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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

2008

OMB No 1545-0047

Open to Public Inspection

	r the 2	2008 ca	lendar yea	r, or tax year beginning 07	7-01-2008 and ending 06-30-2009)		
B Che	eck if ap	pplicable	Please	C Name of organization SOCIAL SERVICE EMPLOYEES	UNION		D Employer ide	ntification number
☐ Add	lress ch	nange	use IRS label or	LOCAL 371 ADMINISTRATIVE			13-2858100	
┌ Nar	ne char	nge	print or	Doing Business As			E Telephone nu	mber
┌ Inıt	ıal retur	rn	type. See Specific	Number and street (or D.O. I	box if mail is not delivered to street addres	c) Doom/cuit	(212) 777-9	
	minatio	on	Instruc- tions.	817 BROADWAY	box ii iiiaii is not delivered to street addres	SS) ROOM, Suit	G Gross receipt	s \$ 44,839,785
_	ended r		tions.	City or town, state or countr	w and ZID + 4		_	
_				NEW YORK, NY 10003	y, and zir + 4			
J App	olication	pending						
			F Nam	ne and address of Principa	ıl Officer		hıs a group return	
						affıl	ıates?	⊤Yes ▼ No
						H(b) Are	all affiliates include	d?
I Tax	x-exem	npt status	▽ 501(c)	(9) ◄ (insert no)	′(a)(1) or	(If "	'No," attach a list	See instructions)
J W	eb site	e:► SSE	U371 OR	3		H(c) Gro	oup Exemption Nur	mber 🟲
							<u> </u>	
К Туре	e of org	ganızatıon	Corporat	on ▽ trust ┌ association ┌ o	other 🟲	L Year of F	Formation 1973 M s	State of legal domicile NY
Pa	rt I	Sumn	narv					
				e organization's mission o	r most significant activities			
		TO COL	LECT EMF	LOYER CONTRIBUTION	IS RECEIVED PURSUANT TO A C	OLLECTIV	E BARGAINING A	AGREEMENT
ဦ					NEW YORK, REMIT THESE CONTR	RIBUTION	S TO THE UNION	S BENEFIT FUNDS
፼		AND, TO	D PAY ALL	ADMINISTRATIVE EXP	ENSES FOR THOSE PLANS			
Governance	_	C h . +	h -	.6		5 .	250/ -5.5	
ŝ			,		inued its operations or disposed of			
			-		body (Part VI, line 1a)		-	4 3
<u>e</u>					ne governing body (Part VI, line 1b)		
Activities &				nployees (Part V, line 2a)			5 _	48
্ব				lunteers (estimate if nece			6 _	
				ed business revenue from	•	7a	0	
	ь	Net unre	elated busi	ness taxable income from		7b		
					h)	Pi	rior Year	Current Year
<u>a</u>	8			27.006.247	0			
Ravenue	9	-		revenue (Part VIII, line 2		27,896,317	27,881,598	
盏	10			ne (Part VIII, column (A),		231,763	185,561	
_	11		-		s 5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A), line			0
	12		evenue—ac	ad illies o tillough II (illu:	st equal Fait VIII, Column (A), me	;	28,130,911	28,067,159
		12)					20,130,311	20,007,200
	13		and simila	r amounts paid (Part IX, c	column (A), lines 1-3)		25,187,910	26,120,182
	13 14	Grants		r amounts paid (Part IX, c r for members (Part IX, co			· · ·	· · · · · · · · · · · · · · · · · · ·
		Grants Benefit	s paid to o	r for members (Part IX, co		_	25,187,910	26,120,182
	14	Grants Benefit Salarie 10)	s paid to o s, other co	r for members (Part IX, compensation, employee be	olumn (A), line 4) nefits (Part IX, column (A), lines 5	-	· · ·	· · · · · · · · · · · · · · · · · · ·
enses	14	Grants Benefit Salarie 10)	s paid to o s, other co	r for members (Part IX, co	olumn (A), line 4) nefits (Part IX, column (A), lines 5	-	25,187,910	26,120,182
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Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service e	expenses \$	Must equal Part IX, Line 25, col	 umn (B).	
4d	Other program services (Expenses \$	(Describe in Schedule (including g		nue \$)
a.:	Otherway	(Daramha), C. L. L. L.	2.		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	,		ALL ADMINISTRATIVE EXPENSES OF THOSE PLANS		,
4a	others, the total expense	es, and revenue, if any, for) (Expenses \$	r each program service reported) (Revenue \$)
4	Describe the exempt pur Section 501(c)(3) and (4	pose achievements for ea) organizations and 4947	ach of the organization's three largest pro 7 (a)(1) trusts are required to report the a		
3	Did the organization cease services?		gnificant changes in how it conducts any	program • • •	┌ Yes ┌ No
-	If "Yes," describe these r				
2	Did the organization unde the prior Form 990 or 99		gram services during the year which were	e not listed on	┌ Yes ┌ No
			IT TO A COLLECTIVE BARGAINING AGREEMENT BET IT FUNDS AND, TO PAY ALL ADMINISTRATIVE EXPE		
1	Briefly describe the organization	's mission			

