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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the 2	2009 ca	lendar yea		1-2009 and ending 12-31-200	09	1 5 5	1
		pplicable	Please	C Name of organization SERVICE EMPLOYEES INTERNAT	TONAL UNION LOCAL NO 73		D Employer	dentification number
∏ Add	dress ch	nange	use IRS label or	Doing Business As			36-17600 E Telephone	
∏ Naı	me cha	nge	print or type. See	Doing Business As				
Init	tial retu	rn	Specific Instruc-		r if mail is not delivered to street addr	ess) Room/suite	(312) 787	7-5868 ots \$ 12,616,092
Ter	mınate	d	tions.	300 SOUTH ASHLAND AVE No 4	00		G Gloss receip	12,616,092
┌ Am	ended	return		City or town, state or country,	and ZIP + 4		1	
	plication	pending		CHICAGO, IL 60607				
			F Nan	ne and address of principal c	fficer	H(a) Is th	■ us a group retu	urn for
				IEW BRANDON OUTH ASHLAND AVE No 40	0.0		ates?	⊤Yes ▼ No
				GO, IL 60607	70	H(b) Are a	II affiliates incl	uded?
						1 ' '		st (see instructions)
I Ta	x-exem	npt status	5 01(c)	(5) ◀ (insert no))(1) or 527			number ► 0647
ע נ w	ebsite	e: ► www	v seiu73 oi	-g				
K For	m of or	ganization	Corporat	ion	er ► LABOR UNION	I Vear of fe	ormation 1941	M State of legal domicile IL
	rt I	Sumr		ion i nusci Association i Con	er p block strott	L real of to	Jillation 1941	14 State of legal dofflicile 11
				e organization's mission or r	nost significant activities			
					ING THE LIVES OF WORKER	S AND THEIR	FAMILIES A	ND CREATING A MORE
ည		JUST AT	ND HUMA	NE SOCIETY				
Governance								
ē.								
<u> </u>	2	Check t	hıs box 🛏	If the organization disconti	nued its operations or dispose	d of more than	25% of its ne	t assets
26	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)			3116
8	4	Number	ofindepen	dent voting members of the	governing body (Part VI, line 1	b)		496
를	5	Total nu	ımber of en	nployees (Part V , line 2a)				5 219
Activities	6	Total nu	ımber of vo	lunteers (estimate if necess	ary)			60
•	7a	Total gr	oss unrela	ted business revenue from P	art VIII, column (C), line 12			7a 0
	b	Net unre	elated busi	ness taxable income from Fo	orm 990-T, line 34			7b 0
						Pri	or Year	Current Year
_	8	Contrib	butions and	d grants (Part VIII, line 1h)				0
nue	9	Progra	m service	revenue (Part VIII, line 2g)		11,402,290	12,590,237	
Revent	10	Invest	ment incor	ne (Part VIII, column (A), lı		10,913	4,262	
<u> </u>	11			art VIII, column (A), lines 5		3,560	21,593	
	12				equal Part VIII, column (A), lii	ne	11,416,763	12,616,092
	13				umn (A), lines 1-3)		29,568	
	14				mn (A), line 4)		2,500	
	15			empensation, employee bene	5-	2,555	1,000	
8		10)	.5, 011101 00	mpensation, employee bene	mes (rare 1x, column (x,), mes		4,776,505	5,595,847
Expenses	16a	Profes	sional fund	raising fees (Part IX, columi	n (A), line 11e)			0
ੜੇ	ь	Total fur	ndraising exp	enses (Part IX, column (D), line 25	5) - 0			
ш	17				1a-11d, 11f-24f)		6,201,564	6,672,525
	18	Total e	expenses /	Add lines 13-17 (must equa	l Part IX, column (A), line 25)		11,010,137	12,303,212
	19	Revenu	ue less exp	enses Subtract line 18 fror	n line 12		406,626	312,880
8 ያ						_	g of Current	End of Year
Net Assets or Fund Balances		_					Year	
Ass Ba	20			t X, line 16)			1,695,281	-
년 68년	21		-				1,379,939	· · · · · · · · · · · · · · · · · · ·
	22				from line 20		315,342	628,222
Pai	rt II		ature Blo					- No hort of any language
					ned this return, including accompanyin of preparer (other than officer) is bas			
		l				1		
Sign		****					-11-04	
Here	е	Signa	ature of office	er		Date		
			THEW BRAND or print nam	ON SECRETARY-TREASURER				
		F 'ype	огринспат	c and title				
		Preparer'		SANFW	Date	Check if self-	Preparer's ide	ntıfyıng number ons)
Paid		signature	F JOHN			empolyed 🕨	(SSS IIISTIACTIO	,
	arer's		me (or yours	BANSLEY AND KIENER LLP			EIN Þ	_
Use (Only	ıf self-em address,	nployed), and ZIP + 4	8745 WEST HIGGINS ROAD S	JITE 200		LIN F	
				CHICAGO, IL 606312704			Phone no 🕨	(312) 263-2700
May	the IR	S discus	s this retu	, , , , , , , , , , , , , , , , , , ,	bove? (see instructions)			✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEIU LOCAL 73 IS DEDICATED TO IMPROVING THE LIVES OF WORKERS AND THEIR FAMILIES AND CREATING A MORE JUST AND HUMANE SOCIETY

