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DLN: 93493102007040

Form **990**

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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

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

ileiliai i lei					<u>, </u>	•		Tuspection
			yea	r, or tax year beginning 10-01-2008 C Name of organization	and ending 09-30-200	9	D Employer i	dentification number
Check - Addre		·		SEIU Local 503 Oregon Public Employees	Union		93-03231	
_		label	or	Doing Business As			E Telephone	
Name 		type.	See				(503) 581	-1505
Initial –		Instru		Number and street (or P O box if mail is P O BOX 12159	not delivered to street addre	ess) Room/suite		pts \$ 26,168,043
Temı	ınatıor	tions	•	1 0 BOX 12133				
Amen	ded re	eturn		City or town, state or country, and ZIP + SALEM, OR 97309	- 4	•	1	
- Applic	ation	pending		SALEN, OK 97309				
		F	Nar	ne and address of Principal Officer		H(a) Is th	s a group retu	rn for
				rane			ites?	⊤Yes ▽ No
)X 12159 1,OR 97309				
Tax-e	exemp) (5) ◀ (insert no)		1 ` '	ll affiliates inclu	ded? Yes No st See instructions)
Wah	. cito	: ► www.seiu!	- 0.3	ora		_		lumber - 0932
Wel	Site	· F www.seiu:	503	org		11(0)	.,	
Type c	of orga	anization 🔽 Col	rporat	tion trust association other		L Year of Fo	ormation 1943	M State of legal domicile OR
.,,,,		,						
Part		Summary						
Part		Summary Briefly describ		e organization's mission or most sig	nificant activities			
		•		ality of life through worker empowerm		- h - r m - u - m -	n.t	
;		to improve the	s que	anty of the through worker empowern	rent and a progressive i	abor moveme	1110	
	2	Check this bo	×厂	if the organization discontinued its o	operations or disposed (of more than 2		
			-	members of the governing body (Part	, ,			29
	4	Number of ind	eper	ndent voting members of the governi	ng body (Part VI, line 1	b)		23
	5	Total number	ofer	nployees (Part V , line 2a)			5	199
	6	Total number	ofvo	olunteers (estimate if necessary) .			6	235
	7a '	Total gross ur	rela	ted business revenue from Part VIII	I, line 12, column (C)		7a	111,525
	b	Net unrelated	bus	iness taxable income from Form 990)-T, line 34		7b	0
						Pri	or Year	Current Year
.	8	Contribution	s an	d grants (Part VIII, line 1h)			20,464,582	22,240,331
≝	9	Program ser	vice	revenue (Part VIII, line 2g)		986,885	727,569	
1 1	LO	Investment	nco	me (Part VIII, column (A), lines 3, 4		349,144	295,568	
I 1	L1	Other revenu	ue (P	art VIII, column (A), lines 5, 6d, 8c		576,884	492,71	
1	L2		e — a	dd lines 8 through 11 (must equal P	art VIII, column (A), lır	е	22,377,495	23,756,181
-	L3	12)	ımılı	ar amounts paid (Part IX, column (A)	\ lines 1 - 2\		69,956	56,052
	L4			or for members (Part IX, column (A),			97,988	, , , , , , , , , , , , , , , , , , ,
		-		ompensation, employee benefits (Pa	•		97,988	101,978
& ,	L5	10)	erco	ompensation, employee benefits (Pa	rt 1x, column (A), lines	5-	7,573,472	10,662,906
π 1	L6a	Professional	func	Iraising fees (Part IX, column (A), lir	ne 11e)			(
29 1 20 1	ь			penses, Part IX, column (D), line 25 ⁰	,			
	L7	•	_	(Part IX, column (A), lines 11a-11d	11f-24f)		14,257,478	11,946,271
	L8	•		-add lines 13–17 (must equal Part I			21,998,894	22,767,207
	L9			penses Subtract line 18 from line 12			378,601	988,974
		wevenue les	. ex	penses Subtract fille to from fille 12	<u>-</u>	D = -!	ing of Year	End of Year
1		-	/-			Beginn		
選 2	20	Total assets	•	•			15,695,120	16,449,603
Fund Balances	21	Total liabiliti	es (I	Part X, line 26)			2,763,726	2,357,151
	22			nd balances Subtract line 21 from lir	ne 20		12,931,394	14,092,452
Part	ш	Signature	e Bl	ock				
				erjury, I declare that I have examined this re				
leas	_	k	uue,	correct, and complete Declaration of prepar	er (ourer than officer) is base	1		arer наз ану кноміваде
ieas ign	-	Signature of	office	er		2010 Date	-03-31	
ere		,						
		Type or prin		itive director ne and title				
	\dashv	<u>, </u>			Data	Chack of	Droppro-/- DTT	V (Soo Con Inst)
		Preparer's signature	Donak	d Kıng CPA	l l	Check If self-	Preparer's PTI	N (See Gen Inst)
aid				-		empolyed 🕨		
repare	- 1	Firm's name (or if self-employed		s AKT LLP			EIN Þ	
se On	ııy	address, and ZIF		680 Hawthorne Ave SE Suite 140				
				Salem, OR 973015096			Phone no 🕨	(503) 585-7774
ay the	e IRS	discuss this	retu	irn with the preparer shown above? (See instructions)			✓ Yes
					,			

