



May 15, 2014

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 2013 Exempt Organization returns, as follows...

2013 Form 990

2013 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, CPA
Senior Tax Director

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2013

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 AVE., 1200W 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.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning _____, 2013, and ending _____, 20_____

2013

Department of the Treasury Internal Revenue Service

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

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 (Form type and Amount). Row 1: Form 990 checked, Total revenue 60708519.

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...

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 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here Signature of officer Date 5/15/14 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 and only declare that this form accurately reflects the data on the return.

Form section for ERO's signature and firm information. Includes fields for ERO's signature, Date (5/15/14), Firm's name (CALIBRE CPA GROUP PLLC), and EIN (47-0900880).

Under penalties of perjury, I declare that I have examined this 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 section for Paid Preparer information. Includes fields for Preparer's name, signature, Date, Firm's name (CALIBRE CPA GROUP PLLC), and EIN (47-0900880).

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Product: Exempt

Category:

Name: UNION OF CALIFORNIA STATE WORKERS

IRS Center: Ogden

e-Postmark: 5/15/2014 4:44:01 PM

FEIN: 68-0475305

Notification:

Fiscal Year: 1/1/2013

Fiscal Year: 12/31/2013

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	5/15/2014	Upload Started			
	5/15/2014	Released for Transmission - Validation in Progress			System
	5/15/2014	Ready to transmit - Validation Complete			
	5/15/2014	Transmitted to CA	7802522014135033dn02	(\$10.00)	
	5/15/2014	Transmitted to FD	780252201413503a5e06		
	5/15/2014	Accepted by FD on 5/15/2014			
	5/15/2014	Accepted by CA on 5/15/2014			

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

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 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		D Employer identification number 68-0475305
	Doing Business As		E Telephone number (916) 554-1210
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 60,708,519.
	1808 14TH STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95811-7131		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number 5304
City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95811-7131		F Name and address of principal officer: YVONNE WALKER SAME AS C ABOVE	
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	63
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	226
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	56,239,485.	59,586,653.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,105.	123,947.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	277,514.	997,919.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,666,104.	60,708,519.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	193,145.	156,835.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,140,868.	21,750,931.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,630,213.	37,227,592.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,964,226.	59,135,358.	
19 Revenue less expenses. Subtract line 18 from line 12	-17,298,122.	1,573,161.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,201,792.	End of Year 20,015,085.
	21 Total liabilities (Part X, line 26)	18,977,025.	16,217,157.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,224,767.	3,797,928.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	YVONNE WALKER, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name SCOTT E. HALLBERG, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01081188
	Firm's name CALIBRE CPA GROUP PLLC	Firm's EIN 47-0900880	Firm's address 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814	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 or note to any line 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

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SEIU LOCAL 1000**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 (2013)

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SEIU LOCAL 1000**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	78		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
	226		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to 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 as charitable contributions?	X	
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	63		
b	Enter the number of voting members included in line 1a, above, who are independent		
	63		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(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) CAROL JEFFRIES BOARD MEMBER	19.00	X					31,045.	0.	0.	
(2) JENNIFER HORTON BOARD MEMBER	6.00	X					9,099.	0.	0.	
(3) JAYSON SANDOVAL BOARD MEMBER	4.00	X					1,911.	0.	0.	
(4) CHRISTINA VILLARREAL BOARD MEMBER	3.00	X					1,489.	0.	0.	
(5) MARIE STORTZ BOARD MEMBER	5.00	X					9,660.	0.	0.	
(6) SANDRA GARCIA BOARD MEMBER	3.00	X					661.	0.	0.	
(7) CATHERINE RAZO BOARD MEMBER	3.00	X					477.	0.	0.	
(8) ROSE HAAKMA BOARD MEMBER	3.00	X					419.	0.	0.	
(9) VERONICA RAMIREZ BOARD MEMBER	3.00	X					253.	0.	0.	
(10) JOYCE MINZEY BOARD MEMBER	3.00	X					665.	0.	0.	
(11) DAVID MATANGA BOARD MEMBER	3.00	X					721.	0.	0.	
(12) VIRGINIA FOWLER BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DELEON SECREST BOARD MEMBER	6.00	X					4,574.	0.	0.	
(14) CHARLENE GONZALEZ BOARD MEMBER	3.00	X					419.	0.	0.	
(15) BEVERLY BROCKINGTON BOARD MEMBER	12.00	X					13,956.	0.	0.	
(16) SANDRA ROMINE BOARD MEMBER	3.00	X					458.	0.	0.	
(17) MANUEL RODRIGUEZ BOARD MEMBER	17.00	X					19,082.	0.	0.	

