

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20____

2018

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>56,317,274.</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 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

[Signature] 11/15/2019
Signature of officer Date

PRESIDENT
Title

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

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

ERO's Use Only	ERO's signature	<u><i>[Signature]</i></u>	Date	<u>11/15/19</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00762403</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST 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)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1808 14TH STREET City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95811-7131	D Employer identification number 68-0475305 E Telephone number (916) 554-1210 G Gross receipts \$ 56,317,274. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 5304
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SEIU1000.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	63
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	63
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	183
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	81,126.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	-19,361.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,512,603.	55,111,465.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,513.	165,519.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	833,163.	1,040,290.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,377,279.	56,317,274.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	164,865.	162,405.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	21,912,441.	21,479,249.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	36,239,386.	32,656,089.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,316,692.	54,297,743.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	9,060,587.	2,019,531.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	45,403,967.	46,606,601.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,865,270.	17,522,470.
		27,538,697.	29,084,131.

Part II Signature Block

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

Sign Here	Signature of officer YVONNE WALKER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ETHAN GEWOLB, CPA	Preparer's signature
	Firm's name ▶ CALIBRE CPA GROUP PLLC	Date 11/15/19
	Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	Check if self-employed <input type="checkbox"/> PTIN P00762403
		Firm's EIN ▶ 47-0900880 Phone no. 202-331-9880

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO PROVIDE ASSISTANCE IN MATTERS OF JOB CLASSIFICATION; AND
LEGISLATIVE ADVOCACY IN SUPPORT OF PROGRAMS BENEFICIAL TO STATE
EMPLOYEES AND RETIREES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

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

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

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

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

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

4e Total program service expenses **▶**

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	183
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	63		
b Enter the number of voting members included in line 1a, above, who are independent	1b	63		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	▶ NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> 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	X		X				62,208.	0.	0.
(2) KEVIN MENAGER VICE PRESIDENT AND SECRETARY-TREASUR	33.00	X		X				0.	0.	0.
(3) LONNIE OWENS VICE PRESIDENT FOR BARGAINING	38.00	X		X				0.	0.	0.
(4) ANICA WALLS VICE PRESIDENT FOR ORGANIZING / REPR	38.00	X		X				0.	0.	0.
(5) KATE SPENCER BOARD MEMBER	3.00	X						0.	0.	0.
(6) KEVIN LENNON BOARD MEMBER	4.00	X						0.	0.	0.
(7) AHJAMU MAKALANI BOARD MEMBER	14.00	X						0.	0.	0.
(8) KEHINDE ADEOYE BOARD MEMBER	3.00	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-VALDRIZ BOARD MEMBER	34.00	X						0.	0.	0.
(12) GWENDOLYN CRAWFORD BOARD MEMBER	4.00	X						0.	0.	0.
(13) DALIA JARAMILLO BOARD MEMBER	5.00	X						0.	0.	0.
(14) JOSE MEDINA BOARD MEMBER	4.00	X						0.	0.	0.
(15) STEVEN ALARI BOARD MEMBER	4.00	X						0.	0.	0.
(16) DELEON SECREST BOARD MEMBER	32.00	X						0.	0.	0.
(17) MELISSA DEL ROSARIO BOARD MEMBER	3.00	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) CHARITY REGALADO BOARD MEMBER	32.00	X					0.	0.	0.	
(19) KATHY EVANS BOARD MEMBER	4.00	X					0.	0.	0.	
(20) MANUEL RODRIGUEZ BOARD MEMBER	34.00	X					0.	0.	0.	
(21) EDWARD FUNK BOARD MEMBER	4.00	X					0.	0.	0.	
(22) CYNTHIA VO BOARD MEMBER	4.00	X					0.	0.	0.	
(23) REGINA WHITNEY BOARD MEMBER	33.00	X					0.	0.	0.	
(24) WILLIAM HALL BOARD MEMBER	2.00	X					0.	0.	0.	
(25) RONALD ROSSON BOARD MEMBER	3.00	X					0.	0.	0.	
(26) TERESA HUBBARD BOARD MEMBER	37.00	X					0.	0.	0.	
1b Sub-total							62,208.	0.	0.	
c Total from continuation sheets to Part VII, Section A							894,508.	0.	294,855.	
d Total (add lines 1b and 1c)							956,716.	0.	294,855.	