2	_		rogram services during the year whi	ch were not listed on	Yes ✓ No
	If "Yes," describe	e these new services on Schedu	ile O		
3		ion cease conducting, or make	significant changes in how it conduct		Yes ▽ No
	If "Yes," describe	e these changes on Schedule O			
4	Section 501(c)(3	3) and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are re venue, if any, for each program serv	equired to report the amoun	•
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	`	, , , ,	L AND SOCIAL ADVANCEMENT OF THEIR CO	, ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program	services (Describe in Schedule	. (0.)		
	(Expenses \$			(Revenue \$)
) grants or φ)	(INCYCHUC #	,
4e	Total program s	ervice expenses►\$			

Dart TV	Checklist of	Deguired	Schadulas
-alu-ev	CHECKHSLUI	Keuulleu	Julieuules

			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		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	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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	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 United States? 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 U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

-orm 990 ((2009)		Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Vec	No

			Yes	No
а	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 90	ı		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
•	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Νo
0	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
,	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?	7c		
I	If "Yes," indicate the number of Forms 8282 filed during the year			
:	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		
1	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
•	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	_		
_	against amounts due or received from them)	-		
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear 120	1	1	

300 SOUTH ASHLAND SUITE 400

CHICAGO, IL 60607 (312) 787-5868

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

Se	ection A. Governing Body and Management			
	Cool Al Coverning Dody and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body 116			
ь	Enter the number of voting members that are independent 1b 96	1		
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		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?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
_	filed?	4		No_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	.,	N o
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	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	
12	Does the organization have a written whistleblower policy?	13	Yes	
13 14	Does the organization have a written document retention and destruction policy?	14	162	N o
		14		NO
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b	taxable entity during the year?	100		
	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ IN			
18	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 V 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 t	ne orga	nızatıor	n 🕨
	MATTHEW BRANDON SECRETARY-TREASURER			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 i	r, dırector, trustee	or key employee								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Officer Institutional Trustee		Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

Forr	n 990 (2009)				Page 🌡
1b	Total	1,290,555	0		324,968
1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►2 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					
				Yes	No
3		•	ployee 3		No
4	organization and related organizations greater than \$150,000? If "Yes," complete S	•	e 4	Yes	
5	·	_			No
s	ection B. Independent Contractors				
1	· · · · · · · · · · · · · · · · · · ·	it received more than			
			ervices	(C Compe	
200	WEST JACKSON BLVD	LEGAL SERVICES			143,310
2	Total number of independent contractors (including but not limited to those listed ab	ove) who received more	than		

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 99	•	•						Page 9
Part V	/	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Lite	1a	Federated camp	paigns 1a					
g E E	Ь	Membership du	es 1b					
its, am	C .		ents 1c					
<u> </u>	d	Government grants	ations 1d					
ons sin	e •	_	ons, gifts, grants, and 1f					
buti Her	<u>'</u>	sımılar amounts no	butions included in					
Contributions, gifts, grants and other similar amounts	g							
ဝင်္ခ	h		s 1a-1f	🖊				
<u> </u>				Business Code				
ven	2a	MEMBERS' DUES		900,099	12,484,400	12,484,400		
Program Serwce Revenue	b	STRIKE SUBSIDY		900,099	75,000	75,000		
	C	GOLF OUTING REV	ENUE	900,099	30,837	30,837		
	d e							
ra E	f	All other progra	ım service revenue					
<u>~</u>					42.500.227			
	д 3		ome (including dividen		12,590,237			
			ar amounts)	. F	4,262			4,262
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		-				
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	l c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d 8a		s)					
Other Revenue	,	Gross income fi events (not inc \$ of contributions See Part IV , lin	luding reported on line 1c)					
the	Ь		penses b					
J	9a		loss) from fundraising or rom gaming activities	events F				
	ь		a penses b					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	=	oods sold b					
	С	Net income or (loss) from sales of inve	Business Code				
	11a	OFFICE SUBLE		900,099	19,200			19,200
	ь	MISCELLANEC	_	900,099	2,393	2,393		
	С							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d		21,593			
	12	Total revenue.	See Instructions	· L	12,616,092	12,592,630	0	23,462

