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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SEIU Local 1021

Number and street (or P O box if mail is not delivered to street address) | Room/suite
447 29th Street

City or town, state or country, and ZIP + 4
Oakland, CA 94609

D Employer identification number
20-5893698

E Telephone number
(510) 350-9814

F Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) ▶

* **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ N/A

J Organization type (check only one) ▶ ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 26,279,246

H *and* **I** *are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ _____ noncash $ _____)		1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	26,136,227
	4	Interest on savings and temporary cash investments		4	109,062
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a 33,176		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) subtract line 6b from line 6a		6c	33,176
	7	Other investment income (describe ▶)		7	
	8a	Gross amount from sales of assets other than inventory — **(A)** Securities	8a	**(B)** Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	
	11	Other revenue (from Part VII, line 103)		11	781
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	26,279,246
Expenses	13	Program services (from line 44, column (B))		13	
	14	Management and general (from line 44, column (C))		14	
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** Add lines 16 and 44, column (A)		17	28,656,899
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	-2,377,653
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	0
	20	Other changes in net assets or fund balances (attach explanation)		20	9,079,037
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	6,701,384

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $193,144 noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b	193,144			
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,736,528			
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	8,321,600			
27	Pension plan contributions not included on lines 25a, b and c	27	1,485,952			
28	Employee benefits not included on lines 25a - 27	28	1,982,578			
29	Payroll taxes	29	795,657			
30	Professional fundraising fees	30				
31	Accounting fees	31	63,052			
32	Legal fees	32	453,775			
33	Supplies	33	153,819			
34	Telephone	34	437,175			
35	Postage and shipping	35	69,469			
36	Occupancy	36	1,720,958			
37	Equipment rental and maintenance	37	202,799			
38	Printing and publications	38	166,773			
39	Travel	39				
40	Conferences, conventions, and meetings . .	40	887,329			
41	Interest	41	3,858			
42	Depreciation, depletion, etc (attach schedule)	42	5,134			
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	28,656,899			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $_____, **(ii)** the amount allocated to Program services $_____, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ The purpose of S E I U Local 1021 (the Union), is to improve the members' status and resolve the social and health problems of the members' communities through concerted action and collective bargaining All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a The Union was established to merge the operations of ten S E I U legacy local unions in Northern California The Union obtained approval from the national S E I U organization and commenced operations effective March 1, 2007 The legacy locals maintained independent operations due to prior employment contracts with their members that have not expired in 2007 As employment contracts with the legacy locals expire, employers are instructed to recognize the new Union and the members are transferred to Local 1021 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	

Additional Data

Software ID:
Software Version:
EIN: 20-5893698
Name: SEIU Local 1021

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a per capita taxes	**43a**	6,245,267			
b COMPUTER SUPPLIES & SOFTWARE	**43b**	81,094			
c COMPUTER REPAIR & MAINTENANCE	**43c**	25,283			
d ORGANIZING	**43d**	614,742			
e AUTO AND REIMBURSED EXPENSES	**43e**	529,418			
f CONSULTING	**43f**	66,718			
g NEGOTIATIONS AND ARBITRATIONS	**43g**	241,503			
h INTERCOMPANY TRANSFERS	**43h**	3,720			
i STORAGE	**43i**	16,777			
j PARKING	**43j**	91,099			
k OFFICE EXPENSE	**43k**	133,951			
l DATABASE MAINTENANCE	**43l**	27,283			
m SERVICE FEE REFUNDS	**43m**	91			
n SUBSCRIPTIONS & PUBLICATIONS	**43n**	6,741			
o 401 PLAN INSURANCE	**43o**	449			
p DATA PROCESSING	**43p**	64,101			
q GAS & OIL	**43q**	48,001			
r TRAINING	**43r**	68			
s CONTRIBUTIONS	**43s**	24,600			
t DONATIONS	**43t**	35,735			
u MEMBER COSTS	**43u**	28,733			
v COMMUNICATIONS	**43v**	67,675			
w ADVERTISING	**43w**	22,059			
x PR PROCESSINGcharge card fees	**43x**	28,997			
y MISCELLANEOUS	**43y**	34,409			
z INDEPENDENT CONTRACTORS	**43z**	1,318			
aa MEMBERSHIPS	**43aa**	8,390			
ab CHAPTER ACCOUNT DISBURSEMENTS	**43ab**	168,072			
ac SPECIAL ASSESMENT	**43ac**	1,324,824			
ad MEETING expense	**43ad**	36,181			

Part IV Balance Sheets *(See the instructions.)*

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		45	6,872,202
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable — 47a: 2,273,806			
	b	Less allowance for doubtful accounts — 47b:		47c	2,273,806
	48a	Pledges receivable — 48a:			
	b	Less allowance for doubtful accounts — 48b:		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) — 51a:			
	b	Less allowance for doubtful accounts — 51b:		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	13,630
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and equipment basis — 55a:			
	b	Less accumulated depreciation (attach schedule) — 55b:		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis — 57a: 89,044			
	b	Less accumulated depreciation (attach schedule) — 57b: 5,134		57c	83,910
	58	Other assets, including program-related investments (describe ▶ _____)	0	58	40,293
	59	**Total assets** (must equal line 74) Add lines 45 through 58	0	59	9,283,841
Liabilities	60	Accounts payable and accrued expenses		60	1,162,276
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ _____)	0	65	1,420,181
	66	**Total liabilities** Add lines 60 through 65	0	66	2,582,457
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74			
	67	Unrestricted		67	6,701,384
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74			
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)	0	73	6,701,384
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73	0	74	9,283,841

