEMENTS TO CSEA	6417461.			
b REIMBURSEMENTS TO CA FO	2618122.			
c DLC ADMINISTRATION	822726.			
d OTHER EXPENSES	475497.			
e All other expenses	427114.			
25 Total functional expenses. Add lines 1 through 24e	60555652.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000**

Form 990 (2011)

68-0475305 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	4536088.	1	2339546.	
	2 Savings and temporary cash investments	5492190.	2	15612708.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5718813.	4	6875556.	
	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	179944.	7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	157074.	9	96157.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5630905.			
	b Less: accumulated depreciation	2364175.			
	11 Investments - publicly traded securities	1764554.	10c	3266730.	
	12 Investments - other securities. See Part IV, line 11	8070177.	11	0.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	186354.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	26105194.	15	232695.		
	26105194.	16	28423392.		
Liabilities	17 Accounts payable and accrued expenses	3594782.	17	5538774.	
	18 Grants payable		18		
	19 Deferred revenue	539689.	19	511388.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	330568.	23	292157.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3002535.	25	2558184.	
	26 Total liabilities. Add lines 17 through 25	7467574.	26	8900503.	
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	16046359.	27	17728212.	
	28 Temporarily restricted net assets	2591261.	28	1794677.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	18637620.	33	19522889.	
34 Total liabilities and net assets/fund balances	26105194.	34	28423392.		

Form 990 (2011)

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	61440921.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60555652.
3	Revenue less expenses. Subtract line 2 from line 1	3	885269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18637620.
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	19522889.

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 (2011)

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

2011

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 35c (Proxy Tax), then

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

Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU 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-.
SEIU LOCAL 1000 CANIDATE PAC	SACRAMENTO, CA 95814-4602	30-2032142	0.	449101.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011
LHA SEE PART IV FOR CONTINUATION

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 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).

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; Part II-A; and Part II-B, line 1. 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:

Part IV Supplemental Information *(continued)*

SEIU LOCAL 1000 CANIDATE PAC

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

EIN: 30-2032142 COL (D) AMOUNT: 0. COL (E) AMOUNT: 449101.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **UNION OF CALIFORNIA STATE WORKERS
SEIU 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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 | |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1275682.	562173.	713509.
c Leasehold improvements				
d Equipment		4355223.	1802002.	2553221.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3266730.

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) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	1193796.
(3) CAPITAL LEASES	156399.
(4) PER CAPITA TAX PAYABLE	1207989.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2558184.

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	61440921.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60555652.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	885269.
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	885269.

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	61067296.
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	-373625.
e	Add lines 2a through 2d	2e	-373625.
3	Subtract line 2e from line 1	3	61440921.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61440921.

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

1	Total expenses and losses per audited financial statements	1	60046981.
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	-508671.
e	Add lines 2a through 2d	2e	-508671.
3	Subtract line 2e from line 1	3	60555652.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	60555652.

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.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DLC EXPENSES	-822726.
PAC DUES	449101.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-373625.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DLC EXPENSES	-822726.
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Part XIV Supplemental Information *(continued)*

PAC EXPENSES	314055.
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TOTAL TO SCHEDULE D, PART XIII, LINE 2D	-508671.
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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **UNION OF CALIFORNIA STATE WORKERS SEIU 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	
b Any related organization?	5b	
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	
b Any related organization?	6b	
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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) 2011

**UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000**

Schedule J (Form 990) 2011

68-0475305

Page 2

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

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

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

(A) Name		(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 as deferred in prior Form 990
		(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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).

NAME: AIDA CANONIZADO__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 56324

NAME: ALAN CONSTANTINO__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 1043

NAME: ALFREDA WEAVER__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 1576

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: ANNA MAYO__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 306

NAME: BEVERLY BROCKINGTON__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1454

NAME: JAMES WILLIS__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 50089

NAME: BRANDI KANE__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 34047

NAME: BRENDA MODKINS__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 14432

NAME: CHRISTINA EVITT__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1358

NAME: CHRISTINA VILLARREAL__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2417

NAME: CHRISTIAN BANZET__TITLE: DLC PRESIDENT/SEIU

LOCAL 1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION:

2__PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 6580

NAME: CHUCK LEONG__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1021

NAME: CLAYTON SILVA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 384

NAME: DANA MEZA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 5531

NAME: DANIEL SILVA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 318

NAME: DARLENE ESTEY__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 4839

NAME: DEBRA BARSKY__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 679

NAME: BERTHA CERNA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1272

NAME: DELEON SECREST__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1144

NAME: DIANA KING__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 9982

NAME: DONALD KILLMER__TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 15325