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission				
	to improve the quality of life through worker e	npowerment and a progressive labor	movement		
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ring the year which were no	ot listed on Yes	No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?		ın how it conducts any pro	gram ⊢Yes ▼	No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947 (a)(1) trusts are	required to report the amo		ons to
4a	(Code) (Expenses \$	ıncludıng gı	rants of \$) (Revenue \$)
	THE ORGANIZATION IS A LABOR UNION, REF	RESENTING THE INTERESTS OF 43,9	47 SERVICE EMPLOYEES IN THE	STATE OF OREGON	
4b	(Code) (Expenses \$	ıncludıng gr	rants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding gr	rants of \$) (Revenue \$)
	, (2.1,5.1.000 4		, and 51 4	, (,
4d	Other program services (Describe i	n Schedule O)			
	(Expenses \$	including grants of \$) (Revenue	\$)
4e	Total program service expenses \$	Must e	qual Part IX, Line 25, colum	n (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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	Yes	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	Yes	
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		Νο
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		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νο
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		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
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		
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 VI . . .

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			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
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? If "Yes," complete Schedule M	30		No
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 "Yes," complete Schedule N, Part II</i>	32		Νο
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	Yes	
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		
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,	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	27			
b	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 t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	199			
b	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
_	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
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 con more?	trıbut	ion of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	nram	nume on a norconal			
_	benefit contract?	, prem		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
9	year?				_ <u></u>	_
a	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person			9a 9b		
	Section 501(c)(7) organizations. Enter			90		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
ь	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

Yes

11

Νo

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

For each "Yes" response to lines	2-7 helow and for	r a "No" response to lines	8 or 9h helow	describe the circum

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circi	umstances,			
1a	Enter the number of voting members of the governing body	1a		29			
Ь	Enter the number of voting members that are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		No
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? .						
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	ınce t	he prior For	m 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	ınızat	ıon's assets	⁷	5		Νo
6	Does the organization have members or stockholders?						Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other pers	ons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	ndertaken dı	uring the			
а	the governing body?				8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?				8b	Yes	
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 adaffiliates, and branches to ensure their operations are consistent with those of the or				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it values describe in Schedule O the process, if any, the organization uses to review the				10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A	, who	cannot be r	reached at		_	

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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