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	26,279,246
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	26,279,246
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	26,279,246

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	28,656,899
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify) _____	**b4**			
	Add lines **b1** through **b4**			**b**	
c	Subtract line **b** from line **a**			**c**	28,656,899
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify) _____	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	28,656,899

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ▶ 17			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**		No
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
D DAVID-HOWARD 447 29TH STREET OAKLAND,CA 94609	PRESIDENT 40 00	87,754	35,672	9,670
e hanley 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	70,851	32,347	3,887
L HENDEL 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	71,158	28,804	10,770
F JEFFERSON 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	68,945	17,276	4,319
V MCCANN-MURRELL 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	65,468	25,833	5,369
J MORRISON 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	65,087	23,410	4,346
K NEWKIRK 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	75,754	20,134	4,916
E POFCHER 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	76,961	14,620	3,644
S SCHAPIRO 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	74,994	24,924	4,548
W STECK 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	83,004	30,861	6,096

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
M STEEG 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	75,790	29,459	4,829
P TAMURA 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	71,159	25,286	12,794
S TIBBETS 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	70,851	24,195	4,576
G VALDEZ 447 29TH STREET OAKLAND,CA 94609	KEY EMPLOYEE 40 00	71,601	24,232	14,051
Damita Davis-Howard 447 29TH STREET oAKLAND,CA 94609	president 40 00	87,754	0	9,670
christal cox 447 29TH STREET oAKLAND,CA 94609	vice president 2 00	194	0	5,869
sandra lewis 447 29TH STREET oAKLAND,CA 94609	treasurer 2 00	9,103	0	7,990
john morrison 447 29TH STREET oAKLAND,CA 94609	secretary 2 00	3,729	0	5,655
larry bevan 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	10,298	0	4,309
derrick boutte 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	8,726	0	3,039

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
edward kinchley 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	8,574	0	4,218
james bryant 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	5,865	0	4,154
marcus williams 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	4,909	0	27,464
carl carr jr 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	4,519	0	4,576
vicki reed 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	3,384	0	5,900
james ellett 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	2,577	0	2,015
mary sanders 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	745	0	4,857
leea rodriguez 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	308	0	4,657
kathy o'neil 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	145	0	4,154
norman ten 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	145	0	4,820

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
robert adamson 447 29TH STREET oAKLAND,CA 94609	executive board member 2 00	0	0	1,961

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	Yes	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		No
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ CA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 178

91a The books are in care of ▶ ALMI BUSH Telephone no ▶ (510) 350-9814

Located at ▶ 447 29th Street Oakland, CA ZIP + 4 ▶ 94609

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No

If "Yes," enter the name of the foreign country ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					26,136,227
95	Interest on savings and temporary cash investments			14	109,062	
96	Dividends and interest from securities . . .					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property			16	33,176	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a JURY DUTY REBATE			01	16	
b	MISCELLANEOUS			01	162	
c	FEE PAYERS RECEIPTS TO ESCROW			01	603	
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				143,019	26,136,227
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					26,279,246

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	dues are used to facilitate the local's bargaining and administrative
94	activities, including wage and working condition negotiations,
94	employee arbitration and management disputes

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

****** — Signature of officer — 2010-02-18 — Date

sandra lewis TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's SSN or PTIN (See Gen Inst W)
LYNN A HENLEY		☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no
HOOD & STRONG LLP CPAS 100 FIRST STREET 14th FLOOR SAN FRANCISCO, CA 94105		(415) 781-0793

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
SEIU Local 1021	Form 990 Page 2	20-5893698

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	125,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation	**3**	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	5,134
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2007 Cash Grants Paid Schedule

Name: SEIU Local 1021

EIN: 20-5893698

Class of Activity	Recipient's name	Address	Amount	Relationship
contribution TO PAC	SEIU local 1021 candidate pac	555 capitol mall sacramento, CA 95814	193,144	political action committee-local 1021

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TY 2007 Land etc. Schedule

Name: SEIU Local 1021

EIN: 20-5893698

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
OFFICE EQUIPMENT & FURNITURE	16,195	1,567	14,628
COMPUTER & ELECTRONIC EQUIPMENT	50,332	3,165	47,167
LEASEHOLD IMPROVEMENTS	22,517	402	22,115

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TY 2007 Other Assets Schedule

Name: SEIU Local 1021

EIN: 20-5893698

Description	Beginning of Year Amount	End of Year Amount
WORKERS COMP INSURANCE	0	30,543
RENTAL SECURITY	0	9,750

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TY 2007 Other Changes in Net Assets Schedule

Name: SEIU Local 1021

EIN: 20-5893698

Description	Amount
TRANSFER FROM MERGED ENTITIES	9,079,037

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TY 2007 Other Liabilities Schedule

Name: SEIU Local 1021

EIN: 20-5893698

Description	Beginning of Year Amount	End of Year Amount
ACCRUED EXPENSES	0	150,344
ACCRUED VACATION	0	691,904
ACCRUED PAYROLL	0	577,933