NAME: EDWIN PEREZ__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1317

NAME: EDWARD FUNK__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1413

NAME: EDWARD SOMERA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 517

NAME: EVELYNE BOON__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3762

NAME: FRANCISCA PASS__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 31999

NAME: GAIL HANNON__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 5406

NAME: GARY PANNETT__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR OFFICIAL UNION BUSINESS: 4527

NAME: GENE BUCKHANNAN TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3771

NAME: DIANA MURILLO TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 394

NAME: HAROLD FONG TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 1589

NAME: IBYANG RIVERA TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 4521

NAME: IDA AMARO TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2145

NAME: IRENE JACKSON TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR OFFICIAL UNION BUSINESS: 381

NAME: EDWARD FUNK TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1413

NAME: JACQUELINE MCCOLLUM TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 9459

NAME: JAMES HARD TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 26044

NAME: JANET ZIMMER TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1026

NAME: JACQUELINE WRIGHT TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 191

NAME: JAVIER CARDENAS TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2403

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: JAYSON SANDOVAL TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 1576

NAME: JEFFREY FOWLER TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3924

NAME: JENNIFER HORTON TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 9835

NAME: JOE CHACON TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2300

NAME: JOHN KERN TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 108706

NAME: JOHN PACE TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2535

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: JOYCE MINZEY TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1548

NAME: KATHLEEN COLLINS TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 41739

NAME: KEVIN CURTIS TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1921

NAME: KIMBERLY COWART TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 116441

NAME: KWAJHALIEN DORN-DAVIS TITLE: DLC PRESIDENT/SEIU

LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITION:

2 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 2087

NAME: LARRY ROBERTS TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1669

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: LAVERNE ARCHIE__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 12807

NAME: LEONARD SEITZ__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3928

NAME: LEORA HILL__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 32134

NAME: LINDA CURRIE__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3895

NAME: LISA DAVIS__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 30284

NAME: MANUEL RODRIGUEZ__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2716

NAME: MARGARITA MALDONADO__TITLE: STATEWIDE VP OF BARGAINING/SEIU LOCAL

UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Schedule J (Form 990) 2011

68-0475305

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 40__PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 91118

NAME: MARIA OKUMURA__TITLE: STATEWIDE VP AND SECRETARY TREASURER/SEIU LOCAL

1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 40__PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 104669

NAME: MA VILLEGAS__TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 26358

NAME: MICHAEL ALLEN__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 769

NAME: MICHAEL ROSKEY__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1777

NAME: MICHELLE NEBBIO__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1379

NAME: MIGUEL CORDOVA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 57031

NAME: MODESTO RIOS__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 828

NAME: NANCY LYERLA__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 69091

NAME: OLGA GUTIERREZ__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 549

NAME: OPHELIA RABANAL__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 892

NAME: PAUL SMILANICK__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2527

NAME: PHYLLIS JOHNSON__TITLE: DLC PRESIDENT/SEIU LOCAL

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

1000 BOARD OF DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 429

NAME: RAMON VELEZ__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1751

NAME: RAYMOND ALTMAN__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 5358

NAME: REGINA WHITNEY__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 66361

NAME: RICHARD GUERRERO__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 2925

NAME: RIONNA JONES__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 10381

NAME: RITA SALAZAR__TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS__HOURS PER WEEK DEVOTED TO POSITION: 2__PAYMENTS TO STATE OF CA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR OFFICIAL UNION BUSINESS: 765

NAME: ROBERT KELLY TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 7722

NAME: ROBERT KING TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1013

NAME: ROBYN SHERLES TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 45236

NAME: ROSE HAAKMA TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 1358

NAME: SANDRA GARCIA TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1450

NAME: SEAN O'CONNELL TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR OFFICIAL UNION BUSINESS: 542

NAME: SHRHONDA WARD TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1359

NAME: ALAN CHARBONNEAU TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 506

NAME: SOPHIA PERKINS TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 20686

NAME: STEPHEN MCVEIGH TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1216

NAME: STEVEN ALARI TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3464

NAME: TAMEKIA ROBINSON TITLE: STATEWIDE VP OF ORGANIZING AND

REPRESENTATION/SEIU LOCAL 1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED

TO POSITION: 40 PAYMENTS TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 21663

