



November 15, 2016

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 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 California Form 199

Instructions for filing the above forms are furnished for easy reference. Your copies should be retained for your files.

Sincerely,

A handwritten signature in black ink that reads "Scott E. Hallberg, CPA". The signature is written in a cursive style.

Scott E. Hallberg, CPA
Senior Tax Director

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2015

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 2015, or tax year beginning _____, 2015, and ending _____, 20_____

2015

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>63,136,079.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

[Handwritten Signature]
Signature of officer

Date

PRESIDENT

Title

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

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

ERO's Use Only	ERO's signature <i>[Handwritten Signature]</i>	Date 11/15/16	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01081188
	Firm's name (or yours if self-employed), address, and ZIP code CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814	EIN 47-0900880	Phone no. 202-331-9880		

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

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.

A For the 2015 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"/> Final return/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	
	1808 14TH STREET		G Gross receipts \$ 63,136,079.
	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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SEIU1000.ORG

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

Part I Summary		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 2015 (Part V, line 2a)	5	210
	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)	62,154,194.	63,058,592.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,308.	15,406.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	965,738.	62,081.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,175,240.	63,136,079.
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)	134,000.	145,000.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,263,191.	21,294,147.
	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)	34,556,705.	37,186,408.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,953,896.	58,625,555.	
19 Revenue less expenses. Subtract line 18 from line 12	7,221,344.	4,510,524.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,878,969.	End of Year 31,007,140.
	21 Total liabilities (Part X, line 26)	10,823,478.	15,404,382.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,055,491.	15,602,758.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	YVONNE WALKER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT E. HALLBERG, CPA	Preparer's signature <i>Scott E. Hallberg, CPA</i>	Date 11/15/16	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
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
**EXPENSES INCURRED FOR THE LOCAL FOR ITS TAX EXEMPT PURPOSES OF
REPRESENTING AND MAINTAINING DESIRABLE WORKING CONDITIONS FOR CIVIL
SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA.**

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

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

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

4e Total program service expenses **▶**

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

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>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2	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>	3	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>	4	
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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a	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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18	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>	19	X

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

Form 990 (2015)

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form **990** (2015)

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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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.	1a	63	
b Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b		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	9		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?	10a	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?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	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?	16a		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?	16b		

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, address, and telephone number of the person who possesses the organization's books and records: ▶
THERESA TAYLOR - 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	4.00	X					0.	0.	300.	
(2) JOYCE WHEELER-OWENS BOARD MEMBER	4.00	X					0.	0.	300.	
(3) KEVIN LENNON BOARD MEMBER	2.00	X					0.	0.	0.	
(4) BEVERLY ARIAS BOARD MEMBER	1.00	X					0.	0.	0.	
(5) JAYSON SANDOVAL BOARD MEMBER	1.00	X					0.	0.	0.	
(6) CHRISTINA VILLARREAL BOARD MEMBER	2.00	X					0.	0.	0.	
(7) VERA HOLLOWAY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JESSE DIAZ BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MARIE STORTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(10) SYBLE TOMPKINS BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SANDRA GARCIA BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CAROLELYNN LEONARDO BOARD MEMBER	5.00	X					0.	0.	0.	
(13) CATHERINE RAZO BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JANETTE HALL BOARD MEMBER	1.00	X					0.	0.	0.	
(15) ALVA BENAVIDEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(16) RACHEL CHANG BOARD MEMBER	1.00	X					0.	0.	0.	
(17) GWENDOLYN CRAWFORD BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (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) JOYCE MINZEY BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DAVID MATANGA BOARD MEMBER	1.00	X					0.	0.	0.	
(20) STEVEN ALARI BOARD MEMBER	1.00	X					0.	0.	0.	
(21) VIRGINIA FOWLER BOARD MEMBER	1.00	X					0.	0.	0.	
(22) DELEON SECREST BOARD MEMBER	8.00	X					0.	0.	0.	
(23) CHARLENE GONZALEZ BOARD MEMBER	1.00	X					0.	0.	420.	
(24) BEVERLY BROCKINGTON BOARD MEMBER	1.00	X					0.	0.	0.	
(25) KATHY EVANS BOARD MEMBER	6.00	X					0.	0.	600.	
(26) MANUEL RODRIGUEZ BOARD MEMBER	40.00	X					0.	0.	0.	
1b Sub-total							0.	0.	1,620.	
c Total from continuation sheets to Part VII, Section A							0.	0.	7,417.	
d Total (add lines 1b and 1c)							0.	0.	9,037.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	4,677,924.
HOLIDAY INN SACRAMENTO-CAPITOL PLAZA 300 J STREET, SACRAMENTO, CA 95814	CONFERENCE SERVICES	643,762.
HILTON - SAND DIEGO BAYFRONT 1 PARK BLVD, SAN DIEGO, CA 92101	CONFERENCE SERVICES	445,528.
COMMERCE PRINTING SERVICES 322 N 12TH STREET, SACRAMENTO, CA 95811	PRINTING SERVICES	357,714.
KDC CONSTRUCTION DBA KDC SERVICE & MAINTENA 1442 E. LINCOLN AVE #334, ORANGE, CA 92865	CONSTRUCTION SERVICE	271,318.