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Form	1990 (2008)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	162	
Ja	return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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		No
ь	,			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			110
	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		<u> </u>
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b]		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
--

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 4			
Ь	Enter the number of voting members that are independent 1b 3			
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		Νο
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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b		No
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHRIS LEAVEY CONTROLLER

817 BROADWAY NEW YORK, NY 100034709

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did not compensate any officer, director, trustee or key employee												
		Posit t	(C tion (hat a	chec		I				(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	t <u>2</u>		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
STEPHANIE MEYER , Trustee	1 00	Х						0	0	0		
rosemary ciulla-frisone , Trustee	1 00	Х						0	0	0		
JOHN BROWN , administrator	10 00				Х			140,809	0	42,236		
helen wilson , asso admin	6 00				Х			72,891	0	9,636		
FARYCE B MOORE , Trustee	1 00	Х						0	97,771	8,675		
christopher leavey , Controller	6 00				Х			121,335	0	37,937		
adrienne miller , Trustee	1 00	Х						0	0	0		
-												

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	apply	y)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						>	335,035	97,771	98,484
		` '						L	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			1 03	110
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		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
DANIEL H COOK ASSOCIATES 253 WEST 35 STREET -12FL NY, NY 10001	THIRD PARTY ADM	100,000
2 Total number of independent contractors (including those in 1) v	who received more than \$100,000 in compensation	

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
- المد	1a	Federated can	npaigns 1a					
i i i	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	/ents 1c					
£.g≡ Ejat	d e		izations1d					
tions er sir	f	All other contribut	tions, gifts, grants, and not included above					
tribu Otk	g		1f ributions included in					
and	h	lines 1a-1f \$	es 1a-1f)		0			
				<u> </u>				
<u>9</u>	22	employer contribi	utions	Business Code	27 001 500	27 001 500		
re II	2a	employer contribu	utions	525,920	27,881,598	27,881,598		
æ	ь							
93	С.							
Ner.	d							
Ë	e							
Program Serwce Revenue	f		ram service revenue					
	g	> \$ 27,881,59						
	3		come (including divi	·	175,532			175,532
		other similar a	imounts)		175,532			175,532
	4	Income from investment of tax-exempt bo		ond proceeds	0			
	5	Royalties			0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		ome or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	16,782,655					
	ь	than inventory Less cost or	16,772,626					
		other basis and sales expenses Gain or (loss)	10,029					
	d	Net gain or (lo	<u> </u>		10,029			10,029
	8a	Gross income	from fundraising	. <u>►</u>				
<u> </u>		events (not in	cluding ns reported on line					
Other Revenue		1c) See Part 1						
æ		<i>\$15,000</i>	а					
je.	b		xpensesb					
ᅙ	С	Net income or	(loss) from fundrais	ing events	0			
	9a	Gross income activities See Complete Scheo	part IV , line 19					
		exceeds \$15,00						
			а					
	Ь		xpensesb		0			
	c		(loss) from gaming a	activities 	0			
	10a	Gross sales o returns and al	f inventory, less lowances . a					
	ь	Less cost of						
	С		(loss) from sales of		0			
		Miscellaneou	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	\$				
	12	Total Revenue	. Add lines 1h, 2g, 3		28,067,159	27,881,598		185,561
		8c,	l1e					

