



NOVEMBER 15, 2018

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 ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 FORM 990-T

2017 CALIFORNIA FORM 199

2017 CALIFORNIA FORM 109

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

SCOTT E. HALLBERG, CPA  
SENIOR TAX DIRECTOR



# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
<b>Prepared by</b>	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	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 2017, or tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

**2017**

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>67,377,279.</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, line 3c)	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 2017 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	<u>U. P. WALKER</u>	Date	<u>PRESIDENT</u>
	Signature of officer		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 <u>Scott E. Hallberg, CPA</u>	Date <u>11/15/18</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01081188</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814</u>				EIN <u>47-0900880</u>
					Phone no. <u>202-331-9880</u>

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 if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000		<b>D Employer identification number</b> 68-0475305
	Doing business as		<b>E Telephone number</b> (916) 554-1210
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1808 14TH STREET		<b>G Gross receipts \$</b> 67,377,279.
	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95811-7131		
<b>F Name and address of principal officer:</b> YVONNE WALKER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶ 5304	
<b>J Website:</b> ▶ WWW.SEIU1000.ORG		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L Year of formation:</b> 2001	<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	64
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	64
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	33,972.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	-43.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	65,779,852.	66,512,603.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	10,990.	31,513.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	969,034.	833,163.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	66,759,876.	67,377,279.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	142,770.	164,865.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	21,889,686.	21,912,441.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	41,888,991.	36,239,386.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	63,921,447.	58,316,692.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,838,429.	9,060,587.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	36,430,972.	45,403,967.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	18,026,984.	17,865,270.
		18,403,988.	27,538,697.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	YVONNE WALKER, PRESIDENT				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT E. HALLBERG, CPA	<i>Scott E. Hallberg, CPA</i>	11/15/18		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
<b>1</b> 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> .....		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		<b>X</b>
<b>3</b> 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> .....	<b>X</b>	
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....		
<b>5</b> 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> .....	<b>X</b>	
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

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

Form 990 (2017)

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		<b>X</b>
<b>22</b> 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> .....		<b>X</b>
<b>23</b> 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> .....	<b>X</b>	
<b>24a</b> 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> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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> .....		
<b>26</b> 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> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....	<b>X</b>	
<b>34</b> 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> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

Form **990** (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> 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.	<b>1a</b>	64		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	64		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			<b>X</b>
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>	
<b>b</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?	<b>10b</b>		<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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: ▶  
**STEVE SCHMIDT - 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) YVONNE WALKER PRESIDENT	70.00 2.00	X		X				60,012.	0.	0.
(2) TAMEKIA ROBINSON VICE PRESIDENT FOR ORGANIZ	70.00	X		X				50,969.	0.	0.
(3) MARGARITA MALDONADO VICE PRESIDENT FOR BARGAIN	70.00 0.50	X		X				16,733.	0.	0.
(4) THERESA TAYLOR VICE PRESIDENT AND SECRETA	40.00	X		X				15,065.	0.	0.
(5) JOYCE WHEELER-OWENS BOARD MEMBER	12.00	X						0.	0.	0.
(6) KEVIN LENNON BOARD MEMBER	2.00	X						0.	0.	0.
(7) BEVERLY ARIAS BOARD MEMBER	2.00	X						0.	0.	0.
(8) CHARLIE "VERA" HOLLOWAY BOARD MEMBER	2.00	X						0.	0.	0.
(9) SYBLE TOMPKINS BOARD MEMBER	2.00	X						0.	0.	0.
(10) SANDRA GARCIA BOARD MEMBER	2.00	X						0.	0.	0.
(11) CAROLELYNN LEONARDO BOARD MEMBER	35.00	X						0.	0.	0.
(12) JANETTE HALL BOARD MEMBER	2.00	X						0.	0.	0.
(13) GWENDOLYN CRAWFORD BOARD MEMBER	2.00	X						0.	0.	0.
(14) DALIA JARAMILLO BOARD MEMBER	5.00	X						0.	0.	0.
(15) DAVID MATANGA BOARD MEMBER	2.00	X						0.	0.	0.
(16) STEVEN ALARI BOARD MEMBER	2.00	X						0.	0.	0.
(17) DELEON SECREST BOARD MEMBER	15.00	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) MISTY DEL ROSARIO BOARD MEMBER	2.00	X					0.	0.	0.	
(19) BEVERLY BROCKINGTON BOARD MEMBER	2.00	X					0.	0.	0.	
(20) KATHY EVANS BOARD MEMBER	10.00	X					0.	0.	450.	
(21) MANUEL RODRIGUEZ BOARD MEMBER	29.00	X					0.	0.	0.	
(22) JACK FUNK BOARD MEMBER	2.00	X					0.	0.	0.	
(23) DENNIS GONZALES BOARD MEMBER	2.00	X					0.	0.	0.	
(24) REGINA WHITNEY BOARD MEMBER	35.00	X					0.	0.	0.	
(25) WILLIAM HALL BOARD MEMBER	2.00	X					0.	0.	0.	
(26) JOYCELYN ODOM BOARD MEMBER	2.00	X					0.	0.	0.	
<b>1b Sub-total</b>							142,779.	0.	450.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	6,480.	
<b>d Total (add lines 1b and 1c)</b>							142,779.	0.	6,930.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CALIFORNIA STATE EMPLOYEES ASSOCIATION 1108 O STREET, SACRAMENTO, CA 95816	ADMINISTRATIVE SERVICES	1,845,772.
HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA 300 J STREET, SACRAMENTO, CA 95814	CONFERENCE SERVICES	654,190.
COMMERCE PRINTING SERVICE 322 NORTH 12TH ST, SACRAMENTO, CA 95811	PRINTING SERVICES	570,726.
HILTON SAN DIEGO BAYFRONT 1 PARK BLVD, SAN DIEGO, CA 92101	CONFERENCE SERVICES	515,034.
KDC CONSTRUCTION DBA KDC SERVICE & MAINTENA 1442 E. LINCOLN AVE #334, ORANGE, CA 92865	CONSTRUCTION SERVICE	477,102.