Form 990 (2009) Page 10									
Part IX Statement of Functional Expenses									
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b,		(B)	(C)	(D)				
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	33,840	·	успени ехрепаса	Скрепзез				
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	1,000]					
5	Compensation of current officers, directors, trustees, and								
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,615,522							
7	Other salaries and wages	2,440,415							
8	Pension plan contributions (include section 401(k) and section				_				
	403(b) employer contributions)	398,412							
9	Other employee benefits	778,225							
10	Payroll taxes	363,273							
11	Fees for services (non-employees)								
а	Management								
b	Legal	108,775			_				
С	Accounting	32,913							
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	215,557							
12	Advertising and promotion	42,638							
13	Office expenses	445,767							
14	Information technology								
15	Royalties								
16	Occupancy	402,546							
17	Travel	165,860							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	235,616							
20	Interest	60,942							
21	Payments to affiliates	4,666,580							
22	Depreciation, depletion, and amortization	122,386							
23	Insurance	23,089							
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	NEGOTIATION EXPENSE	74,437							
ь	SUBSCRIPTIONS	20,297							
С	GOLF OUTING EXPENSE	14,394							
d	eduCATION AND RESEARCH	10,855							
е	PUBLICATIONS	9,928							
f	All other expenses	19,945							
25	Total functional expenses. Add lines 1 through 24f	12,303,212							
26	Joint costs. Check here ► ☐ 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		i						

Part X Balance Sheet (A) (B) End of year Beginning of year 1 Cash—non-interest-bearing 1 413,303 2 371.045 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 4.498 7 4,260 8 Inventories for sale or use 9 9 1.926.124 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 675.376 1.277.480 1.250.748 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 1.695.281 16 1.626.053 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,279,523 985.039 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 100.416 12.792 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,379,939 26 997,831 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 315,342 611,779 27 27 Unrestricted net assets 28 28 16.443 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 315,342 628,222 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 1.695.281 1,626,053 34

Part XI	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		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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DLN: 93493312014210

OMB No 1545-0047

Inspection

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

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73 Employer identification number

36-1760052

Part I-A	Complete if	the organizat	<u>ion is exemp</u>	<u>t under sectio</u>	<u>n 501(c</u>	:) or is a	section 527	<u>organization.</u>

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures
- Volunteer hours

3

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? **4a**
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3
- Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
SERVICE EMPLOYEES INTERNATIONAL UNION COPE	1800 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	20-0859683		221,334
SEIU LOCAL 73 BI-PARTISIAN PAC	300 S ASHLAND AVE SUITE 400 CHICAGO,IL 60607	02-0627837		106,000

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(a)		(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493312014210

Employer identification number

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73 36-1760052 Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	-	nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pai	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certified historic structure
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred released extinguished or terminate	ed by the organization during
	the taxable year ►	rica, rereasea, extingaismea, or terminate	27 the organization during
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easement	s during the year ► \$
8	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 sec	Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financia nents	I statements that describes
Par	Complete if the organization answered "		or Other Similar Assets.
1a	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 public service,
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	•
	(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, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Part											continued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing	that ar	e a sıgnıfıc	ant u	se of its collect	tion	
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	/ furthe	er the c	organizatioi	n's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donation:	sofar	t, hıs	torıcal	treasu	res or othe	rsım			
	assets to be sold to raise funds rather than t									☐ Yes	┌ No
Part	Part IV, line 9, or reported an an						n answere	ed "Y	es" to Form 9	990, 	
	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions (or other ass	setsı		┌ Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г		A		
	_						-	_	An	nount	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
	Did the organization include an amount on Fo		e 21?							│ Yes	No
	If "Yes," explain the arrangement in Part XIV				- d !!\/a	ا ما الما	Farm 000	Day	+ T\/ line 10		
Par	t V Endowment Funds. Complete	(a)Current Year		Were			o Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	(a) current rear	(5)	11101	Cai	(C) W	o rears back	1(4)	Tillee Tears back	(C) Out	rears back
	Contributions										
	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities and programs										
	Administrative expenses										
	End of year balance										
_	Provide the estimated percentage of the yea	r end balance held	as			1					
	Board designated or quasi-endowment 🕨	%									
	Permanent endowment ► %										
	Term endowment ► %										
	Are there endowment funds not in the posse:	ssion of the organiz	ation t	hat a	re hel	d and a	dministere	d for	the		
	organization by	J								Yes	No
	(i) unrelated organizations			•					3a(
	(ii) related organizations							•	3a(
	If "Yes" to 3a(II), are the related organizatio							•	31	b	
4 Part	Describe in Part XIV the intended uses of the VI Investments—Land, Buildings					100 D	art V Juno	10			
Paru	Threstments—Land, Buildings	s, and Equipme	iii. 3			<u>'</u>	· ·		(-) 4	. T	
	Description of investment) Cost o		(b)Cost or basis (oth		(c) Accumulated depreciation	1 (d) E	book value
1 a L	and		•								
	uildings		•	_			1,05	4,521	199,8	50	854,671
	easehold improvements		•								
	quipment		•	<u> </u>							
	Other		. (2)	<u> </u>	10/ 1	`		1,603	475,52	26	396,077
rotal.	Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	mn (B)	, line	10(c).,	· · ·		•	► Schedule [1,250,748