Martin Childs PO BOX 12159 salem, OR 97309 (503) 581-1505

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

from the organization

			(C) Position (check all that apply)							(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	c orç	Estima nount of ompens from t ganizati relate organiza	other ation he on and
1b	Total						•	F	372,390)	0		86,235
2	Total number of individuals (include compensation from the organization		a) who	recei	ved	mo	re tha	า \$1	00,000 in reportabl	е			
3	Did the organization list any forme												Na
•	3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									sated employee		Yes	No
<u> </u>										ated employee	3	Yes	No.
4	on line 1a? If "Yes," complete Sched	<i>ule J for such</i> ıs the sum of	<i>individi</i> reporta	<i>ual</i> ble c	omp	ens	 sation	• and	other compensation	n from the	3	Yes	
4	on line 1a? If "Yes," complete Sched	<i>ule J for such</i> ıs the sum of	<i>individi</i> reporta	<i>ual</i> ble c	omp	ens	 sation	• and	other compensation	n from the		Yes	No
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such Is the sum of Is greater th Eeive or accre	reportanan \$15	ble conso	omp 10? I	ens If ") •	ation /es," c • •	and ompi	other compensation The second	n from the	3	Yes	
	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization	ule J for such Is the sum of Is greater th Eeive or accre	reportanan \$15	ble conso	omp 10? I	ens If ") •	ation /es," c • •	and ompi	other compensation The second	n from the		Yes	No
5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such Is the sum of In greater th I elive or accru Es," complete	reportanan \$15	ble conso	omp 10? I	ens If ") •	ation /es," c • •	and ompi	other compensation The second	n from the	4	Yes	N o
5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete	individu reporta nan \$15 • • ue comp Schedulo	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for su 	from the och	4	Yes	N o
5 S €	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th energy or accru es, "complete se actors ghest comper e organizatio	reportanan \$15 ue comp	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for su 	from the sch	4		No No
5 S €	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es, "complete : actors ghest comper	reportanan \$15 ue comp Schedule	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the och	4	Yes (C Compen	No No
5 S €	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete : actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedule	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	4	(c	No No
5 S €	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete : actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedule	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	4	(c	No No
5 Se	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es," complete : actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedule	ble conditions of the conditio	omp 107 i ation	ens If ") • fro	ation les," c many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	4	(c	No No

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
	1a	Federated can	npaigns 1a					
nts Ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	с	Fundraising ev	1b /ents 1c					
<u>#</u>	d	Related organ	ızatıons1d					
ĕ <u>,</u> E	e	Government grar	nts (contributions) 1e					
ution her s	f		tions, gifts, grants, and not included above		İ	İ		
真さ	g	Noncash cont	1f rıbutıons ıncluded ın					
25		lines 1a-1f \$						
•	h	Total (Add lin	es 1a-1f) . . .		22,240,331			
				Business Code				
TELE	2a	homecare benefit	ts admı	900,099	726,999	726,999		
e ke	ь	Miscellaneous Inc	ome	900,099	570	570		
a E	с							
rws	d							
ž	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Ğ	g	Total. Add line ▶ \$ 727,569	es 2a-2f					
	3	Investment in	come (including divi	dends, interest				
		other sımılar a	imounts)		302,126			302,126
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Royalties .		▶				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents	(1)	(,				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,405,304					
		assets other than inventory						
	ь	Less cost or	2,404,677	7,185				
		other basis and sales expenses						
	С	Gain or (loss)	627	-7,185				
	d	Net gain or (lo	ss)	. ▶	-6,558			-6,558
	8a	events (not in	from fundraising cluding					
Other Revenue		1c) See Part						
چو م			e G ıf total exceeds					
<u>.</u>	ь		xpensesb					
Ě	с		(loss) from fundraisi	ing events				
•	9a	Gross income activities See Complete Schee	part IV , line 19	•				
		exceeds \$15,00						
			а					
	b		xpensesb					
	С	Net income or	(loss) from gaming a	activities 				
	10a	Gross sales o returns and al	finventory, less lowances . a					
	b	Less cost of	goods sold b					
	С		(loss) from sales of	inventory►				
		Miscellaneou	s Revenue	Business Code				
	11a	SEIU Subsidia	ary	900,099	381,188	381,188		
	b	INSURANCE	COMMISSIONS	524,298	111,525		111,525	
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d					
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 492,713 4 5 6d 7d	23,756,181	1,108,757	111,525	295,568
		8c,			,,	, -,	,	-,

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	ot 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	56,052			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	101,978			
5	Compensation of current officers, directors, trustees, and key employees	458,624			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,392,301			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	996,265			
9	Other employee benefits	215,937			
10	Payroll taxes	599,779			
11	Fees for services (non-employees)				
а	Management				
b	Legal	170,537			
c	Accounting	82,230			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	9,336			
12	Advertising and promotion	3,611			
13	Office expenses	767,457			
14	Information technology				
15	Royalties				
16	Occupancy	321,694			
17	Travel	847,128			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	398,199			
20	Interest				
21	Payments to affiliates	6,164,212			
22	Depreciation, depletion, and amortization	442,438			
23	Insurance	111,964			
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	Income Taxes	10			
b	Issues Funding	1,155,087			
С	Collective Bargaining	526,664			
d	Member Governance	440,685			
e	Organizing Department	171,233			
f	All other expenses	333,786			
25	Total functional expenses. Add lines 1 through 24f	22,767,207			
26	Joint Costs. Check fif 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				