**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 **12**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (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) TERESA HUBBARD BOARD MEMBER	32.00	X						0.	0.	0.
(28) JEROME WASHINGTON BOARD MEMBER	10.00	X						0.	0.	0.
(29) CHRISTINA EVITT BOARD MEMBER	2.00	X						0.	0.	0.
(30) JAIME MOLINA BOARD MEMBER	2.00	X						0.	0.	0.
(31) DANA MEZA BOARD MEMBER	2.00	X						0.	0.	0.
(32) HAROLD FONG BOARD MEMBER	2.00	X						0.	0.	0.
(33) BARBARA BELL BOARD MEMBER	2.00	X						0.	0.	600.
(34) LEONARD SEITZ BOARD MEMBER	2.00	X						0.	0.	0.
(35) KWAJHALIEN DORN-DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(36) MICHAEL ROSKEY BOARD MEMBER	2.00	X						0.	0.	0.
(37) FRAN PASS BOARD MEMBER	2.00	X						0.	0.	300.
(38) SHELIA BYARS BOARD MEMBER	32.00	X						0.	0.	1,200.
(39) KRISSE FELLS BOARD MEMBER	2.00	X						0.	0.	1,200.
(40) VINCENT CASTANON BOARD MEMBER	2.00	X						0.	0.	0.
(41) CAREY ROLAND (WILSON) BOARD MEMBER	8.00	X						0.	0.	0.
(42) LATREECE SMITH BOARD MEMBER	2.00	X						0.	0.	0.
(43) TOMMY CORNLIUS BOARD MEMBER	2.00	X						0.	0.	0.
(44) JIM HOLVERSTOTT BOARD MEMBER	2.00	X						0.	0.	1,020.
(45) CYNTHIA POWERS BOARD MEMBER	2.00	X						0.	0.	360.
(46) EVE DICKSON BOARD MEMBER	3.00	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) RENAY LEVINGSTON BOARD MEMBER	2.00	X						0.	0.	0.
(48) IBYANG RIVERA BOARD MEMBER	2.00	X						0.	0.	300.
(49) SYLVIA RAMOS BOARD MEMBER	2.00	X						0.	0.	900.
(50) CINDY DOYEL BOARD MEMBER	2.00	X						0.	0.	0.
(51) JOSE MEDINA BOARD MEMBER	3.00	X						0.	0.	0.
(52) ANGELICA MILLER BOARD MEMBER	20.00	X						0.	0.	0.
(53) JAVIER CARDENAS BOARD MEMBER	2.00	X						0.	0.	0.
(54) CRUZ NARANJO BOARD MEMBER	2.00	X						0.	0.	0.
(55) RICK CALKINS BOARD MEMBER	3.00	X						0.	0.	0.
(56) INNA LITKE BOARD MEMBER	2.00	X						0.	0.	0.
(57) BRENDA MODKINS BUNC CHAIR	33.00	X						0.	0.	0.
(58) BRUCE THEEL BUNC CHAIR	34.00	X						0.	0.	0.
(59) SOPHIA PEKINS BUNC CHAIR	33.00	X						0.	0.	0.
(60) JAMES BRAD WILLIS BUNC CHAIR	36.00	X						0.	0.	0.
(61) ROBERT VEGA BUNC CHAIR	35.00	X						0.	0.	0.
(62) MARIA PATTERSON BUNC CHAIR	32.00	X						0.	0.	0.
(63) KIMBERLY COWART BUNC CHAIR	35.00	X						0.	0.	0.
(64) RIONNA JONES BUNC CHAIR	37.00	X						0.	0.	0.
(65) MIGUEL CORDOVA BUNC CHAIR	36.00	X						0.	0.	0.
(66) CATHERINE PEACOCK BOARD MEMBER	2.00	X						0.	0.	600.
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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> MEMBER DUES AND ASSESS .....	<b>Business Code</b> 900099	66,512,603.	66,512,603.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		66,512,603.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		31,513.			31,513.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	500.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		500.			
	<b>d</b> Net rental income or (loss) .....		500.	500.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099	414,801.	414,801.				
<b>b</b> STATE BAR SERVICING FEES .....	900099	278,309.	278,309.				
<b>c</b> PRIOR PERIOD INCOME .....	900099	105,581.	105,581.				
<b>d</b> All other revenue .....	900099	33,972.		33,972.			
<b>e Total.</b> Add lines 11a-11d .....		832,663.					
<b>12 Total revenue.</b> See instructions. ....		67,377,279.	67,311,794.	33,972.	31,513.		