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 24

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2015)

532008
12-16-15

**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 (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) EDWARD FUNK BOARD MEMBER	1.00	X						0.	0.	0.
(28) DENNIS GONZALES BOARD MEMBER	1.00	X						0.	0.	0.
(29) LARRY ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(30) REGINA WHITNEY BOARD MEMBER	40.00	X						0.	0.	0.
(31) WILLIAM HALL BOARD MEMBER	1.00	X						0.	0.	0.
(32) JOYCELYN ODOM BOARD MEMBER	1.00	X						0.	0.	0.
(33) TERESA HUBBARD BOARD MEMBER	40.00	X						0.	0.	0.
(34) JEROME WASHINGTON BOARD MEMBER	6.00	X						0.	0.	0.
(35) CHRISTINA EVITT BOARD MEMBER	1.00	X						0.	0.	0.
(36) VICTORIA JONES BOARD MEMBER	1.00	X						0.	0.	100.
(37) JAIME MOLINA BOARD MEMBER	1.00	X						0.	0.	100.
(38) DANA MEZA BOARD MEMBER	3.00	X						0.	0.	0.
(39) HAROLD FONG BOARD MEMBER	1.00	X						0.	0.	0.
(40) BARBARA BELL BOARD MEMBER	1.00	X						0.	0.	600.
(41) DONALD KILLMER BOARD MEMBER	1.00	X						0.	0.	0.
(42) LEONARD SEITZ BOARD MEMBER	1.00	X						0.	0.	0.
(43) RODERICK GONZALEZ BOARD MEMBER	1.00	X						0.	0.	0.
(44) KWAJHALIEN DORN-DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(45) MICHAEL ROSKEY BOARD MEMBER	1.00	X						0.	0.	0.
(46) FRANCISCA PASS BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (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) SHELIA BYARS BOARD MEMBER	40.00	X						0.	0.	0.
(48) JACQUELINE MCCOLLUM BOARD MEMBER	1.00	X						0.	0.	0.
(49) KRISSE FELS BOARD MEMBER	24.00	X						0.	0.	1,200.
(50) VINCENT CASTANON BOARD MEMBER	1.00	X						0.	0.	0.
(51) GARY PANNETT BOARD MEMBER	1.00	X						0.	0.	0.
(52) JEFFREY FOWLER BOARD MEMBER	2.00	X						0.	0.	0.
(53) CAREY WILSON BOARD MEMBER	2.00	X						0.	0.	0.
(54) LATREECE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(55) TOMMY CORNELIUS BOARD MEMBER	1.00	X						0.	0.	0.
(56) RUTH IBARRA BOARD MEMBER	1.00	X						0.	0.	0.
(57) JIM HOLVERSTOTT BOARD MEMBER	1.00	X						0.	0.	1,020.
(58) CYNTHIA POWERS BOARD MEMBER	1.00	X						0.	0.	300.
(59) CHUCK LEONG BOARD MEMBER	1.00	X						0.	0.	0.
(60) JACQUELYN RAMSEY BOARD MEMBER	1.00	X						0.	0.	150.
(61) EVE DICKSON BOARD MEMBER	1.00	X						0.	0.	599.
(62) RENAY LEVINGSTON BOARD MEMBER	2.00	X						0.	0.	0.
(63) GABRIEL LEDESMA BOARD MEMBER	1.00	X						0.	0.	300.
(64) IBYANG RIVERA BOARD MEMBER	1.00	X						0.	0.	288.
(65) SYLVIA RAMOS BOARD MEMBER	1.00	X						0.	0.	1,200.
(66) CYNTHIA BERRY BOARD MEMBER	1.00	X						0.	0.	600.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (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			
(67) CINDY DOYEL BOARD MEMBER	1.00	X						0.	0.	0.
(68) THOMAS PERINE BOARD MEMBER	1.00	X						0.	0.	0.
(69) DIANA KING BOARD MEMBER	4.00	X						0.	0.	360.
(70) JAVIER CARDENAS BOARD MEMBER	1.00	X						0.	0.	300.
(71) MESHAN RACHAL BOARD MEMBER	1.00	X						0.	0.	0.
(72) CRUZ NARANJO BOARD MEMBER	1.00	X						0.	0.	0.
(73) RICK CALKINS BOARD MEMBER	1.00	X						0.	0.	0.
(74) INNA LITKE BOARD MEMBER	2.00	X						0.	0.	0.
(75) BRENDA MODKINS BUNC CHAIR OF BARGAINING U	40.00	X						0.	0.	0.
(76) KIMBERLY COWART BUNC CHAIR OF BARGAINING U	40.00	X						0.	0.	0.
(77) SOPHIA PERKINS BUNC CHAIR OF BARGAINING U	40.00	X						0.	0.	0.
(78) RIONNA JONES BUNC CHAIR OF BARGAINING U	40.00	X						0.	0.	0.
(79) MIGUEL CORDOVA BUNC CHAIR OF BARGAINING U	40.00	X						0.	0.	0.
(80) JAMES WILLIS BUNC CHAIR OF BARGAINING U	13.00	X						0.	0.	0.
(81) MARIA PATTERSON BUNC CHAIR OF BARGAINING U	10.00	X						0.	0.	0.
(82) BRUCE THEEL BUNC CHAIR OF BARGAINING U	9.00	X						0.	0.	0.
(83) LAVERNE ARCHIE BUNC CHAIR OF BARGAINING U	9.00	X						0.	0.	0.
(84) ROBERT VEGA BUNC CHAIR OF BARGAINING U	4.00	X						0.	0.	0.
(85) ROBYN SHERLES BUNC CHAIR OF BARGAINING U	4.00	X						0.	0.	0.
(86) JOHN KERN BUNC CHAIR OF BARGAINING U	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	63,058,592.	63,058,592.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		63,058,592.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,406.			15,406.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a STATE BAR SERVICING FEES		900099	287,936.	287,936.		
	b MISCELLANEOUS	900099	52,433.	52,433.		
	c PAC REFUND/REIMBURSEMENT	900099	21,190.	21,190.		
	d All other revenue	900099	-299,478.	-299,478.		
	e Total. Add lines 11a-11d		62,081.			
12 Total revenue. See instructions.			63,136,079.	63,120,673.	0.	15,406.