Part X	Balance	Shoot
	Balance	Sneer

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		150,004	1	441,311
	2	Savings and temporary cash investments		2,079,979		1,878,500
	3	Pledges and grants receivable, net			3	.,
	4	Accounts receivable, net	` .	1,863,843		1,981,351
	5	Receivables from current and former officers, directors, trustees, key employees other related parties <i>Complete Part II of Schedule L</i>	or	.,,,	5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L)) and		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
8	9	Prepaid expenses and deferred charges		42,454	9	45,148
ě	10a	The state of the s		·		<u> </u>
Assets			,363,629			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	.172,787	4,520,504	10c	4,190,842
	11	Investments—publicly traded securities	, ,	6,293,930		7,358,750
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		<u> </u>	12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		744,406		553,701
		D		,	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15,695,120	16	16,449,603
	17	Accounts payable and accrued expenses .		2,019,320	17	1,793,016
	18	Grants payable			18	
	19	Deferred revenue			19	
10	20	Tax-exempt bond liabilities			20	
ě	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			ı	
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		744,406	25	564,135
	26	Total liabilities. Add lines 17 through 25		2,763,726	26	2,357,151
S do		Organizations that follow SFAS 117, check here ▶ ↓ and complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets		12,931,394	27	14,092,452
8	28	Temporarily restricted net assets			28	
돧	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ŋĕţ	33	Total net assets or fund balances		12,931,394	33	14,092,452
_	34	Total liabilities and net assets/fund balances		15,695,120	34	16,449,603
Pa	rt XI	Financial Statements and Reporting	•			
	TAT 1	aotar otatomento ana neperting				

ParitXI	Financial	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		Νο
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	Yes	
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		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

Se Se Se	ction $501(c)(3)$ organizations tha ction $501(c)(3)$ organizations tha	s," to Form 990, Part IV, Line 4, thave filed Form 5768 (election unit have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 to sations complete Part III	der section 501(h)) o n under section 501	complete Part II-A Do not con	mplete	Part II-B	II-A
	me of the organization U Local 503 Oregon Public Employees U	Inion		Employer iden 93-0323147	tıfıcat	ion numbe	r
Par		oy all organizations exemple the instructions for Schedul			527		
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign act	civities in Part IV			
2	Political expenditures				\$		24,88!
3	Volunteer hours						3450
Par	t I-B To be completed to for Schedule C for d	oy all organizations exempetails.)	ot under section	n 501(c)(3). (See the	ınstru	ctions	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	;	\$		
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under sectioi	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Forr	n 4720 for this year	-7		┌ Yes	┌ No
4a	Was a correction made?					┌ Yes	┌ No
ь	If "Yes," describe in Part IV						
Par		oy all organizations exempts for Schedule C for details.)	ot under section	n 501(c), except sect	ion 5	01(c)(3	i).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$		24,88
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contr	buted to other orga	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add li	nes 1 and 2 and ent	er here and on Form	\$		24,88!
4	Did the filing organization file I	Form 1120-POL for this year?				✓ Yes	┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount wand dand promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds sase;	or were	ients
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	cont a dıre	A mount of tributions nd prompt ctly delive eparate po	received :ly and ered to a

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
citizen action for political education	PO Box 12159 Salem, OR 97309	23-7230166		605,463