**UNION OF CALIFORNIA STATE WORKERS**

**SEIU LOCAL 1000**

Form 990 (2017)

68-0475305 Page **10**

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members	164,865.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	14,658,111.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,635,543.			
<b>9</b> Other employee benefits	3,036,851.			
<b>10</b> Payroll taxes	1,581,936.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	276,506.			
<b>c</b> Accounting	119,500.			
<b>d</b> Lobbying	37,513.			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,476,207.			
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	2,344,595.			
<b>14</b> Information technology	473,790.			
<b>15</b> Royalties				
<b>16</b> Occupancy	883,813.			
<b>17</b> Travel	4,780,141.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	339,565.			
<b>21</b> Payments to affiliates	15,717,456.			
<b>22</b> Depreciation, depletion, and amortization	937,614.			
<b>23</b> Insurance	194,119.			
<b>24</b> 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.)				
<b>a</b> REIMB TO CA FOR UL	4,415,991.			
<b>b</b> PAYMENTS TO CSEA	1,403,824.			
<b>c</b> DLC ADMINISTRATION, FOR	1,038,085.			
<b>d</b> MISCELLANEOUS EXPENSES	304,676.			
<b>e</b> All other expenses	495,991.			
<b>25</b> Total functional expenses. Add lines 1 through 24e	58,316,692.			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



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

Form 990 (2017)

68-0475305 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,490,341.	<b>1</b>	7,461,804.	
	<b>2</b> Savings and temporary cash investments .....	4,202,604.	<b>2</b>	14,211,515.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	6,230,239.	<b>4</b>	6,518,403.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	591,467.	<b>9</b>	561,171.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	21,657,876.			
	<b>b</b> Less: accumulated depreciation .....	5,084,877.			
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	75,249.	<b>15</b>	78,075.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,430,972.	<b>16</b>	45,403,967.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,383,295.	<b>17</b>	7,456,292.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	328,616.	<b>19</b>	311,056.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,255,032.	<b>23</b>	7,073,609.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	3,060,041.	<b>25</b>	3,024,313.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,026,984.	<b>26</b>	17,865,270.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	16,020,882.	<b>27</b>	24,643,477.	
	<b>28</b> Temporarily restricted net assets .....	2,383,106.	<b>28</b>	2,895,220.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	18,403,988.	<b>33</b>	27,538,697.		
<b>34</b> Total liabilities and net assets/fund balances .....	36,430,972.	<b>34</b>	45,403,967.		