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) but are not required to complete columns (B), (C), and (D).					
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,120,182			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	335,035			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	809,819			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,196			
9	Other employee benefits	162,776			
10	Payroll taxes	86,119			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	90,000			
c	Accounting	45,750			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	30,295			
g	Other	138,396			
12	Advertising and promotion	0			
13	Office expenses	366,466			
14	Information technology	50,345			
15	Royalties	0			
16	Occupancy	282,010			
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	5,894			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	33,757			
23	Insurance	35,684			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Rounding adjustment	1			
b					
С					
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	28,728,725	0	0	0
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			87,534	1	86,750
	2	Savings and temporary cash investments			54,962	2	2,728,082
	3 Pledges and grants receivable, net					3	0
	4	Accounts receivable, net			5,766,901	4	3,797,599
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		nployees or		5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
22	9	Prepaid expenses and deferred charges			31,504	9	10,308
ssets	10a	Land, buildings, and equipment cost basis	_{10a}	374,504			
⋖	ь	Less accumulated depreciation Complete Part VI of	104	074,004	-		
	"	Schedule D	10b	266,244	107,991	10c	108,260
	11	Investments—publicly traded securities			4,371,687	11	4,368,158
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of	•	1,854,683	12	0
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	rt VIII			13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	-2
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,275,262	16	11,099,155
	17	Accounts payable and accrued expenses .			86,277	17	113,897
	18	Grants payable				18	
	19	Deferred revenue				19	12,375
	20	Tax-exempt bond liabilities				20	
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			2,779,454	25	2,192,038
	26	Total liabilities. Add lines 17 through 25			2,865,731	26	2,318,310
S D O		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	ete line	s 27			
a D	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets		28			
귤	29	Permanently restricted net assets		29			
or Fund		Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	ī			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fur	nds		9,409,531	32	8,780,845
Ŋĕţ	33	Total net assets or fund balances			9,409,531	33	8,780,845
_	34	Total liabilities and net assets/fund balances			12,275,262	34	11,099,155
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		No

OMB No 1545-0047

2008

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Inspection

Cilia	The vehicle delivine			111566611911
SOC	me of the organization CIAL SERVICE EMPLOYEES UNION CAL 371 ADMINISTRATIVE FUND		Employer identific	cation number
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			ts. Complete if the
		(a) Donor advised funds	(b) Funds and	other accounts
L	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor advised	┌ Yes
;	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendinpermissible private benefit?		•	┌ Yes ┌ No
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part i	IV, line 7.
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure) Preservation of a	n historically importa ertified historic struc n of a conservation ea	ture
	on the last day of the tax year		Held a	t the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	s	2b	
С	Number of conservation easements on a certified his		2c	
d	Number of conservation easements included in (c) a	• •	2d	
3	Number of conservation easements modified, transfe	,	ed by the organizatio	n durina
	the taxable year 🕨	, , ,	. 3	•
1	Number of states where property subject to conserva	ation easement is located 🕨		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viol	ations, and	┌ Yes ┌ No
5	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the	e year ►	
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the y	ear ► \$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of se	ction	┌ Yes
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia	•	•
ar	Complete of the organization answered		or Other Simila	r Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of p	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, prov	vide the
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Col	lections of Art,	His	tori	cal Treasur	res, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing that are	a sıgnıfıcant u	se of its collectior	1	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explain	n how	v they	further the or	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						ılar	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					nization answ	ered "Yes" to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermed	diary	for c	ontributions oi	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complet	te the following table	9						
							A mou	nt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				Γ.	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete it							\	
4_	Barrana of ware balance	(a)Current Year	(b)	Prior Y	rear (c)Iwo	Years Back (d)	Three Years Back (e))Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	end balance held as	S						
а	Board designated or quasi-endowment								
ь	Permanent endowment ►								
c	Term endowment								
3a	Are there endowment funds not in the posses organization by	sion of the organiza	tıon t	:hat a	ire held and ac	Imınıstered for	the	Yes	No No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organization	is listed as required	on S	ched			3b	l l	
4	Describe in Bart VIV the intended uses of the								
	Describe in Part XIV the intended uses of the								
	t VI Investments—Land, Buildings					rt X, line 10.			
				ee F		rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
Par	t VI Investments—Land, Buildings			ee F	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par	Description of investment			ee F	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b	Description of investment Land			ee F	orm 990, Pa	(b)Cost or other		(d) Bo	ok value 46,794
1a b c	Description of investment Land			ee F	orm 990, Pa	(b)Cost or other basis (other)	61,574	(d) Bo	
1a b c d e (Description of investment Land	, and Equipmen		ee F	orm 990, Pa) Cost or other sis (investment)	(b)Cost or other basis (other)	61,574 158,181	(d) Bo	46,794