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		bly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Pai			ler section 501(c)(3) that have instructions for Schedule C for det		iled		'age 3 1
				(a)		(b)	
			Ye	s No		A mou	nt
1		ganization attempt to influence foreign pt to influence public opinion on a legis					
а	V olunteers?						
b	Paid staff or management (incli	ude compensation in expenses reported	on lines c through i)?				
C	Media advertisements?						
d	Mailings to members, legislator	·					
e	Publications, or published or br						
f	Grants to other organizations fo						
g		their staffs, government officials, or a l					
h		ars, conventions, speeches, lectures, c	or any other means?				
i	Other activities If "Yes," desc	ribe in Part IV					
j	Total lines 1c through 1:						
2a		e the organization to be not described	ın section 501(c)(3)?	1			
Ь		y tax incurred under section 4912	. , , , ,	<u> </u>	7		
		y tax incurred by organization manager	s under section 4912				
d	If the filing organization incurre	d a section 4912 tax, did it file Form 4	720 for this year?	1			
			under section 501(c)(4), section	n 501	c)(5), or	
		i). (See the instructions for Sched					
						Yes	No
1		more) dues received nondeductible by			1	Yes	
2		in-house lobbying expenditures of \$2,0			2		No
3		arryover lobbying and political expendit			3	<u></u>	Νo
Par			under section 501(c)(4), section 1 and 2 are answered "No" OF				•
		swered "Yes." (See the instruction		ii Pai	. 111-2	٦,	
1	Dues, assessments and similar		one for beneduce a for details.	1 \$			
2		lobbying and political expenditures (de	o not include amounts of political				
	expenses for which the section	on 527(f) tax was paid).					
а	Current Year			2a \$			
b	Carryover from last year			2b \$			
С	Total			2c \$			
3		section 6033(e)(1)(A) notices of nonde		3 \$			
4		nount on line 2c exceeds the amount or carryover to the reasonable estimate o		4 \$			
5	· ·	i political expenditures (line 2c total m	inus 3 and 4)	5 \$			
_	art IV Supplemental In						
Coi		escriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and Pa	rt II-B, lin	e 1ı		
	Ident if ier	Return Reference	Explanat ion				
Dart			The organization informs members of p	olitical :	61166	throu	a b
Part	I-A, Line 1	Organizations Direct and Indirect Political Campaign Activities	internal communications, some members ballot measures through volunteer actions organization contributes, upon board a	rs assist vities, ar ction, to	cano	lidates	sor
			campaigns of direct interest to our mei				
Part	IV , Supplemental Information		part III-a SEIU Local 503 oregon publication and is specifically exempt report lobbying expenses to the membrantian of their dues, par Pay Proc. 200	from the ership as	requ	ıremeı	nt to
			portion of their dues, per Rev Proc 98-	エフ			

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

► 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

Internal Revenue Service

Employer identification number Name of the organization SEIU Local 503 Oregon Public Employees Union 93-0323147 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	Organizations Maintaining Collections of Art,	His	tor	ical Treasu	ires, or Othe	r Similar <i>I</i>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply) $ \label{eq:check} % \begin{center} \end{constraints} % \begin{center} \end{center} % \begin$	of th	ne fol	-	_		ection		
а	Public exhibition	d	Γ	Loan or exc	hange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y further the o	organization's ex	empt purpos	e ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p					nılar	┌ \	ſes	Г No
Par	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990	Com	plet	e if the orga		ered "Yes"	to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	for o	contributions	or other assets	not	Γ,	ſes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table $% \left(1\right) =\left(1\right) \left(1\right) $	9							
							A mou	nt	
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?					T	/es	No
	If "Yes," explain the arrangement in Part XIV TV Endowment Funds. Complete if the organization								
1a	Beginning of year balance	(b)) Prior	Year (c)Tw	o Years Back (d)	Three Years Bac	:k (e)	Four Ye	ears Back
ь	Contributions								
c	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
f	Administrative expenses								
' g	End of year balance								
2	Provide the estimated percentage of the year end balance held as								
² a	Board designated or quasi-endowment	•							
_	·								
b	Permanent endowment ►								
c 3a	Term endowment ► Are there endowment funds not in the possession of the organizat	tion	that	are held and a	idministered for	the			
	organization by							Yes	No
	(i) unrelated organizations		•				Ba(i)		
	(ii) related organizations					🛚	a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo						3Ь		
	t VI Investments—Land, Buildings, and Equipmen				art X line 10				
FGI	111Vestments—Land, buildings, and Equipmen	t. 3		Cost or other	(b)Cost or other		Т		
	Description of investment			sis (investment)	basis (other)	(c) Depreciat	ion	(d) Boo	ok value
1 a L	and				474,900		$\neg \uparrow$		474,900
b E	Buildings				4,643,307	1,520	,813	:	3,122,494
c L	easehold improvements								
d E	Equipment				2,245,422	1,651	,974		593,448
e (Other	ı							
Total	. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	n (B)), line	e 10(c).)		•			4,190,842
						Schedule	e D (F	orm 9	90) 2008