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Part IX Statement of Functional Expenses

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

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	145,000.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,534,390.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,845,902.			
9 Other employee benefits	3,321,617.			
10 Payroll taxes	1,592,238.			
11 Fees for services (non-employees):				
a Management				
b Legal	338,713.			
c Accounting	100,400.			
d Lobbying	36,081.			
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.)	2,278,339.			
12 Advertising and promotion				
13 Office expenses	1,831,161.			
14 Information technology	404,799.			
15 Royalties				
16 Occupancy	1,576,897.			
17 Travel	4,294,554.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	194,317.			
21 Payments to affiliates	15,670,545.			
22 Depreciation, depletion, and amortization	841,687.			
23 Insurance	180,455.			
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	4,148,684.			
b REIMB TO CA FOR UL	3,347,205.			
c DLC ADMINISTRATION, FOR	1,048,308.			
d INTERNAL ELECTION EXPEN	407,252.			
e All other expenses	487,011.			
25 Total functional expenses. Add lines 1 through 24e	58,625,555.			
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)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	5,905,295.	1		6,077,720.	
	2 Savings and temporary cash investments	7,477,390.	2		4,191,691.	
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	5,610,724.	4		5,738,539.	
	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			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	795,394.	9		845,524.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	17,833,350.	10a			
	b Less: accumulated depreciation	3,754,817.	10b			
	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	94,495.	15		75,133.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,878,969.	16		31,007,140.		
Liabilities	17 Accounts payable and accrued expenses	4,847,622.	17		5,220,100.	
	18 Grants payable		18			
	19 Deferred revenue	331,529.	19		297,268.	
	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	3,109,747.	23		7,427,926.	
	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	2,534,580.	25		2,459,088.	
	26 Total liabilities. Add lines 17 through 25	10,823,478.	26		15,404,382.	
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	10,044,090.	27		14,766,848.	
	28 Temporarily restricted net assets	1,011,401.	28		835,910.	
	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	11,055,491.	33		15,602,758.		
34 Total liabilities and net assets/fund balances	21,878,969.	34		31,007,140.		