**UNION OF CALIFORNIA STATE WORKERS
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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 (list any hours for related organizations below line)	(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) EDWARD FUNK BOARD MEMBER	3.00	X					1,051.	0.	0.	
(19) LARRY ROBERTS BOARD MEMBER	3.00	X					721.	0.	0.	
(20) REGINA WHITNEY BOARD MEMBER	38.00	X					61,682.	0.	0.	
(21) WILLIAM HALL BOARD MEMBER	3.00	X					640.	0.	0.	
(22) JOYCELYN ODOM BOARD MEMBER	3.00	X					461.	0.	0.	
(23) TERESA HUBBARD BOARD MEMBER	4.00	X					1,940.	0.	0.	
(24) RAYMOND ALTMAN BOARD MEMBER	5.00	X					3,290.	0.	0.	
(25) YUSUF HANAN BOARD MEMBER	2.00	X					0.	0.	0.	
(26) CHRISTINA EVITT BOARD MEMBER	4.00	X					1,855.	0.	0.	
1b Sub-total							166,529.	0.	0.	
c Total from continuation sheets to Part VII, Section A							870,273.	0.	0.	
d Total (add lines 1b and 1c)							1,036,802.	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 2

	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	3	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	4	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	5	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	4,413,637.
HOLIDAY INN SACRAMENTO-CAPITOL PLAZA 300 J STREET, SACRAMENTO, CA 95814	CONFERENCE SERVICES	1,049,157.
RED LION WOODLAKE AND CONFERENCE CENTER 500 LEISURE LN, SACRAMENTO, CA 95815	CONFERENCE SERVICES	542,651.
HILTON SAN DIEGO BAYFRONT 1 PARK BLVD, SAN DIEGO, CA 92101	CONFERENCE SERVICES	480,603.
NETSUITE, 2955 CAMPUS DRIVE, SUITE 100, SAN MATEO, CA 94403	IT CONSULTING	408,704.

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 37

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) VICTORIA JONES BOARD MEMBER	2.00	X					0.	0.	0.	
(28) DANA MEZA BOARD MEMBER	4.00	X					1,569.	0.	0.	
(29) HAROLD FONG BOARD MEMBER	3.00	X					687.	0.	0.	
(30) DONALD KILLMER BOARD MEMBER	3.00	X					2,166.	0.	0.	
(31) LEONARD SEITZ BOARD MEMBER	3.00	X					849.	0.	0.	
(32) KWAJHALIEN DORN-DAVIS BOARD MEMBER	3.00	X					1,305.	0.	0.	
(33) MICHAEL ROSKEY BOARD MEMBER	3.00	X					575.	0.	0.	
(34) PAUL SMILANICK BOARD MEMBER	3.00	X					455.	0.	0.	
(35) JACQUELINE MCCOLLUM BOARD MEMBER	16.00	X					25,819.	0.	0.	
(36) MICHELLE NEBBIO BOARD MEMBER	3.00	X					591.	0.	0.	
(37) GARY PANNETT BOARD MEMBER	4.00	X					5,300.	0.	0.	
(38) JEFFREY FOWLER BOARD MEMBER	16.00	X					28,488.	0.	0.	
(39) JOHN PACE BOARD MEMBER	3.00	X					1,580.	0.	0.	
(40) STEVEN ALARI BOARD MEMBER	3.00	X					1,312.	0.	0.	
(41) EMMANUEL CHANG BOARD MEMBER	3.00	X					1,195.	0.	0.	
(42) THERESA TAYLOR BOARD MEMBER	11.00	X					19,052.	0.	0.	
(43) GABRIEL LEDESMA BOARD MEMBER	4.00	X					2,937.	0.	0.	
(44) IBYANG RIVERA BOARD MEMBER	3.00	X					859.	0.	0.	
(45) CYNTHIA BERRY BOARD MEMBER	7.00	X					6,545.	0.	0.	
(46) THOMAS PERINE BOARD MEMBER	4.00	X					2,670.	0.	0.	
Total to Part VII, Section A, line 1c										