uncertain tax positions under FIN 48

(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		·
losely-held equity interests		
ther		
(Calvara / h) about		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of the of year market value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Cart IX Other Assets. See Form 990, Part X (a) Des	, line 15. cription	
Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) In	, line 15. cription ne 15.)	(b) Book value
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability	ne 15.) rt X, line 25. (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes	ne 15.)	
otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes gency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes gency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes gency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes gency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes Igency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes Igency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes Igency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability ederal Income Taxes Igency Accounts	ne 15.) rt X, line 25. (b) A mount 8,675 553,701 1,759	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,756,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,767,207
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	988,974
4	Net unrealized gains (losses) on investments	4	172,084
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	172,084
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,161,058
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	23,995,642
2	A mounts 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	239,461
3	Subtract line 2e from line 1	3	23,756,181
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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,756,181
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	22,834,584
2	A mounts 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		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	67,377
3	Subtract line 2e from line 1	3	22,767,207
4	A mounts 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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	22,767,207
	t XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $_{ m I}$	art XI\	/, lines 1b and 2b,

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		netting of rental income from disregarded entity with expenses
Part XIII, Line 2d - Other Adjustments		netting of rental income from disregarded entity with expenses

DLN: 93493102007040

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer iden	Employer identification number					
SEIU Local 503 Oregon Public	: Employees Union					93-0323147	,
Part I General Infor	mation on Grai	nts and Assistance	•				
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	ed to award the grar	nts or assistance?					. 🔽 Yes 🗀
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the first the first first the confirmation of the confirmation	ceived 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)	,	(h) Purpose of grant or assistance
Portland JOBS WITH JUSTICE6025 E Burnside Portland,OR 97215	93-1120523	501(c)(4)	6,650		n/a	N/A	to promote workers rights
Pineros y Campesinos Unidos del Noroeste300 Young St Woodburn, OR 97071	93-0939941	501(c)(5)	5,000		n/a	N/A	to promote farm workers rights
oregon center for public policyPO Box 7 Silverton,OR 97381	93-1186075	501(c)(3)	22,500		n/a	n/A	improve economic and social opportunities for workers
2 Enter total number of sec	 	 government					
organizations							
3 Enter total number of oth	ier organizations .						- 2

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	Yes" on Form 990.	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				· ··· · · · · · · · · · · · · · · · ·

(a)Type of grant or assistance	(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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The finance committee reviews each new decision to give grants. The committee reviews the performance of the recipients and occasionally requires in-person presentations. The political director, on certain grants, monitors the recipients activities through a close working relationship and frequent reporting back to the executive director as well as the finance committee.

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.

OMB No 1545-0047

of ormation.

Open to Public Inspection

Name of the organization
SEIU Local 503 Oregon Public Employees Union
93-0323147

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Prior to filing, The IRS form 990 will be reviewed by the finance committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year there is a disclosure statement that each board member and employee is required to complete in addition, activities that could cause a conflict of interest are monitored by the Ethics code compliance officer/liason at the local level and by the the ethics ombudsman at the national level

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organizations board of directors determines the compensation of the executive director by reviewing the compensation around the same time as when staff union contracts are ratified. The executive director is responsible for setting the compensation for all employees of the union. The executive director has the ability to delegate this responsibility to a bargaining committee which includes two board member and three management staff.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		No documents available to the public

DLN: 93493102007040

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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.

Employer identification number Name of the organization SEIU Local 503 Oregon Public Employees Union 93-0323147 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity Legal domicile (state Primary activity Total income End-of-year assets Direct controlling or foreign country) entity Homecare Union Benefits Board LLC Administration of the PO Box 12159 OR 798,175 N/A insurance program for -10,719 Salem, OR 97309 Oregon Homecare Workers 20-0573997 Part II Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity Oregon State Council 6401 Se Foster Rd Political Lobbying OR 527 N/A Portland, OR97206 93-0887838 Oregon political action committee 1730 Commercial St SE OR 527 N/A Ballot measures Salem, OR97302 93-0323147 citizen action for political education political education OR 527 N/A Po box 12159 salem, OR97309 23-7230166