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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	63,136,079.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,625,555.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,510,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,055,491.
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	36,743.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,602,758.

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	2a	X
b 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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2015)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ▶ \$ _____
- 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.	1,010,697.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

SEE PART IV FOR CONTINUATION

UNION OF CALIFORNIA STATE WORKERS

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

UNION OF CALIFORNIA STATE WORKERS

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

For each "Yes," response on 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

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

PART I-C CONTINUATION:

Part IV Supplemental Information (continued)

SEIU LOCAL 1000 CANDIDATE PAC

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

EIN: 34-2032142 COL (D) AMOUNT: 0. COL (E) AMOUNT: 1010697.

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" on 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

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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	1,021,824.
(3) CAPITAL LEASES	185,693.
(4) PER CAPITA TAX PAYABLE	1,251,571.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,459,088.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	64,108,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	972,494.	
e	Add lines 2a through 2d	2e		972,494.
3	Subtract line 2e from line 1	3		63,136,079.
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		63,136,079.

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

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

1	Total expenses and losses per audited financial statements		1	58,638,031.
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	1,060,784.	
e	Add lines 2a through 2d	2e		1,060,784.
3	Subtract line 2e from line 1	3		57,577,247.
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	1,048,308.	
c	Add lines 4a and 4b	4c		1,048,308.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		58,625,555.

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 X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN WHICH WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT THE LOCAL'S TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2012 THROUGH 2014 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL

Part XIII Supplemental Information (continued)

STATUTORY PERIODS SUBJECT TO AUDIT, NOTWITHSTANDING ANY EVENTS OR
CIRCUMSTANCES THAT MAY EXIST WHICH COULD EXPAND THE OPEN PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DLC ADMINISTRATION, FORFEITURES AND FEES	-945,961.
PAC ACTIVITY	1,918,455.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	972,494.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAC EXPENSES	1,060,784.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DLC EXPENSES	1,048,308.
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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If 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
- 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?
- 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on 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
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2015

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:

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.

FORM 990, PART VII, SECTION A, LINE 5

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE. THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE. A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED BELOW. NO DIRECTOR WAS PAID DIRECTLY BY THE LOCAL FOR SALARY AND BENEFITS IN 2015. THE COMPENSATION REPORTED IN PART VII WAS ONLY FOR MINOR EXPENSE STIPENDS.

CAROL JEFFRIES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,883

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.

KEVIN LENNON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,902

JAYSON SANDOVAL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 238

CHRISTINA VILLARREAL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,850

MARIE STORTZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 537

SANDRA GARCIA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,425

CATHERINE RAZO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 249

ALVA BENAVIDEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0

GWENDOLYN CRAWFORD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,827

JOYCE MINZEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 692

DAVID MATANGA - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,498

VIRGINIA FOWLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 279

DELEON SECREST - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 12,572

CHARLENE GONZALEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 871

BEVERLY BROCKINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,995

KATHY EVANS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,622

MANUEL RODRIGUEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,177

EDWARD FUNK - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,492

LARRY ROBERTS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0

REGINA WHITNEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 71,106

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.

WILLIAM HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,418

JOYCELYN ODOM - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 194

TERESA HUBBARD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,471

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 14,972

CHRISTINA EVITT - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,095

VICTORIA JONES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,703

DANA MEZA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,092

HAROLD FONG - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,785

DONALD KILLMER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 455

LEONARD SEITZ - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,763

KWAJHALIEN DORN-DAVIS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,016

MICHAEL ROSKEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,192

FRAN PASS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 903

JACQUELINE MCCOLLUM - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,567

KRISSE FELLS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 36,469

GARY PANNETT - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,593

JEFFREY FOWLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,078

LATREECE SMITH - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,271

RUTH IBARRA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,068

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.