Form **990** (2017)

**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	67,377,279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,316,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,060,587.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,403,988.
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	74,122.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,538,697.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form 990 (2017)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**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 <b>UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000</b>	Employer identification number <b>68-0475305</b>
--	---

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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.	1,572,288.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

LHA SEE PART IV FOR CONTINUATION

**UNION OF CALIFORNIA STATE WORKERS**

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

- A** Check  if the filing organization belongs to an affiliated group (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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**UNION OF CALIFORNIA STATE WORKERS**

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>X</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		<b>X</b>
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....		<b>X</b>

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 FOR INCOMPLETE NAME/ADDRESS INFORMATION:**

**Part IV** Supplemental Information *(continued)*

SEIU LOCAL 1000 CANDIDATE PAC

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

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** **UNION OF CALIFORNIA STATE WORKERS** **Employer identification number**  
**SEIU LOCAL 1000** **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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? .....

Yes  No

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 .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount          |
|--|-----------------|
| <b>c</b> Beginning balance .....             | <b>1c</b> ..... |
| <b>d</b> Additions during the year .....     | <b>1d</b> ..... |
| <b>e</b> Distributions during the year ..... | <b>1e</b> ..... |
| <b>f</b> Ending balance .....                | <b>1f</b> ..... |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b> .....		
<b>3a(ii)</b> .....		
<b>3b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		7,230,000.		7,230,000.
<b>b</b> Buildings .....		7,717,197.	641,594.	7,075,603.
<b>c</b> Leasehold improvements .....		619,952.	239,177.	380,775.
<b>d</b> Equipment .....		3,837,173.	2,067,172.	1,770,001.
<b>e</b> Other .....		2,253,554.	2,136,934.	116,620.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				16,572,999.



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>ACCRUED VACATION</b>	1,234,078.
(3) <b>CAPITAL LEASES</b>	531,431.
(4) <b>PER CAPITA TAX PAYABLE</b>	1,258,804.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,024,313.

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.

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

**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.

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

**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, 2017 AND 2016, 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, 2014 THROUGH 2016 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 (such as, 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 on 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 checked="" 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2017

UNION OF CALIFORNIA STATE WORKERS  
SEIU LOCAL 1000

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**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 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. IN 2017 A STIPEND WAS APPROVED FOR THE PRESIDENT, PAID DIRECTLY BY THE LOCAL.

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. IN 2017, STIPENDS WERE APPROVED BY THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL. THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS.

**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.

YVONNE WALKER - PRESIDENT

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 63,672

TAMEKIA ROBINSON - VICE PRESIDENT FOR ORGANIZING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 55,378

MARGARITA MALDONADO - VICE PRESIDENT FOR BARGAINING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 98,789

THERESA TAYLOR - VICE PRESIDENT AND SECRETARY-TREASURER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,604

JOYCE WHEELER-OWENS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 18,708

KEVIN LENNON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,380

BEVERLY ARIAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,142

CHARLIE "VERA" HOLLOWAY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219

SYBLE TOMPKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219

SANDRA GARCIA - 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 - 1,133

CAROLELYNN LEONARDO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 49,716

JANETTE HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 861

GWENDOLYN CRAWFORD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,265

JOYCE MINZEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 346

DAVID MATANGA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 377

STEVEN ALARI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 706

DELEON SECREST - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 9,027

CHARLENE GONZALEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 219

BEVERLY BROCKINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,313



**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.

KATHY EVANS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 56,813

MANUEL RODRIGUEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 48,382

JACK FUNK - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 375

DENNIS GONZALES - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 477

REGINA WHITNEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,319

WILLIAM HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 855

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 - 40,313

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 43,902

CHRISTINA EVITT - 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 - 876

JAIME MOLINA- BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,282

DANA MEZA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,921

HAROLD FONG - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 404

BARBARA BELL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 359

LEONARD SEITZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 444

KWAJHALIEN DORN-DAVIS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 286

MICHAEL ROSKEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 400

FRAN PASS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 888

SHELIA BYARS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 77,001

**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.

KRISSE FELLS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 488

VINCENT CASTANON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 11,109

CAREY ROLAND (WILSON) - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 45,099

LATREECE SMITH - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 722

TOMMY CORNLIUS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,127

JIM HOLVERSTOTT - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,085

CYNTHIA POWERS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,862

EVE DICKSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,769

RENAY LEVINGSTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 359

IBYANG RIVERA - 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 - 578

SYLVIA ROMOS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,790

CINDY DOYEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,982

DIANA KING - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,347

ANGELICA MILLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 16,395

JAVIER CARDENAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,316

CRUZ NARANJO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 426

RICK CALKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,670

INNA LITKE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,068

BRENDA MODKINS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 66,355

**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.

BRUCE THEEL - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 79,502

SOPHIA PEKINS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 36,201

JAMES BRAD WILLIS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 23,875

ROBERT VEGA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,047

MARIA PATTERSON - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 22,919

KIMBERLY COWART - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 122,100

RIONNA JONES - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,639

MIGUEL CORDOVA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 106,390

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

**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 11B:**

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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). IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, 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. IN 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL. THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS.