UNION OF CALIFORNIA STATE WORKERS
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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 (list any hours for related organizations below line)	(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) DIANA KING BOARD MEMBER	11.00	X						12,020.	0.	0.
(48) RICHARD GUERRERO BOARD MEMBER	20.00	X						26,247.	0.	0.
(49) DANIEL SILVA BOARD MEMBER	40.00	X						83,605.	0.	0.
(50) INNA LITKE BOARD MEMBER	10.00	X						13,299.	0.	0.
(51) BRENDA MODKINS BOARD MEMBER	40.00	X						72,220.	0.	0.
(52) JOHN KERN BOARD MEMBER	21.00	X						47,101.	0.	0.
(53) SOPHIA PERKINS BOARD MEMBER	24.00	X						24,967.	0.	0.
(54) JAMES WILLIS BOARD MEMBER	7.00	X						7,278.	0.	0.
(55) LAVERNE ARCHIE BOARD MEMBER	4.00	X						2,314.	0.	0.
(56) ROBYN SHERLES BOARD MEMBER	6.00	X						5,356.	0.	0.
(57) KIMBERLY COWART BOARD MEMBER	40.00	X						124,659.	0.	0.
(58) RIONNA JONES BOARD MEMBER	4.00	X						2,379.	0.	0.
(59) MIGUEL CORDOVA BOARD MEMBER	24.00	X						58,363.	0.	0.
(60) YVONNE WALKER PRESIDENT	40.00	X		X				60,625.	0.	0.
(61) MARIA OKUMURA VP/SECRETARY-TREASURER	33.00	X		X				81,922.	0.	0.
(62) MARGARITA MALDONADO VICE PRESIDENT FOR BARGAIN	40.00	X		X				92,190.	0.	0.
(63) TAMEKIA ROBINSON VP FOR ORGANIZING	40.00	X		X				51,774.	0.	0.
Total to Part VII, Section A, line 1c								870,273.		

**UNION OF CALIFORNIA STATE WORKERS
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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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	59,586,653.	59,586,653.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			59,586,653.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		123,947.			123,947.	
	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 INSURANCE REIMBURSEMENT	900099	601,554.	601,554.				
b STATE BAR SERVICING FEES	900099	264,829.	264,829.				
c OTHER	900099	117,139.	117,139.				
d All other revenue	900099	14,397.	14,397.				
e Total. Add lines 11a-11d		997,919.					
12 Total revenue. See instructions.		60,708,519.	60,584,572.	0.	123,947.		

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Form **990** (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

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

**UNION OF CALIFORNIA STATE WORKERS
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	-454,485.	1	-370,595.	
	2 Savings and temporary cash investments	11,651,552.	2	11,186,782.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	4,867,574.	4	5,188,933.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	1,616,880.	7	695,677.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	611,836.	9	804,524.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,862,423.			
	b Less: accumulated depreciation	3,418,762.			
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	174,058.	15	66,103.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,201,792.	16	20,015,085.		
Liabilities	17 Accounts payable and accrued expenses	9,493,695.	17	4,603,901.	
	18 Grants payable		18		
	19 Deferred revenue	462,488.	19	538,843.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	6,675,308.	23	8,532,421.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,345,534.	25	2,541,992.	
	26 Total liabilities. Add lines 17 through 25	18,977,025.	26	16,217,157.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,802,479.	27	3,092,306.	
	28 Temporarily restricted net assets	422,288.	28	705,622.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,224,767.	33	3,797,928.		
34 Total liabilities and net assets/fund balances	21,201,792.	34	20,015,085.		

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,708,519.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,135,358.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,573,161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,224,767.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,797,928.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

- 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
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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 ▶ \$ _____
- 3 Volunteer hours _____

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 ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization 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 CANDIDATE PAC	SACRAMENTO, CA 95814-4602	34-2032142	0.	1,121,535.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

EXPLANATION: 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 CANDIDATE PAC

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

EIN: 34-2032142 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1121535.

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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Employer identification number 68-0475305

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held easements at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts required to be reported.

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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,503,895.	871,383.	632,512.
d Equipment		2,324,301.	1,790,810.	533,491.
e Other		2,034,227.	756,569.	1,277,658.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,443,661.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	1,119,049.
(3) CAPITAL LEASES	209,061.
(4) PER CAPITA TAX PAYABLE	1,213,882.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,541,992.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	60,947,850.
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 XIII.)	2d	239,331.
e	Add lines 2a through 2d	2e	239,331.
3	Subtract line 2e from line 1	3	60,708,519.
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 XIII.)	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	60,708,519.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	57,447,692.
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 XIII.)	2d	699,722.
e	Add lines 2a through 2d	2e	699,722.
3	Subtract line 2e from line 1	3	56,747,970.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,387,388.
c	Add lines 4a and 4b	4c	2,387,388.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	59,135,358.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DLC EXPENSES	-882,204.
PAC DUES	1,121,535.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	239,331.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAC EXPENSES	699,722.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DLC EXPENSES	882,204.
LEGAL SETTLEMENTS - KNOX	1,505,184.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,387,388.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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) 2013

Part III Supplemental Information

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

PART I, LINE 3:

EXPLANATION: SCHEDULE J, PART I, LINE 3. THE TOP MANAGEMENT OFFICIAL'S
(PRESIDENT) COMPENSATION IS ESTABLISHED BY A COLLECTIVE BARGAINING
AGREEMENT WITH THE STATE OF CALIFORNIA, WHICH HAS BEEN APPROVED BY THE
GOVERNING BODY AND MEMBERS OF THE ORGANIZATION.