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 5

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	1,418,041.
HOLIDAY INN SACRAMENTO DOWNTOWN-ARENA 300 J STREET, SACRAMENTO, CA 95814	CONFERENCE SERVICES	766,737.
HILTON SAN DIEGO BAYFRONT 1 PARK BLVD, SAN DIEGO, CA 92101	CONFERENCE SERVICES	730,880.
COMMERCE PRINTING SERVICE 322 NORTH 12TH ST, SACRAMENTO, CA 95811	PRINTING SERVICES	410,226.
ONNI COAST SAVINGS LIMITED PARTNERSHIP 315 W. 9TH STREET, LOS ANGELES, CA 90015	LANDLORD	323,423.

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 23

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) JEROME WASHINGTON BOARD MEMBER	15.00	X						0.	0.	0.
(28) JOEL FEW BOARD MEMBER	4.00	X						0.	0.	300.
(29) KEVIN HEALY BOARD MEMBER	38.00	X						0.	0.	0.
(30) DANA MEZA BOARD MEMBER	7.00	X						0.	0.	0.
(31) HAROLD FONG BOARD MEMBER	2.00	X						0.	0.	0.
(32) JENNIFER CORDOVA BOARD MEMBER	2.00	X						0.	0.	0.
(33) LEONARD SEITZ BOARD MEMBER	2.00	X						0.	0.	0.
(34) SHRHONDA WARD BOARD MEMBER	2.00	X						0.	0.	0.
(35) MICHAEL ROSKEY BOARD MEMBER	2.00	X						0.	0.	0.
(36) BETH BARTEL BOARD MEMBER	7.00	X						0.	0.	300.
(37) TARA ROOKS BOARD MEMBER	33.00	X						0.	0.	0.
(38) RANDALL STAN BOARD MEMBER	28.00	X						0.	0.	0.
(39) NICHOLAS MANNION BOARD MEMBER	33.00	X						0.	0.	0.
(40) RENEE LATOUR BOARD MEMBER	2.00	X						0.	0.	0.
(41) JULIE STRATTON BOARD MEMBER	2.00	X						0.	0.	0.
(42) WANDRA PITTS BOARD MEMBER	8.00	X						0.	0.	0.
(43) DAVID JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(44) JAMES HOLVERSTOTT BOARD MEMBER	2.00	X						0.	0.	720.
(45) EVE DICKSON BOARD MEMBER	6.00	X						0.	0.	600.
(46) RENAY LEVINGSTON BOARD MEMBER	10.00	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) HEATHER KESSLER BOARD MEMBER	2.00	X					0.	0.	300.	
(48) SYLVIA RAMOS BOARD MEMBER	2.00	X					0.	0.	1,050.	
(49) CINDY DOYEL BOARD MEMBER	2.00	X					0.	0.	0.	
(50) ANGELICA MILLER BOARD MEMBER	25.00	X					0.	0.	0.	
(51) JAVIER CARDENAS BOARD MEMBER	6.00	X					0.	0.	0.	
(52) FRANCINA STEVENSON BOARD MEMBER	2.00	X					0.	0.	0.	
(53) NOREEN NELSON BOARD MEMBER	6.00	X					0.	0.	0.	
(54) DELONNE JOHNSON BOARD MEMBER	4.00	X					0.	0.	0.	
(55) JAMES WILLIS BUNC CHAIR	35.00	X					0.	0.	0.	
(56) SUSAN RODRIGUEZ BUNC CHAIR	25.00	X					0.	0.	0.	
(57) KIMBERLY COWART BUNC CHAIR	33.00	X					0.	0.	0.	
(58) MIGUEL CORDOVA BUNC CHAIR	34.00	X					0.	0.	0.	
(59) KAREN JEFFERIES BUNC CHAIR	18.00	X					0.	0.	0.	
(60) MARIA PATTERSON BUNC CHAIR	33.00	X					0.	0.	0.	
(61) LUISA LEUMA BUNC CHAIR	36.00	X					0.	0.	0.	
(62) TERENCE HIBBARD BUNC CHAIR	16.00	X					0.	0.	0.	
(63) ROBERT VEGA BUNC CHAIR	30.00	X					0.	0.	0.	
(64) THERSA TAYLOR FORMER VICE PRESIDENT AND SECRETARY-	36.00	X		X			6,712.	0.	0.	
(65) MARGARITA MALDONADO FORMER VICE PRESIDENT FOR BARGAINING	34.00	X		X			85,895.	0.	25,652.	
(66) TAMEKIA ROBINSON FORMER MVICE PRESIDENT FOR ORGANIZIN	32.00	X		X			25,996.	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			
(67) BRENDA ROGERS BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(68) KRISSE FELLS BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(69) JOYCE WHEELER-OWENS BOARD MEMBER - FORMER	14.00	X						0.	0.	0.
(70) BEVERLY ARIAS BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(71) CHARLIE HOLLOWAY BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(72) JANETTE HALL BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(73) BEVERLY BROCKINGTON BOARD MEMBER - FORMER	3.00	X						0.	0.	0.
(74) DENNIS GONZALES BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(75) JOYCELYN ODOM BOARD MEMBER - FORMER	4.00	X						0.	0.	0.
(76) CHRISTINA EVITT BOARD MEMBER - FORMER	4.00	X						0.	0.	0.
(77) JAIME MOLINA BOARD MEMBER - FORMER	4.00	X						0.	0.	0.
(78) CATHERINE PEACOCK BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(79) SHELIA BYARS BOARD MEMBER - FORMER	35.00	X						0.	0.	0.
(80) TIFFANY CONTERAS BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(81) CYNTHIA POWERS BOARD MEMBER - FORMER	2.00	X						0.	0.	360.
(82) IBYANG RIVERA BOARD MEMBER - FORMER	2.00	X						0.	0.	200.
(83) CRUZ NARANJO BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
(84) INNA LITKE BOARD MEMBER - FORMER	4.00	X						0.	0.	0.
(85) FRANCISCA PASS BOARD MEMBER - FORMER	2.00	X						0.	0.	175.
(86) RICK CALKINS BOARD MEMBER - FORMER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBER DUES AND ASSESS	Business Code 900099	55,111,465.	55,111,465.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		55,111,465.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		165,519.			165,519.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,000.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		1,000.			
	d Net rental income or (loss)		1,000.	1,000.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	618,115.	618,115.				
b STATE BAR SERVICING FEES	900099	311,598.	311,598.				
c PARKING LOT REVENUE	900099	81,126.	0.	81,126.			
d All other revenue	900099	28,451.	28,451.				
e Total. Add lines 11a-11d		1,039,290.					
12 Total revenue. See instructions		56,317,274.	56,070,629.	81,126.	165,519.		