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

CHANGE IN PAC ACCOUNTS PAYABLE REMOVED FROM BALANCE SHEET	74,122.
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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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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
UNION OF CALIFORNIA STATE WORKERS PROPERTIES LLC, 1808 14TH STREET, SACRAMENTO, CA 95811-7131	MAINTAIN, MANAGE AND HOLD TITLE TO THE REAL PROPERTY OF THE LOCAL	CALIFORNIA			THE UNION OF CALIFORNIA STATE WORKERS

**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) 2017

SEE PART VII FOR CONTINUATIONS

**UNION OF CALIFORNIA STATE WORKERS**

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

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

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

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

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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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)			

**UNION OF CALIFORNIA STATE WORKERS**

Schedule R (Form 990) 2017

**SEIU LOCAL 1000**

68-0475305 Page 4

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
<b>Prepared by</b>	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2018
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>UNION OF CALIFORNIA STATE WORKERS</b> <b>SEIU LOCAL 1000</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>68-0475305</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1808 14TH STREET</b>	<b>E</b> Unrelated business activity codes (See instructions.) <b>812930</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>SACRAMENTO, CA 95811-7131</b>	

<b>C</b> Book value of all assets at end of year <b>45,403,967.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>5304</b>
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. ▶ **PARKING LOT REVENUE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **STEVE SCHMIDT** Telephone number ▶ **866-471-7348**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	32,046.	32,089.	-43.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	32,046.	32,089.	-43.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	<b>Total deductions.</b> Add lines 14 through 28			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-43.
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-43.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-43.

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

Form 990-T (2017)

68-0475305

Page 2

<b>Part III Tax Computation</b>			
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.			
Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
(2) Additional 3% tax (not more than \$100,000) \$			
<b>c</b> Income tax on the amount on line 34			35c 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
<b>37 Proxy tax.</b> See instructions			37
<b>38 Alternative minimum tax</b>			38
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions			39
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 0.

<b>Part IV Tax and Payments</b>			
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a	
<b>b</b> Other credits (see instructions)		41b	
<b>c</b> General business credit. Attach Form 3800		41c	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)		41d	
<b>e</b> Total credits. Add lines 41a through 41d		41e	
<b>42</b> Subtract line 41e from line 40		42	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
<b>44</b> Total tax. Add lines 42 and 43		44	0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017		45a	
<b>b</b> 2017 estimated tax payments		45b	
<b>c</b> Tax deposited with Form 8868		45c	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)		45d	
<b>e</b> Backup withholding (see instructions)		45e	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)		45f	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other		45g	
<b>46</b> Total payments. Add lines 45a through 45g		46	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
<b>48</b> Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
<b>49</b> Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded		50	

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)				
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here			Yes	No
				X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.				X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$				

<b>Sign Here</b>	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.			
	Signature of officer	Date	PRESIDENT	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT E. HALLBERG, CPA</b>		Preparer's signature <i>Scott E. Hallberg, CPA</i>	Date 11/15/18
	Firm's name <b>CALIBRE CPA GROUP PLLC</b>		Check <input type="checkbox"/> if self-employed	PTIN <b>P01081188</b>
	Firm's address <b>7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814</b>		Firm's EIN <b>47-0900880</b>	
			Phone no. <b>202-331-9880</b>	

Form 990-T (2017)



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		STATEMENT 2	STATEMENT 3
(1) 13TH AND S PARKING LOT	33,972.	6,537.	27,481.
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
STATEMENT 4	STATEMENT 5		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 7,159,069.	7,589,263.	94.33%	32,046.
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 .....		32,046.	32,089.
			0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

UNION OF CALIFORNIA STATE WORKERS

Form 990-T (2017) SEIU LOCAL 1000

68-0475305

Page 5

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2017)

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/16	2,822.	0.	2,822.	2,822.	
NOL CARRYOVER AVAILABLE THIS YEAR			2,822.	2,822.	

FORM 990-T		SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
DEPRECIATION		6,537.	6,537.		
- SUBTOTAL -	1		6,537.		
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			6,537.		

FORM 990-T		SCHEDULE E - OTHER DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
MAINTENANCE		27,481.	27,481.		
- SUBTOTAL -	1		27,481.		
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			27,481.		