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: THOMAS PERINE TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1963

NAME: TIMOTHY CHANEY TITLE: DLC PRESIDENT/SEIU LOCAL

1000 BOARD OF DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS

TO STATE OF CA FOR OFFICIAL UNION BUSINESS: 2716

NAME: TODD SNELL TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 6278

NAME: VENECIA CONNALLY TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 0

NAME: VICTORIA JONES TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 3168

NAME: YUSUF HANAN TITLE: DLC PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 2 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 1181

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NAME: YVONNE WALKER TITLE: STATEWIDE PRESIDENT/SEIU LOCAL 1000 BOARD OF

DIRECTORS HOURS PER WEEK DEVOTED TO POSITION: 40 PAYMENTS TO STATE OF CA

FOR OFFICIAL UNION BUSINESS: 59921

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

2011

Open to Public
Inspection

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number 68-0475305
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA
IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING
CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES; LEGAL
REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL
ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT
OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES 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 BOARD

FORM 990, PART VI, SECTION A, LINE 7B: THE OPERATING DECISIONS OF THE
LOCAL ARE SUBJECT TO APPROVAL BY THE LOCAL'S MEMBERS.

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

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

Name of the organization	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number	68-0475305
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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 18: THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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 SEIU 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 - 30-2032142, 555 CAPITAL MALL, SUITE 1425, SACRAMENTO, CA 95814-4602	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CALIFORNIA	527		UNION OF CALIFORNIA STATE WORKERS S.E.I.U.		X
SEIU LOCAL 1000 KEPPING CALIF HEALTHY AND SAFE AND STRONG - 26-3463027, 555 CAPITAL MALL, SUITE 1425, SACRAMENTO, CA 95814-4602	TO SUPPORT OR OPPOSE STATE AND/OR LOCAL CANDIDATE ELECTIONS	CALIFORNIA	527		UNION OF CALIFORNIA 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)			

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 20__

2011

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

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

Employer identification number 68-0475305

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due). Includes checkboxes and numerical values like 61440921.

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal... I certify that I executed the electronic disclosure consent...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements...

Sign Here Signature of officer Date Title PRESIDENT

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return...

Form fields for ERO's Use Only: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name, address, EIN, Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form fields for Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number (EIN) or <input checked="" type="checkbox"/> 68-0475305
	Number, street, and room or suite no. If a P.O. box, see instructions. 1808 14TH STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SACRAMENTO, CA 95811-7131	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CORA OKUMURA

• The books are in the care of **1808 14TH STREET - SACRAMENTO, CA 95811**
Telephone No. **866-471-7348** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date

**California Exempt Organization
Annual Information Return**

Calendar Year 2011 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Corporation/Organization name UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000			California corporation number C2338980
Address (suite, room, or PMB no.) 1808 14TH STREET			FEIN 68-0475305
City SACRAMENTO	State CA	ZIP Code 95811-7131	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	61440921.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	61440921.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	61440921.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	60040165.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1400756.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title PRESIDENT	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01081188
	Firm's name (or yours, if self-employed) and address CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814			FEIN 47-0900880
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete
Part II or furnish substitute information. See Specific Line Instructions.

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	89842.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	61351079.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	61440921.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	158753.00
	11	Compensation of officers, directors, and trustees	•	11	00
	12	Other salaries and wages	•	12	15583891.00
	13	Interest	•	13	55287.00
	14	Taxes	•	14	1653818.00
	15	Rents	•	15	1595709.00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	40992707.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	60040165.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		10028278.		17952254.
2	Net accounts receivable		5718813.		6875556.
3	Net notes receivable STMT 4		179944.		
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 5		8070177.		
8	Mortgage loans				
9	Other investments				
10	a Depreciable assets	3652602.		5630905.	
	b Less accumulated depreciation	(1888048.)	1764554. (2364175.)		3266730.
11	Land				
12	Other assets STMT 6		343428.		328852.
13	Total assets		26105194.		28423392.
Liabilities and net worth					
14	Accounts payable		3594782.		5538774.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		330568.		292157.
18	Other liabilities STMT 7		3542224.		3069572.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		18637620.		19522889.
22	Total liabilities and net worth		26105194.		28423392.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	•	1400756.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		1400756.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		1400756.