JIM HOLVERSTOTT- BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,153

JACQUELYN RAMSEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 816

THERESA TAYLOR - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,896

GABRIEL LEDESMA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0

IBYANG RIVERA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,935

CYNTHIA BERRY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 430

THOMAS PERINE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,444

DIANA KING - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,298

MESHAN RACHAL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 322

CRUZ NARANJO - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,485

INNA LITKE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 5,045

BRENDA MODKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 77,668

JOHN KERN - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,754

SOPHIA PERKINDS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,329

JAMES WILLIS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 19,974

LAVERNE ARCHIE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 14,019

ROBYN SHERLES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,067

KIMBERLY COWART - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 133,549

RIONNA JONES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 55,759

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.

MIGUEL CORDOVA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 106,557

YVONNE WALKER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 48,250

MARIA OKUMURA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 64,743

MARGARITA MALDONADO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 88,037

TAMEKIA ROBINSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,311

MARIA PATTERSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 10,959

BRUCE THEEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 29,142

ROBERT VEGA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,439

JOYCE WHEELER-OWENS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,929

BEVERLY ARIAS - BOARD MEMBER

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.

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,510

VERA HOLLOWAY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,095

JESSE DIAZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,454

SYBLE TOMPKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 438

CAROLELYNN LEONARDO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 7,329

JANETTE HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,071

RACHEL CHANG - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 0

STEVEN ALARI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 869

DENNIS GONZALES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 955

JAIME MOLINA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,243

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.

BARBARA BELL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,076

RODERICK GONZALEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 377

SHELIA BYARS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 89,188

VINCENT CASTANON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,419

CONTINUED ON SCHEDULE O.

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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.

FORM 990, PART VI, SECTION A, LINE 6:

THE LOCAL REPRESENTS EMPLOYEES OF THE STATE OF CALIFORNIA WHO PAY MONTHLY
DUES.

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

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

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

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

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

MINUTES OF MEETINGS HELD BY OTHER COMMITTEES ARE NOT DOCUMENTED AS THESE
COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY. ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING
BODY.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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

COPIES OF THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, 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:

ALL BOARD MEMBERS AND STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. ANNUALLY, DISCLOSURE OF RELATIONSHIPS OR INTERESTS THAT COULD GIVE RISE TO A CONFLICT IS PROVIDED TO THE EXECUTIVE BOARD. THE EXECUTIVE BOARD (OFFICERS AND TRUSTEES) REVIEW THE DISCLOSURES PROVIDED ON AN ANNUAL BASIS TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER TO IMPOSE CERTAIN RESTRICTIONS ON A PERSON WITH A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

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

FORM 990, PART VII, SECTION A, LINE 5

THE BOARD OF DIRECTORS USE LEAVE TIME FROM THE STATE OF CALIFORNIA TO PERFORM VARIOUS DUTIES FOR THE LOCAL. THE LOCAL REIMBURSES THE STATE OF CALIFORNIA FOR THIS TIME BASED ON THE COLLECTIVE BARGAINING AGREEMENT IN PLACE WITH THE STATE. THE REIMBURSEMENT IS BASED ON THE DIRECTOR'S ACTUAL STATE PAY (PLUS 35% FOR BENEFITS) AT THE TIME OF THE LEAVE. A LIST OF THESE SALARY AND BENEFITS REIMBURSEMENTS TO THE STATE OF CALIFORNIA IS PROVIDED IN SCHEDULE J, PART III AND CONTINUED BELOW. NO DIRECTOR WAS PAID DIRECTLY BY THE LOCAL FOR SALARY AND BENEFITS IN 2015. THE COMPENSATION REPORTED IN PART VII WAS ONLY FOR MINOR EXPENSE STIPENDS.