FORM 990-T		AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
AVERAGE ACQUISITION DEBT		7,159,069.	7,159,069.		
- SUBTOTAL -	1		7,159,069.		
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			7,159,069.		

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FORM 990-T	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT	5
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<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ADJUSTED BASIS		7,589,263.	
- SUBTOTAL -	1		7,589,263.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			<u>7,589,263.</u>

# 2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2017

<b>Prepared for</b>	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
<b>Prepared by</b>	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814
<b>To be signed and dated by</b>	NOT APPLICABLE
<b>Amount of tax</b>	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
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	FRANCHISE TAX BOARD
<b>Mail tax return and check (if applicable) to</b>	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.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE NOVEMBER 15, 2018.  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

**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 "2017 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:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

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 federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

739035 11-29-17

--- 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 **2017** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000 UNIO 68-0475305 2338980 17 FORM 3  
TYB 01-01-2017 TYE 12-31-2017  
UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000

1808 14TH STREET  
SACRAMENTO CA 95811-7131

(916) 554-1210

Amount of Payment 10.

2017

# California Exempt Organization Annual Information Return

199

Calendar Year 2017 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)  990PF (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 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 Information B and C.**


Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	67,377,279.00
	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 Information B	4	67,377,279.00
	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	67,377,279.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	59,397,085.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	7,980,194.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments 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 Information F	15	10.00
	16	Penalties and Interest. See General Information 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  Date **11/15/18** 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.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	31,513.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	500.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	67,345,266.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	67,377,279.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	164,865.00	
	11	Compensation of officers, directors, and trustees	•	11	142,779.00	
	12	Other salaries and wages	•	12	14,658,111.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	339,565.00
		14	Taxes	•	14	1,581,936.00
		15	Rents	•	15	883,813.00
		16	Depreciation and depletion (See instructions)	•	16	1,875,228.00
		17	Other Expenses and Disbursements	•	17	39,750,788.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	59,397,085.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		12,692,945.		• 21,673,319.
2 Net accounts receivable		6,230,239.		• 6,518,403.
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	20,771,693.		14,427,876.	
b Less accumulated depreciation	( 4,139,951. )	16,631,742.	( 5,084,877. )	9,342,999.
11 Land		209,330.		• 7,230,000.
12 Other assets <b>STMT 4</b>		666,716.		• 639,246.
13 <b>Total assets</b>		36,430,972.		45,403,967.
<b>Liabilities and net worth</b>				
14 Accounts payable		7,383,295.		• 7,456,292.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		7,255,032.		• 7,073,609.
18 Other liabilities <b>STMT 5</b>		3,388,657.		3,335,369.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		18,403,988.		• 27,538,697.
22 <b>Total liabilities and net worth</b>		36,430,972.		45,403,967.

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	• 7,980,194.	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	7,980,194.
6	Total. Add line 1 through line 5	7,980,194.			

CA 199	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
STATE BAR SERVICING FEES		278,309.	
PARKING LOT REVENUE		33,972.	
PRIOR PERIOD INCOME		105,581.	
MISCELLANEOUS		414,801.	
INSURANCE REIMBURSEMENTS		0.	
MEMBER DUES AND ASSESS		66,512,603.	
TOTAL TO FORM 199, PART II, LINE 7		67,345,266.	

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
YVONNE WALKER 1808 14TH STREET SACRAMENTO, CA 95811-7131	PRESIDENT 70.00	60,012.	
TAMEKIA ROBINSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT FOR ORGANIZ 70.00	50,969.	
MARGARITA MALDONADO 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT FOR BARGAIN 70.00	16,733.	
THERESA TAYLOR 1808 14TH STREET SACRAMENTO, CA 95811-7131	VICE PRESIDENT AND SECRETA 40.00	15,065.	
JOYCE WHEELER-OWENS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 12.00	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 2.00	0.	

CHARLIE "VERA" HOLLOWAY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SYBLE TOMPKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SANDRA GARCIA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CAROLELYNN LEONARDO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 35.00	0.
JANETTE HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
GWENDOLYN CRAWFORD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DALIA JARAMILLO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 5.00	0.
DAVID MATANGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
STEVEN ALARI 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DELEON SECREST 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 15.00	0.
MISTY DEL ROSARIO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
BEVERLY BROCKINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
KATHY EVANS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 10.00	0.