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	162,405.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,512,762.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,840,671.			
9 Other employee benefits	2,691,900.			
10 Payroll taxes	1,433,916.			
11 Fees for services (non-employees):				
a Management				
b Legal	156,227.			
c Accounting	85,000.			
d Lobbying	126,178.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	139.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,819,979.			
12 Advertising and promotion				
13 Office expenses	1,569,822.			
14 Information technology	418,348.			
15 Royalties				
16 Occupancy	1,692,052.			
17 Travel	2,459,437.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,455,999.			
20 Interest	318,555.			
21 Payments to affiliates	12,457,683.			
22 Depreciation, depletion, and amortization	836,325.			
23 Insurance	207,168.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REIMB TO CA FOR UL	5,768,494.			
b PAYMENTS TO CSEA	1,418,041.			
c DLC ADMINISTRATION, FOR	622,771.			
d PAC EXPENSE	521,854.			
e All other expenses	722,017.			
25 Total functional expenses. Add lines 1 through 24e	54,297,743.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	7,461,804.	1	4,540,793.	
	2 Savings and temporary cash investments	14,211,515.	2	14,055,945.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	6,518,403.	4	4,748,855.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	561,171.	9	637,333.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,769,286.			
	b Less: accumulated depreciation	5,915,835.			
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12	6,710,290.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	78,075.	15	59,934.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,403,967.	16	46,606,601.		
Liabilities	17 Accounts payable and accrued expenses	7,456,292.	17	7,992,572.	
	18 Grants payable		18		
	19 Deferred revenue	311,056.	19	282,264.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	7,073,609.	23	6,884,197.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,024,313.	25	2,363,437.	
	26 Total liabilities. Add lines 17 through 25	17,865,270.	26	17,522,470.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,643,477.	27	27,154,034.	
	28 Temporarily restricted net assets	2,895,220.	28	1,930,097.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	27,538,697.	33	29,084,131.		
34 Total liabilities and net assets/fund balances	45,403,967.	34	46,606,601.		