CAREY WILSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,498

TOMMY CORNELIUS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,572

CYNTHIA POWERS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,388

CHUCK LEONG - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 115

EVE DICKSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,148

RENAY LEVINGSTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,557

SYLVIA RAMOS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,492

CINDY DOYEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,772

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

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,629

RICK CALKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,217

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PAC ACCOUNTS PAYABLE REMOVED FROM BALANCE SHEET 36,743.

FORM 990, PART XII, LINE 2C:

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.

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

OMB No. 1545-0047

2015

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

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

Schedule R (Form 990) 2015

SEE PART VII FOR CONTINUATIONS

UNION OF CALIFORNIA STATE WORKERS

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number (EIN) or 68-0475305
	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

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

THERESA TAYLOR

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

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning _____, and ending _____.

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

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

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title **PRESIDENT** Date

2015 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2015

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
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	This 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.
Return must be mailed on or before	Not Applicable
Special Instructions	Your payment should be made as instructed below as soon as possible. Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board. Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

California Exempt Organization Annual Information Return

Calendar Year 2015 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

Additional information. See instructions.
FEIN
68-0475305

Street address (suite or room)
1808 14TH STREET

City
SACRAMENTO

State
CA

ZIP code
95811-7131

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is a federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

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	63,136,079.00
	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	63,136,079.00
	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	63,136,079.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	58,625,555.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,510,524.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

Sign Here

Signature of officer _____ Title **PRESIDENT** Date _____ Telephone _____

Paid Preparer's Use Only

Preparer's signature *Scott E. Halby, CPA* Date **11/15/16** Check if self-employed PTIN **P01081188**

Firm's name (or yours, if self-employed) and address **CALIBRE CPA GROUP PLLC
7501 WISCONSIN AVE., 1200W
BETHESDA, MD 20814** Telephone **47-0900880
202-331-9880**

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	15,406.00	
	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	63,120,673.00	
	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	63,136,079.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	145,000.00	
	11	Compensation of officers, directors, and trustees	•	11	0.00	
	12	Other salaries and wages	•	12	13,534,390.00	
	Expenses and Disbursements	13	Interest	•	13	194,317.00
		14	Taxes	•	14	1,592,238.00
		15	Rents	•	15	1,576,897.00
		16	Depreciation and depletion (See instructions)	•	16	841,687.00
		17	Other Expenses and Disbursements	•	17	40,741,026.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	58,625,555.00

	Schedule L Balance Sheets		End of taxable year	
	Beginning of taxable year			
Assets	(a)	(b)	(c)	(d)
1 Cash		13,382,685.		• 10,269,411.
2 Net accounts receivable		5,610,724.		• 5,738,539.
3 Net notes receivable				•
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	5,979,088.		17,677,457.	
b Less accumulated depreciation	(3,983,417.)	1,995,671.	(3,754,817.)	13,922,640.
11 Land				• 155,893.
12 Other assets	STMT 4	889,889.		• 920,657.
13 Total assets		21,878,969.		31,007,140.
Liabilities and net worth				
14 Accounts payable		4,847,622.		• 5,220,100.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		3,109,747.		• 7,427,926.
18 Other liabilities	STMT 5	2,866,109.		2,756,356.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		11,055,491.		• 15,602,758.
22 Total liabilities and net worth		21,878,969.		31,007,140.

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	• 4,510,524.	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	4,510,524.
6 Total. Add line 1 through line 5	4,510,524.		

FORM 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
STATE BAR SERVICING FEES		287,936.	
PAC REFUND/REIMBURSEMENT		21,190.	
PRIOR PERIOD INCOME		-299,478.	
MISCELLANEOUS		52,433.	
PAC OTHER INCOME		0.	
MEMBER DUES AND ASSESS		63,058,592.	
TOTAL TO FORM 199, PART II, LINE 7		63,120,673.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
CAROL JEFFRIES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.	
JOYCE WHEELER-OWENS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.	
KEVIN LENNON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.	
BEVERLY ARIAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.	
JAYSON SANDOVAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.	
CHRISTINA VILLARREAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.	
VERA HOLLOWAY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.	

JESSE DIAZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
MARIE STORTZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
SYBLE TOMPKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
SANDRA GARCIA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CAROLELYNN LEONARDO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 5.00	0.
CATHERINE RAZO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
JANETTE HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
ALVA BENAVIDEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
RACHEL CHANG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
GWENDOLYN CRAWFORD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JOYCE MINZEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DAVID MATANGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.