SCHEDULE J, PART III. IN RESPONSE TO FORM 990, PART VII, SECTION A, LINE 5:
THE LOCAL'S OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH
IS BASED ON THE LOCAL 1000 MASTER CONTRACT. THE LOCAL REIMBURSES THE STATE
OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON
UNION RELATED BUSINESS (UNION LEAVE). NO OFFICER IS PAID DIRECTLY FROM THE
UNION.

SCHEDULE 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

2013

Open to Public
Inspection

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

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

Employer identification number
68-0475305

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:

EXPLANATION: THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO
PAY MONTHLY DUES

FORM 990, PART VI, SECTION A, LINE 7A:

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

FORM 990, PART VI, SECTION A, LINE 7B:

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

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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

EXPLANATION: COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEUDLES, WERE PROVIDED TO EACH MEMBER OF THE LOCAL'S EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS. THE EXECUTIVE OFFICERS AND MANAGEMENT REVIEWED THE FORM 990, INCLUDING REQUIRED SCHEDULES, PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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:

EXPLANATION: THE LOCAL'S TOP MANAGEMENT OFFICIAL(PRESIDENT)AND OFFICERS ARE COMPENSATED THROUGH THE STATE OF CALIFORNIA, WHICH IS BASED ON THE LOCAL 1000 MASTER CONTRACT. THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THE OFFICER'S TIME SPENT PLUS 35% FOR ALL TIME SPENT ON UNION RELATED BUSINESS(UNION LEAVE). NO OFFICER IS PAID DIRECTLY BY THE LOCAL.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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

FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE - 34-2032142, 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, SEIU		X
SEIU LOCAL 1000 KEEPING 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, SEIU		X

UNION OF CALIFORNIA STATE WORKERS

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

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

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

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE

DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000

NAME OF RELATED ORGANIZATION:

SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG

DIRECT CONTROLLING ENTITY: UNION OF CALIFORNIA STATE WORKERS, SEIU LOCAL
1000

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number (EIN) or 68-0475305
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1808 14TH STREET	Social security number (SSN)
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2013

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 AVE., 1200W 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	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>The Form 199 return has qualified for electronic filing. The return has been transmitted electronically to the FTB, and no further action is required. Do not mail the paper copy of the return to the FTB.</p> <p>Your payment should be made as instructed below on or before May 15, 2014.</p> <p>Separately mail California Form FTB 3586 with a check or money order for \$ 10, payable to Franchise Tax Board.</p> <p>Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531</p> <p>Include the corporation number or FEIN and "2013 FTB 3586" on the check or money order.</p>

**California Exempt Organization
Annual Information Return**

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization Name UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000			California corporation number 2338980
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 Information 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 Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</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 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	60,708,519.00
	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 \$50,000, see General Instruction B	4	60,708,519.00
	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	60,708,519.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	59,135,358.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,573,161.00
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
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01081188
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814	FEIN 47-0900880	Telephone 202-331-9880	
	May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	123,947.00
	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	60,584,572.00
	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	60,708,519.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	156,835.00
	11	Compensation of officers, directors, and trustees	•	11	0.00
	12	Other salaries and wages	•	12	14,607,355.00
	13	Interest	•	13	345,580.00
	14	Taxes	•	14	1,575,894.00
	15	Rents	•	15	1,627,178.00
	16	Depreciation and depletion (See instructions)	•	16	766,330.00
	17	Other Expenses and Disbursements	•	17	40,056,186.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	59,135,358.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		11,197,067.		• 10,816,187.
2 Net accounts receivable		4,867,574.		• 5,188,933.
3 Net notes receivable STMT 4		1,616,880.		• 695,677.
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	5,946,662.		5,862,423.	
b Less accumulated depreciation	(3,212,285.)	2,734,377.	(3,418,762.)	2,443,661.
11 Land				•
12 Other assets STMT 5		785,894.		• 870,627.
13 Total assets		21,201,792.		20,015,085.
Liabilities and net worth				
14 Accounts payable		9,493,695.		• 4,603,901.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		6,675,308.		• 8,532,421.
18 Other liabilities STMT 6		2,808,022.		3,080,835.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		2,224,767.		• 3,797,928.
22 Total liabilities and net worth		21,201,792.		20,015,085.