Form **990** (2018)

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	56,317,274.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,297,743.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,019,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,538,697.
5	Net unrealized gains (losses) on investments	5	-67,897.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-406,200.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,084,131.

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** (2018)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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

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

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

2 Political 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.	1,568,200.
SEIU LOCAL 1000 ISSUES PAC	SACRAMENTO, CA 95814-4602	68-0475305	0.	54.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

UNION OF CALIFORNIA STATE WORKERS

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

THE LOCAL, THROUGH ITS CANDIDATE AND INDEPENDENT EXPENDITURE PAC, MAKES DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH STATE AND/OR LOCAL CANDIDATE ELECTIONS.

THE LOCAL, THROUGH ITS ISSUES PAC, MAKES DIRECT AND INDIRECT POLITICAL

Part IV Supplemental Information (continued)

CAMPAIGN ACTIVITIES INCLUDE MAKING EXPENDITURES IN CONNECTION WITH LOCAL AND STATEWIDE BALLOT MEASURES.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

SEIU LOCAL 1000 CANDIDATE PAC

555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602

SEIU LOCAL 1000 ISSUES PAC

555 CAPITOL MALL, SUITE 400 SACRAMENTO, CA 95814-4602

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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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) CERTIFICATES OF DEPOSIT	5,823,039.	COST
(B) BONDS	887,251.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,710,290.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	1,190,933.
(3) CAPITAL LEASES	399,691.
(4) PER CAPITA TAX PAYABLE	772,813.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,363,437.

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

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

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

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

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

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

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

Part 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, 2018, 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, 2015 THROUGH 2017 REMAIN SUBJECT TO EXAMINATION, BASED ON THE NORMAL STATUTORY PERIODS

Part XIII Supplemental Information *(continued)*

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

68-0475305

Page 2

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

For each individual whose compensation must be reported 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		(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				
(1) ANNE GIESE CHIEF COUNSEL	(i)	156,740.	0.	5,260.	30,883.	17,182.	210,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSHUEA WISER RESEARCH DIRECTOR	(i)	151,650.	0.	5,736.	29,767.	24,418.	211,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BROOKE PIERMAN CONTRACTS DIRECTOR	(i)	150,630.	0.	3,549.	29,767.	24,418.	208,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY HERNANDEZ EXECUTIVE DIRECTOR	(i)	150,630.	0.	654.	29,767.	24,418.	205,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENT FITZPATRICK DIRECTOR OF INFORMATION SERVICES	(i)	150,630.	0.	426.	29,767.	24,811.	205,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(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 2016 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 2016, STIPENDS WERE APPROVED FOR THE FOUR STATEWIDE OFFICERS, PAID DIRECTLY BY THE LOCAL. THE COMPENSATION REPORTED IN PART VII REFLECTS THESE STIPENDS AS TAKEN AND ADDITIONAL MINOR EXPENSE STIPENDS FOR OTHER DIRECTORS.

YVONNE WALKER - PRESIDENT

UNION OF CALIFORNIA STATE WORKERS
SEIU LOCAL 1000

Schedule J (Form 990) 2018

68-0475305

Page 3

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 - 64,914

KEVIN MENAGER - VICE PRESIDENT AND SECRETARY-TREASURER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,296

THERESA TAYLOR - VICE PRESIDENT AND SECRETARY-TREASURER -

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,781

MARGARITA MALDONADO - VICE PRESIDENT FOR BARGAINING -

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,004

LONNIE OWENS - VICE PRESIDENT FOR BARGAINING

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 61,293

TAMEKIA ROBINSON - VICE PRESIDENT FOR ORGANIZING / REPRESENTATION

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 31,500

ANICA WALLS - VICE PRESIDENT FOR ORGANIZING / REPRESENTATION

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 46,709

JOYCE WHEELER-OWENS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 16,277

KATE SPENCER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,624

KEVIN LENNON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,367

Schedule J (Form 990) 2018

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.