MANUEL RODRIGUEZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 29.00	0.
JACK FUNK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DENNIS GONZALES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
REGINA WHITNEY 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 35.00	0.
WILLIAM HALL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JOYCELYN ODOM 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
TERESA HUBBARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 32.00	0.
JEROME WASHINGTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 10.00	0.
CHRISTINA EVITT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JAIME MOLINA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
DANA MEZA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
HAROLD FONG 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
BARBARA BELL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

LEONARD SEITZ 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	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 2.00	0.
FRAN PASS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SHELIA BYARS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 32.00	0.
KRISSE FELLS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
VINCENT CASTANON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CAREY ROLAND (WILSON) 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 8.00	0.
LATREECE SMITH 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
TOMMY CORNLIUS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JIM HOLVERSTOTT 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CYNTHIA POWERS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
EVE DICKSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.

RENAY LEVINGSTON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
IBYANG RIVERA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SYLVIA RAMOS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CINDY DOYEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
JOSE MEDINA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	0.
ANGELICA MILLER 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 20.00	0.
JAVIER CARDENAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
CRUZ NARANJO 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
RICK CALKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 3.00	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 33.00	0.
BRUCE THEEL 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 34.00	0.
SOPHIA PEKINS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 33.00	0.

JAMES BRAD WILLIS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 36.00	0.
ROBERT VEGA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
MARIA PATTERSON 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 32.00	0.
KIMBERLY COWART 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 35.00	0.
RIONNA JONES 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 37.00	0.
MIGUEL CORDOVA 1808 14TH STREET SACRAMENTO, CA 95811-7131	BUNC CHAIR 36.00	0.
CATHERINE PEACOCK 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
SHRHONDA WARD 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
TIFFANY CONTRERAS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.
KERI KLINE 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 35.00	0.
WANDRA PITTS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 19.00	0.
BRENDA RODGERS 1808 14TH STREET SACRAMENTO, CA 95811-7131	BOARD MEMBER 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

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142,779.

CA 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
REIMB TO CA FOR UL		4,415,991.	
PAYMENTS TO CSEA		1,403,824.	
DLC ADMINISTRATION, FOR		1,038,085.	
MISCELLANEOUS EXPENSES		304,676.	
PAYMENTS TO AFFILIATES		15,717,456.	
PENSION PLAN CONTRIBUTIONS		2,635,543.	
OTHER EMPLOYEE BENEFITS		3,036,851.	
LEGAL FEES		276,506.	
ACCOUNTING FEES		119,500.	
LOBBYING FEES		37,513.	
OTHER PROFESSIONAL FEES		2,476,207.	
OFFICE EXPENSES		2,344,595.	
INFORMATION TECHNOLOGY		473,790.	
TRAVEL		4,780,141.	
INSURANCE		194,119.	
ALL OTHER EXPENSES		495,991.	
TOTAL TO FORM 199, PART II, LINE 17		39,750,788.	

CA 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	591,467.	561,171.	
TRAVEL ADVANCES	75,249.	78,075.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	666,716.	639,246.	

CA 199	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	0.	0.	
OTHER LIABILITIES	0.	0.	
ACCRUED VACATION	1,099,123.	1,234,078.	
CAPITAL LEASES	708,407.	531,431.	
PER CAPITA TAX PAYABLE	1,252,511.	1,258,804.	
DEFERRED REVENUE	328,616.	311,056.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,388,657.	3,335,369.	



# 2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 1808 14TH STREET SACRAMENTO, CA 95811-7131
<b>Prepared by</b>	CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814
<b>To be signed and dated by</b>	THE AUTHORIZED INDIVIDUAL(S).
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2018
<b>Special Instructions</b>	

**California Exempt Organization  
Business Income Tax Return**

Calendar Year 2017 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/room no.) **1808 14TH STREET** PMB no. \_\_\_\_\_

City (If the corporation has a foreign address, see instructions.) **SACRAMENTO** State **CA** ZIP code **95811-7131**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