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descr			(b) Book value
			, ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(B) Amount		
UNUSED TIME - PAYROLL	168,891		
DUE TO RELATED ORGANIZATIONS	2,023,147		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,192,038		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,067,159
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,728,725
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-661,566
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	32,880
9	Total adjustments (net) Add lines 4 - 8	9	32,880
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-628,686
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	leturn
1	Total revenue, gains, and other support per audited financial		28,069,744
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	32,880
3	Subtract line 2e from line 1	3	28,036,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 30,295		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	30,295
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,067,159
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	28,698,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,698,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 30,295		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	30,295
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,728,725
Par	T XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XI	√, lines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	unrealized appreciation on investments \$32880

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DLN: 93493133028230 OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

COCIAL CEDVICE ENDLOSEE	CHATON					1 ' '	
SOCIAL SERVICE EMPLOYEES LOCAL 371 ADMINISTRATIVE						13-2858100	
Part I General Inform		ts and Assistance				l	
Does the organization mains the selection criteria used Describe in Part IV the or	I to award the grant	ts or assistance?			bility for the grants or as	sıstance, and 	Ves □ ا
Form 990, Part I' Part IV and Sche	V, line 21 for an edule I-1 if additi	y recipient that rece onal space is	ived more than \$5,00	00. Check this box if	es. Complete if the of no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSEU LOCAL 371 WELFARE FUND817 BROADWAY NEW YORK, NY 10003	13-6194130	501C(9)	21,576,165	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
SSEU LOCAL 371 LEGAL SERVICES FUND817 BROADWAY NEW YORK, NY 10003	13-2831385	501C(9)	4,178,474	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
SSEU LOCAL 371 EDUCATIONAL FUND817 BROADWASY NEW YORK, NY 10003	13-6199762	501C(3)	365,543	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
Enter total number of sect organizationsEnter total number of othe							1 • 2
For Paperwork Reduction Act Notice				Cat No 50055P			hedule I (Form 990) 2008

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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DLN: 93493133028230

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public **Inspection**

Name of the organization SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND

Employer identification number

13-2858100

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		• • •	2		
3	Indicate which, if any, of the following the organizationg organization's CEO/Executive Director Check all the		Iy			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control [paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		, ,	7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JOHN BROWN (I					42,236	183,045		
christopher leavey ((37,937	159,272		
(i)							
(i)							
(i								
(i)							
(i)							
(i)							
(i								
(i)							
(i)							
(i)							
(i)							
(i								
(i)							
(i								

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493133028230

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND ${\bf Employer\ identification\ number}$

13-2858100

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	, ,	ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493133028230

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND Employer identification number

13-2858100

Part I Identification of Disregarded Entities								
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organizations								

Part II Identification of Related Tax-Exempt Organiza	tions				
(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
SSEU UNION LOCAL 371 AFSCME AFL-CIO 817 BROADWAY NEW YORK, NY10003 13-5668027	TO ENFORCE CBA FOR ITS MEMBERS	NY	501(C)5		N/A
SSEU LOCAL 371 ANNUITY FUND 817 BROADWAY NEW YORK, NY10003 13-4076810	PROVIDE ANNUITY BENEFITS TO QUALIFYING MEMB	NY	401 (B)		N/A
SSEU LOCAL 371 FUNDS STAFF PENSION PLAN 817 BROADWAY NEW YORK, NY10003 13-3841856	PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS	NY	401(B)		N/A
SSEU LOCAL 371 WELFARE FUND 817 BROADWAY NEW YORK, NY10003 13-6194130	PROVIDE HEALTH BENEFITS TO ITS MEMBERS	NY	501C(9)		N/A
SSEU LOCAL 371 LEGAL SERVICE FUND 817 BROADWAY NEW YORK, NY10003 13-2831385	PROVIDE LEGAL BENEFITS SERVICES TO MEMBERS	NY	501C(9)		N/A
SSEU LOCAL 371 EDUCATIONAL FUND 817 BROADWAY NEW YORK, NY10003 13-6199762	PROVIDE EDUCATIONAL BENEFITS TO MEMBERSHIP	NY	501C(3)	n/a	N/A
For Panerwork Peduction Act Notice see the Instructions for Form 990		Cat No 50135V	/		Schedule P (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
--------	--