(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		

Part V	Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one	or more related organizations listed in Parts II-IV	?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1:	а		No				
b	Gift, grant, or capital contribution to other organization(s)		11	ь	Yes					
c	Gift, grant, or capital contribution from other organization(s)		10	С		No				
d	Loans or loan guarantees to or for other organization(s)		10	d		No				
e	Loans or loan guarantees by other organization(s)		10	e		No				
f	Sale of assets to other organization(s)		11	f		No				
g										
h	h Exchange of assets									
i	Lease of facilities, equipment, or other assets to other organization(s)		1	i		No				
_			1	+		No				
j Lease of facilities, equipment, or other assets from other organization(s)										
	Performance of services or membership or fundraising solicitations for other organization(s		11			No No				
	Performance of services or membership or fundraising solicitations by other organization(s)		<u> </u>		Yes					
	Sharing of facilities, equipment, mailing lists, or other assets		_	_						
n	Sharing of paid employees		<u> </u>	n	Yes					
o	Reimbursement paid to other organization for expenses		10	0		No				
p	Reimbursement paid by other organization for expenses		1	P		No				
a	O ther transfer of cash or property to other organization(s)		10	q	Yes					
	Other transfer of cash or property from other organization(s)		1	_		No				
			_							
2	If the answer to any of the above is "Yes," see the instructions for information on who must	· · · · · · · · · · · · · · · · · · ·	s and transaction thresholds							
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved							
(1)	Oregon State Council	Q		18	82,495	5				
(2)										
(3)										

	type(a-r)	
(1) Oregon State Council	Q	182,495
(2)		
(3)		
(4)		
(5)		
(6)		

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) organization:	end-of-year allocations? amount on Boy 20 of K-1		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)		
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

EIN: 93-0323147

Name: SEIU Local 503 Oregon Public Employees Union

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (check all that apply)							(=)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	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	
Joe Dinicola , past PRESIDENT	40 00	Х		Х				12,642	0	383	
lında burgın , Presıdent	40 00	Х		Χ				97,034	0	4,218	
kathie best , past president	45 00	Х		Х				71,009	0	22,712	
Sonya Reichwein , Vice President	1 00	Х		Х				1,560	0	0	
CATHERINE STEARNS , DIRECTOR	1 00	Х						0	0	0	
DANIEL SMITH , DIRECTOR	1 00	Х						0	0	0	
GINA SANTACROCE , DIRECTOR	1 00	Х						0	0	0	
GARY WOLF , DIRECTOR	1 00	Х						0	0	0	
MARY WOOD , DIRECTOR	1 00	Х						153	0	0	
BRUCE MCCUTCHEON, DIRECTOR	1 00	Х						0	0	0	
PORTIA MOYE , DIRECTOR	1 00	Х						0	0	0	
JENNIFER GARNER , DIRECTOR	1 00	Х						0	0	0	
LEA SPENCER, dIRECTOR	1 00	Х						0	0	0	
ANITA PECOFF , DIRECTOR	1 00	Х						632	0	0	
JAMES JACOBSON , dIRECTOR	1 00	Х						0	0	0	
BELINDA MELENDEZ , DIRECTOR	1 00	Х						0	0	0	
SANDY HUCKLEBERRY , DIRECTOR	1 00	Х						0	0	0	
CAMERON MCGINNIS , dIRECTOR	1 00	Х						0	0	0	
DEBORRA LOW, DIRECTOR	1 00	Х						0	0	0	
ROSALIE PEDROZA , DIRECTOR	1 00	Х						0	0	0	
RANDY DAVIS , DIRECTOR	1 00	Х						0	0	0	
TRISH LUTGEN , DIRECTOR	1 00	Х						0	0	0	
PHYLLIS WILLS , DIRECTOR	1 00	Х						82	0	0	
KAY SCHNEIDER , DIRECTOR	1 00	Х						0	0	0	
barton lewis , retiree local president	1 00	Х						16,973	0	4,451	
Barbara Casey , SECRETARY- TREASURER	1 00	Х		Х				1,365	0	0	
Margaret Neel , DIRECTOR	1 00	Х						0	0	0	
Judy Byers , DIRECTOR	1 00	Х						0	0	0	
Gary Lane , DIRECTOR	1 00	Х						0	0	0	
leslie frane , EXECutive Director	45 00			Х				93,168	0	26,604	

Form 990, Part VII - Section Aaa

- CITIL DOOP LATE TO CONTROL THE	-										
(A) Name and Title	(B) Average hours per	(B) Average hours per) <u>6</u>	Highes emplo	Former	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	week	Trusten r	al Trustee) 	oloyee	t compensated ee	ner	2/1099MISC)	(W- 2/1099- MISC)	related organizations	
Dr James Greer , Finance director	45 00			Х				77,772	0	27,867	