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
STATE BAR SERVICING FEES		246434.	
INT. UNION SUBSIDIES		41861.	
OTHER		2997.	
MEMBER DUES AND ASSESS		61059787.	
TOTAL TO FORM 199, PART II, LINE 7		61351079.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
AIDA CONONIZADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
ALAN CONSTANTINO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
ALFREDA WEAVER 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
ANNA MAYO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
BEVERLY BROCKINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
JAMES WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
BRANDI KANE 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	
BRENDA MODKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.	

CHRISTINA EVITT 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
CHRISTINA VILLARREAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
CHRITIAN BANZET 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
CHUCK LEONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
CLAYTON SILVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DANIEL SILVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DARLENE ESTEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DEBRA BARSKY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
BERTHA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DELEON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DIANA KING 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
DONALD KILLMER 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.

ED PEREZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
EDWARD FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
EDWARD SOMERA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
EVELYNE BOON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
FRANCISCA PASS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
GAIL HANNON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
GARY PANNETT 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
GENE BUCKHANNAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
GIANA MURILLO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
IBYANG RIVERA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
IDA AMARO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
IRENE JACKSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.

EDWARD FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JACQUELINE MCCOLLUM 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JAMES HARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JANET ZIMMER 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JAQUELINE WRIGHT 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JAVIER CARDENAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JAYSON SANDOVAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JEFFREY FOWLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JENNIFER HORTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JOE CHACON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JOHN KERN 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JOHN PACE 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
JOYCE MINZEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.

KATHLEEN COLLINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
KEVIN CURTIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
KWAJHALIEN DORN DAVIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LARRY ROBERTS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LAVERNE ARCHIE 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LEORA HILL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LINDA CURRIE 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
LISA DAVIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MARGARITA MALDONADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	STATEWIDE VP OF BARGAINING 40.00	0.
MARIA OKUMURA 1808 14TH STREET SACRAMENTO, CA 95811-7131	STATEWIDE VP AND SECRETARY 40.00	0.

MARIA VILLEGAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MICHAEL ALLEN 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MICHEAL ROSKEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MICHELLE NEBBIO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
MODESTO RIOS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
NANCY LYERLA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
OLGA GUTIERREZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
OPHELIA RABANAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
PAUL SMILANICK 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
PHYLLIS JOHNSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
RAMON VELEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
RAYMOND ALTMAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.

REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
RICHARD GUERRERO 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
RIONNA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
RITA SALAZAR 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
ROBERT KELLY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
ROBERT KING 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
ROBYN SHERLES 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
ROSE HAAKMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
SANDRA GARCIA 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
SEAN O'CONNELL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
SHRHONDA WARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
ALAN CHARBONNEAU 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
SOPHIA PERKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.

STEPHEN MCVEIGH 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
TAMEKIA ROBINSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	STATEWIDE VP OF ORGANIZING 40.00	0.
THOMAS PERINE 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
TIMOTHY CHANEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
TODD SNELL 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
VENICIA CONNALLY 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
VICTORIA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
YUSUF HANAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	DLC PRESIDENT/SEIU LOCAL 1 2.00	0.
YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 95811-7131	STATEWIDE PRESIDENT/SEIU L 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
REIMBURSEMENTS TO CSEA	6417461.
REIMBURSEMENTS TO CA FO	2618122.
DLC ADMINISTRATION	822726.
OTHER EXPENSES	475497.
PAYMENTS TO AFFILIATES	15382259.
PENSION PLAN CONTRIBUTIONS	2957532.
OTHER EMPLOYEE BENEFITS	2932941.
LEGAL FEES	400705.
ACCOUNTING FEES	155920.
OTHER PROFESSIONAL FEES	814760.
OFFICE EXPENSES	2460073.
TRAVEL	3254262.
CONFERENCES AND CONVENTIONS	1792974.
INSURANCE	80361.
ALL OTHER EXPENSES	427114.
TOTAL TO FORM 199, PART II, LINE 17	40992707.

FORM 199	NET NOTES RECEIVABLE	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	179944.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	179944.	0.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	8070177.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	8070177.	0.

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	0.	0.	
OTHER ASSETS	186354.	0.	
PREPAID EXPENSES AND DEFERRED CHARGES	157074.	96157.	
OTHER ASSETS	0.	232695.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	343428.	328852.	

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	0.	0.	
OTHER LIABILITIES	3002535.	0.	
ACCRUED VACATION	0.	1193796.	
CAPITAL LEASES	0.	156399.	
PER CAPITA TAX PAYABLE	0.	1207989.	
DEFERRED REVENUE	539689.	511388.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3542224.	3069572.	