AHJAMU MAKALANI - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 21,547

BEVERLY ARIAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 149

KEHINDE ADEOYE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,060

SYBLE TOMPKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 462

SANDRA GARCIA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 428

CAROLELYNN LEONARDO-VALDRIZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,961

GWENDOLYN CRAWFORD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,919

DALIA JARAMILLO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 7,046

JOSE MEDINA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 630

STEVEN ALARI - 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 - 987

DELEON SECREST - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 47,886

MELISSA DEL ROSARIO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,225

BEVERLY BROCKINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 652

CHARITY REGALADO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 57,439

KATHY EVANS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,303

MANUEL RODRIGUEZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,188

EDWARD FUNK - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 812

CYNTHIA VO - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,935

REGINA WHITNEY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 50,361

Part III Supplemental Information

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

WILLIAM HALL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 648

JOYCELYN ODOM - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 440

RONALD ROSSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,385

TERESA HUBBARD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 40,473

JEROME WASHINGTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 28,191

JOEL FEW - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 8,562

JAIME MOLINA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 742

KEVIN HEALY - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 51,140

DANA MEZA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,229

HAROLD FONG - 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 - 338

LEONARD SEITZ - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 480

SHRHONDA WARD - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,624

BETH BARTEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,206

SHELIA BYARS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 83,417

TARA ROOKS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 70,437

KRISSE FELLS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 508

RANDALL STAN - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 58,714

NICHOLAS MANNION - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,724

TIFFANY CONTRERAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 325

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.

KERI KLINE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 53,346

RENEE LATOUR - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 706

JULIE STRATTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,112

WANDRA PITTS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 6,216

JAMES HOLVERSTOTT - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,458

EVE DICKSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,786

RENAY LEVINGSTON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 598

HEATHER KESSLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 336

IBYANG RIVERA - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 306

SYLVIA RAMOS - BOARD MEMBER

Part III Supplemental Information

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

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,734

CINDY DOYEL - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 987

ANGELICA MILLER - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 41,046

JAVIER CARDENAS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 2,010

FRANCINA STEVENSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 563

NOREEN NELSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,349

RICK CALKINS - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 1,979

DELONNE JOHNSON - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 3,515

INNA LITKE - BOARD MEMBER

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 4,617

BRENDA MODKINS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 60,363

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.

JAMES WILLIS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 60,517

RIONNA JONES - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 35,011

SUSAN RODRIGUEZ - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 52,495

KIMBERLY COWART - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 121,240

MIGUEL CORDOVA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 108,849

KAREN JEFFERIES - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 22,911

SOPHIA PERKINS - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 12,174

MARIA PATTERSON - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 42,390

LUISA LEUMA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 68,132

TERENCE HIBBARD - BUNC CHAIR

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 - 38,704

ROBERT VEGA - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 76,420

BRUCE THEEL - BUNC CHAIR

PAYMENTS TO STATE OF CALIFORNIA FOR OFFICIAL UNION BUSINESS - 65,130

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO REPRESENT CERTAIN CIVIL SERVICE EMPLOYEES OF THE STATE OF CALIFORNIA
IN THE FOLLOWING MATTERS: SALARY, BENEFITS AND WORKING
CONDITIONS; ASSISTANCE IN FILING AND PURSUING EMPLOYEE GRIEVANCES; LEGAL
REPRESENTATION ON BOTH AN INDIVIDUAL AND CLASS BASIS; TECHNICAL
ASSISTANCE IN JOB CLASSIFICATION; AND LEGISLATIVE ADVOCACY IN SUPPORT
OF PROGRAMS BENEFICIAL TO STATE EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 2:

TWO MEMBERS OF THE BOARD, MIGUEL AND JENNIFER CORDOVA, ARE MARRIED TO EACH
OTHER.

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

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

BODY. ALL DECISIONS AND RECOMMENDATIONS MUST BE APPROVED BY THE GOVERNING BODY.

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

THE LOCAL'S FORM 990, INCLUDING REQUIRED SCHEDULES, WERE PROVIDED TO AND REVIEWED WITH THE PRESIDENT OF THE EXECUTIVE BOARD OF DIRECTORS 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.

Name of the organization UNION OF CALIFORNIA STATE WORKERS SEIU LOCAL 1000	Employer identification number 68-0475305
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FORM 990, PART VI, SECTION C, LINE 19:

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

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 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 for instructions and the latest information.**

OMB No. 1545-0047

2018

**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	48,000.	14,066,448.	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 CAPITOL MALL, SUITE 400, 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 CAPITOL MALL, SUITE 400, 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) 2018

SEE PART VII FOR CONTINUATIONS

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 1000 CANDIDATE

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

NAME OF RELATED ORGANIZATION:

SEIU LOCAL 1000 KEEPING CALIF HEALTHY AND SAFE AND STRONG

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