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 \$50,000.

1 Net income per books	• 1,573,161.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,573,161.
6 Total. Add line 1 through line 5	1,573,161.		

FORM 199	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
STATE BAR SERVICING FEES	264,829.
INT. UNION SUBSIDIES	3,297.
OTHER	117,139.
INSURANCE REIMBURSEMENT	601,554.
PAC REFUND/REIMBURSEMENT	11,100.
MEMBER DUES AND ASSESS	59,586,653.
TOTAL TO FORM 199, PART II, LINE 7	60,584,572.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CAROL JEFFRIES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 19.00	0.
JENNIFER HORTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
JAYSON SANDOVAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
CHRISTINA VILLARREAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
MARIE STORTZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 5.00	0.
SANDRA GARCIA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
CATHERINE RAZO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.

ROSE HAAKMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
VERONICA RAMIREZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
JOYCE MINZEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
DAVID MATANGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
VIRGINIA FOWLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DELEON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
CHARLENE GONZALEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
BEVERLY BROCKINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 12.00	0.
SANDRA ROMINE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 17.00	0.
EDWARD FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
LARRY ROBERTS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 38.00	0.

WILLIAM HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
JOYCELYN ODOM 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
TERESA HUBBARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
RAYMOND ALTMAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 5.00	0.
YUSUF HANAN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CHRISTINA EVITT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
VICTORIA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
DONALD KILLMER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
KWAJHALIEN DORN-DAVIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
MICHAEL ROSKEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.

PAUL SMILANICK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
JACQUELINE MCCOLLUM 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 16.00	0.
MICHELLE NEBBIO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
GARY PANNETT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
JEFFREY FOWLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 16.00	0.
JOHN PACE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
EMMANUEL CHANG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
THERESA TAYLOR 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 11.00	0.
GABRIEL LEDESMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
IBYANG RIVERA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
CYNTHIA BERRY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 7.00	0.
THOMAS PERINE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.

DIANA KING 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 11.00	0.
RICHARD GUERRERO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 20.00	0.
DANIEL SILVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
INNA LITKE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 10.00	0.
BRENDA MODKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
JOHN KERN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 21.00	0.
SOPHIA PERKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 24.00	0.
JAMES WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 7.00	0.
LAVERNE ARCHIE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
ROBYN SHERLES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
RIONNA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 24.00	0.

YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 95811-7131	PRESIDENT 40.00	0.
MARIA OKUMURA 1808 14TH STREET SACRAMENTO, CA 95811-7131	VP/SECRETARY-TREASURER 33.00	0.
MARGARITA MALDONADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT FOR BARGAIN 40.00	0.
TAMEKIA ROBINSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	VP FOR ORGANIZING 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION	AMOUNT		
PAYMENTS TO CSEA	4,060,841.		
REIMBURSEMENTS TO CA FO	1,964,598.		
LEGAL SETTLEMENTS	1,505,184.		
DLC ADMINISTRATION	882,204.		
PAYMENTS TO AFFILIATES	15,046,172.		
PENSION PLAN CONTRIBUTIONS	2,598,219.		
OTHER EMPLOYEE BENEFITS	2,969,463.		
LEGAL FEES	479,341.		
ACCOUNTING FEES	75,500.		
OTHER PROFESSIONAL FEES	1,114,502.		
OFFICE EXPENSES	2,217,807.		
INFORMATION TECHNOLOGY	349,122.		
TRAVEL	5,569,096.		
INSURANCE	97,804.		
ALL OTHER EXPENSES	1,126,333.		
TOTAL TO FORM 199, PART II, LINE 17	40,056,186.		

FORM 199	NET NOTES RECEIVABLE	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	1,616,880.	695,677.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	1,616,880.	695,677.

FORM 199	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	0.	0.
OTHER ASSETS	0.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	611,836.	804,524.
TRAVEL ADVANCES	174,058.	66,103.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	785,894.	870,627.

FORM 199	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	0.
OTHER LIABILITIES	0.	0.
ACCRUED VACATION	1,032,680.	1,119,049.
CAPITAL LEASES	104,619.	209,061.
PER CAPITA TAX PAYABLE	1,208,235.	1,213,882.
DEFERRED REVENUE	462,488.	538,843.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,808,022.	3,080,835.

FORM 199	FUND BALANCES	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	1,802,479.	3,092,306.
TEMPORARILY RESTRICTED ASSETS	422,288.	705,622.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,224,767.	3,797,928.