VIRGINIA FOWLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DELEON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 8.00	0.
CHARLENE GONZALEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
BEVERLY BROCKINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
KATHY EVANS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
EDWARD FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DENNIS GONZALES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
LARRY ROBERTS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
WILLIAM HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
JOYCELYN ODOM 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
TERESA HUBBARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.

JEROME WASHINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 6.00	0.
CHRISTINA EVITT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
VICTORIA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
JAIME MOLINA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
BARBARA BELL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DONALD KILLMER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
RODERICK GONZALEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
KWAJHALIEN DORN-DAVIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
MICHAEL ROSKEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
FRANCISCA PASS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.

SHELIA BYARS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 40.00	0.
JACQUELINE MCCOLLUM 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
KRISSE FELLS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 24.00	0.
VINCENT CASTANON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
GARY PANNETT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
JEFFREY FOWLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CAREY WILSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
LATREECE SMITH 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
TOMMY CORNELIUS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
RUTH IBARRA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
JIM HOLVERSTOTT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CYNTHIA POWERS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CHUCK LEONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.

JACQUELYN RAMSEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
EVE DICKSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
RENAY LEVINGSTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
GABRIEL LEDESMA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
IBYANG RIVERA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
SYLVIA RAMOS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CYNTHIA BERRY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CINDY DOYEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
THOMAS PERINE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
DIANA KING 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 4.00	0.
JAVIER CARDENAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
MESHAN RACHAL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
CRUZ NARANJO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.

RICK CALKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 1.00	0.
INNA LITKE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
BRENDA MODKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 40.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 40.00	0.
SOPHIA PERKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 40.00	0.
RIONNA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 40.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 40.00	0.
JAMES WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 13.00	0.
MARIA PATTERSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 10.00	0.
BRUCE THEEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 9.00	0.
LAVERNE ARCHIE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 9.00	0.
ROBERT VEGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 4.00	0.
ROBYN SHERLES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 4.00	0.

JOHN KERN 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR OF BARGAINING U 2.00	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 (FO 20.00	0.
THERESA TAYLOR 1808 14TH STREET SACRAMENTO, CA 95811-7131	VP/SECRETARY-TREASURER 20.00	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
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DESCRIPTION	AMOUNT
PAYMENTS TO CSEA	4,148,684.
REIMB TO CA FOR UL	3,347,205.
DLC ADMINISTRATION, FOR	1,048,308.
INTERNAL ELECTION EXPEN	407,252.
PAYMENTS TO AFFILIATES	15,670,545.
PENSION PLAN CONTRIBUTIONS	2,845,902.
OTHER EMPLOYEE BENEFITS	3,321,617.
LEGAL FEES	338,713.
ACCOUNTING FEES	100,400.
LOBBYING FEES	36,081.
OTHER PROFESSIONAL FEES	2,278,339.
OFFICE EXPENSES	1,831,161.
INFORMATION TECHNOLOGY	404,799.
TRAVEL	4,294,554.
INSURANCE	180,455.
ALL OTHER EXPENSES	487,011.
TOTAL TO FORM 199, PART II, LINE 17	40,741,026.

FORM 199	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	0.	0.	
OTHER ASSETS	0.	0.	
PREPAID EXPENSES AND DEFERRED CHARGES	795,394.	845,524.	
TRAVEL ADVANCES	94,495.	75,133.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	889,889.	920,657.	

FORM 199	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	0.	0.	
OTHER LIABILITIES	0.	0.	
ACCRUED VACATION	1,022,881.	1,021,824.	
CAPITAL LEASES	274,130.	185,693.	
PER CAPITA TAX PAYABLE	1,237,569.	1,251,571.	
DEFERRED REVENUE	331,529.	297,268.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,866,109.	2,756,356.	

FORM 199	FUND BALANCES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	10,044,090.	14,766,848.	
TEMPORARILY RESTRICTED ASSETS	1,011,401.	835,910.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	11,055,491.	15,602,758.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

539035
12-09-15

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 UNIO 68-0475305 2338980 15 FORM 3
TYB 01-01-2015 TYE 12-31-2015
UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

1808 14TH STREET
SACRAMENTO CA 95811-7131

(916) 554-1210

Amount of Payment 10.