Part	V Transactions with Related Organizations						
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Durir	ng the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?				
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	rity	1	1a		No	
b G	Gift, grant, or capital contribution to other organization(s)						
c G	ıft, grant, or capıtal contrıbutıon from other organızatıon(s)		[1	1c		No	
d Lo	oans or loan guarantees to or for other organization(s)		1	1d		No	
e Lo	oans or loan guarantees by other organization(s)		1	1e		No	
f Sa	ale of assets to other organization(s)		[1	1f		No	
g P	urchase of assets from other organization(s)		<u>[1</u>	1g		No	
h E	xchange of assets		_1	1h		No	
i Le	ase of facilities, equipment, or other assets to other organization(s)		<u>[</u> :	1i		No	
j Le	ease of facilities, equipment, or other assets from other organization(s)		-	1j		No	
k P	erformance of services or membership or fundraising solicitations for other org	ganızatıon(s)	[1	1k		No	
I Pe	erformance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	1I		No	
m Sh	haring of facilities, equipment, mailing lists, or other assets		[1	1m	Yes		
n S	haring of paid employees		[1	1n	Yes		
o R	eımbursement paid to other organization for expenses		<u> </u>	10	Yes		
p R	eımbursement paıd by other organization for expenses		<u> </u>	1p	Yes		
				\bot			
q 0	ther transfer of cash or property to other organization(s)		⊢	1q		No	
r Of	ther transfer of cash or property from other organization(s)		<u>L'</u>	1r		No	
2 If	the answer to any of the above is "Yes," see the instructions for information or		ips and transaction thresholds				
	(A)	(B) Transaction	(c)				
	Name of other organization(s)	type(a-r)	Amount Involved				
(1)							
(2)							
(2)							
(3)							
(-)							
(4)							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?			
			Yes	No		Yes	No		Yes	No		
Schedule P (Form 990) 2008												

Software ID: 08000091

Software Version: 2008v2.7

EIN: 13-2858100

Name: SOCIAL SERVICE EMPLOYEES UNION

LOCAL 371 ADMINISTRATIVE FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
SSEU UNION LOCAL 371 AFSCME AFL-CIO					
■ 817 RP∩Δ DW/Δ Y	TO ENFORCE CBA FOR ITS MEMBERS	NY	501(C)5		N/A
SSEU LOCAL 371 ANNUITY FUND					
817 BROADWAY	PROVIDE ANNUITY BENEFITS TO QUALIFYING MEMB	NY	401 (B)		N/A
SSEU LOCAL 371 FUNDS STAFF PENSION PLAN	PROVIDE PENSION				
817 BROADWAY	BENEFITS TO ELIGIBLE MEMBERS	NY	401(B)		N/A
SSEU LOCAL 371 WELFARE FUND					
817 BROADWAY	PROVIDE HEALTH BENEFITS TO ITS MEMBERS	NY	501C(9)		N/A
SSEU LOCAL 371 LEGAL SERVICE FUND					
817 BROADWAY	PROVIDE LEGAL BENEFITS SERVICES TO MEMBERS	NY	501C(9)		N/A
817 BROADWAY	PROVIDE EDUCATIONAL BENEFITS TO MEMBERSHIP	NY	501C(3)	n/a	N/A

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OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Name(s) shown on return Business or activity to which this form relates **Identifying number** SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND Form 990/990-PF 13-2858100 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. \$ 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 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 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 33,757 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-ye<u>ar pr</u>operty d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 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 22 33,757 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the

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Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V 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 (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed 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 -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 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 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 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No 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) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **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** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44