- A First Return Filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy) \_\_\_\_\_
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **PARKING LOT REVENUE**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) Code **812930**
- L Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	-43.00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	-43.00
<b>Taxable Trust</b>	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4	00
<b>Tax Computation</b>	5	Unrelated business taxable income from line 3 or line 4	•	5	-43.00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6	00
	7	Net Operating Loss deduction. See General Information N	•	7	00
	8	Add line 6 and line 7	•	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	-43.00
	10	Tax <b>8.84</b> % x line 9. See General Information J	•	10	00
	11	Tax credits from Schedule B. See instructions	•	11	00
<b>Total Tax</b>	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	00
	13	Alternative minimum tax. See General Information O	•	13	00
	14	Total tax. Add line 12 and line 13	•	14	0.00
<b>Payments</b>	15	Overpayment from a prior year allowed as a credit	•	15	00
	16	2017 estimated tax payments. See instructions	•	16	00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	00
	18	Amount paid with extension (form FTB 3539)	•	18	00
	19	Total payments and credits. Add line 15 through line 18	•	19	00
<b>Use Tax/Tax Due/Overpayment</b>	20	Use tax. See instructions	•	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	00
	25	Enter amount of line 24 to be applied to 2018 estimated tax	•	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	-43.00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	-43.00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	-43.00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	-43.00
29 Specific deduction	29	1,000.00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-43.00

**Sign Here**

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.  
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.

Signature of officer	Title <b>PRESIDENT</b>	Date	Telephone
Preparer's signature <i>Scott E. Hallberg, CPA</i>	Date 11/15/18	Check if self-employed <input type="checkbox"/>	PTIN <b>P01081188</b>
Firm's name (or yours, if self-employed) <b>CALIBRE CPA GROUP PLLC</b>	Address <b>7501 WISCONSIN AVE., 1200W BETHESDA, MD 20814</b>		FEIN <b>47-0900880</b>
May the FTB discuss this return with the preparer shown above? See instructions			Telephone <b>202-331-9880</b>
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

**Schedule K Add-On Taxes or Recapture of Tax.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property			
			(a) Straight-line depreciation	(b) Other deductions		
			STATEMENT 6	STATEMENT 7		
13TH AND S PARKING LOT		33,972.	6,537.	27,481.		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property		5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
STATEMENT 8		STATEMENT 9				
7,159,069.		7,589,263.	94.33 %	32,046.	32,089.	-43.
			%			
			%			
Total. Enter here and on Side 2, Part I, line 7					-43.	

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							



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CA 109	DEPRECIATION DEDUCTION	STATEMENT	6
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DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			6,537.	
	- SUBTOTAL -	1		6,537.
TOTAL TO FORM 109, SCHEDULE D, LINE 3A				6,537.

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CA 109	OTHER DEDUCTIONS	STATEMENT	7
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DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
MAINTENANCE			27,481.	
	- SUBTOTAL -	1		27,481.
TOTAL TO FORM 109, SCHEDULE D, LINE 3B				27,481.

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CA 109	AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY	STATEMENT	8
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DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT			7,159,069.	
	- SUBTOTAL -	1		7,159,069.
TOTAL TO FORM 109, SCHEDULE D, LINE 4				7,159,069.

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CA 109	AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY	STATEMENT	9
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DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS			7,589,263.	
	- SUBTOTAL -	1		7,589,263.
TOTAL TO FORM 109, SCHEDULE D, LINE 5				7,589,263.

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>SEIU LOCAL 1000 UNION OF CALIFORNIA STATE WORKERS</b>	California corporation number 2338980
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During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="radio"/> C Corporation <input checked="" type="radio"/> S Corporation <input checked="" type="radio"/> <b>X</b> Exempt Organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 68-0475305
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If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	43.00
2 2017 disaster loss included in line 1. Enter as a positive number	2	00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	43.00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c Add line 4a and line 4b	4c	00
5 General NOL. Subtract line 4c from line 3	5	43.00
6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	43.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2015 and/or 2016, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2017 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (e)	<input checked="" type="radio"/> 7	00
8 2017 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (g)	<input checked="" type="radio"/> 8	-2,822.00
9 2017 NOL carryover to 2018. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	2,865.00

**Election to waive carryback**

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2017 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	(g) Available balance	0.
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**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		GEN	2,822.	<input checked="" type="radio"/> 2,822.	0.	0.	<input checked="" type="radio"/> 2,822.
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Current Year NOLs**

Year	Type of NOL	Initial loss	Carryover from 2016	Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (d) minus col. (f) See instructions.
3 2017	DIS					
4 2017	GEN	43.				2,865.
2017						
2017						
2017						

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).



**Part III NOL carryback**

1	2015 Net income - Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S line 20; or taxable income from Form 109, line 9; (but not less than -0-)	0.
2	2016 Net income - Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)	-2,822.

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2015		2016		(i) Carryover to 2018 col. (d) minus col. (e) plus col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2017		GEN	43	0	43	-2,822	2,865	2,865
2017								
2017								
2017								
2017								

\* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

**Part IV 2017 NOL deduction**

1	Total the amounts in Part II, line 2, column (f)	1	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	00