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (h) should equal Form 990 Part V cal (R) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
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
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts 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
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
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
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
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, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493312014210 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Employer identification number

Name of the organization						Employer identifica	ition number
SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73				36-1760052			
Part I General Infor	mation on Grants	s and Assistance				•	
 Does the organization m the selection criteria use Describe in Part IV the organization 	ed to award the grants	or assistance?					▽ Yes
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 00) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, 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

Ident if ier	Return Reference	Explanation	

DLN: 93493312014210

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

SER	VICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73					
JLIN	VICE EM LOTELS INTERNATIONAL ONION LOCAL NO 75		36-1760052			
Pa	rt I Questions Regarding Compensation	on .				
	the second secon				Yes	Νο
1a	Check the appropriate box(es) if the organization pr	ovided a	ny of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part II	II to prον	ride any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	_		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all f		y			
	Compensation committee	<u>_</u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VI	I, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-contro	l paymer	nt?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental nor	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only m For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	-				
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		
ь	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 Apayments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		
9	If "Yes" to line 8 did the organization also follow the	he rehutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
CHRISTINE BOARDMAN	(1) (11)	145,448 0	0 0	0	18,916 0	14,559 0	178,923 0	176,820 0

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	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493312014210

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

Name of the organization SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73 **Employer identification number**

36-1760052

		30 1700032
art I	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) orga	nızatıons only).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or For	m 990-EZ. Part V. line 40b

1 (a) Name of disqualified person (b) Description of transaction (c) Corrected?

Yes No

(b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? purpose principal amount committee? From Yes No PHIL MARTINI LOAN TO EMPLOYEE Χ 2,000 664 Νo Yes Νo

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
KAREN WEBSTER-BRANDON	FAMILY RELATIONSHIP WITH MATTHEW BRANDON, SECRETARY- TREASURER	57,713	KAREN WEBSTER-BRANDON IS COMPENSATED AS AN EMPLOYEE OF THE ORGANIZATION		No
LINDA HILLIER	FAMILY RELATIONSHIP WITH DALE HILLIER, VICE- PRESIDENT	45,343	LINDA HILLIER IS COMPENSATED AS AN EMPLOYEE OF THE ORGANIZATION		No
FIREHOUSE CONSTRUCTION SERVICE	OWNER OF COMPANY HAS FAMILY RELATIONSHIP WITH CHRISTINE BOARDMAN, PRESIDENT	3,759	THE ORGANIZATION USED THE COMPANY FOR CONSTRUCTION SERVICES AND STORAGE OF FURNITURE DURING THE YEAR		No

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DLN: 93493312014210

Employer identification number

SCHEDULE 0

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service

Form 990, Part

VI, Section C,

line 19

Supplemental Information to Form 990

2009

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

SERVICE EMPLOYEES	INTERNATIONAL UI	36-1760052	
ldentifier	ier Return Explanation		
Form 990, Part VI, Section A, line 6		SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73 IS A LA OBJECTIVE IS TO ORGANIZE WORKERS (MEMBERS) FOR THEIR MOR ADVANCEMENT THE LOCAL UNION'S MEMBERS ARE THOSE COVER EMPLOYERS SUBJECT TO COLLECTIVE BARGAINING AGREEMENTS	RAL, ECONOMIC, AND SOCIAL RED INDIVIDUALS WHO WORK FOR
Form 990, Part VI, Section A, line 7a		THE EXECUTIVE BOARD OF SEIU LOCAL 73 ARE ELECTED TO THEIR POSITION BY FULL UNION MEMBERS	
Form 990, Part VI, Section A, line 7b		THE ORGANIZATIONS MEMBERSHIP IS MADE UP OF THOSE INDIVIDUALS WORKING FOR EMPLOYERS UNDER THE COLLECTIVE BARGAINING AGREEMENT WITH THE UNION DUES INCREASES MUST BE VOTED ON AT MEMBERSHIP MEETINGS BEFORE ANY CHANGE CAN TAKE PLACE	
Form 990, Part VI, Section B, line 11		THE EXECUTIVE BOARD GIVES THE PRESIDENT OF THE LOCAL UNIO FORM 990 PRIOR TO THE FILING	N THE AUTHORITY TO REVIEW THE
Form 990, Part VI, Section B, Inne 12c THE COMPTROLLER OF THE LOCAL UNION ANNUALLY REVIEWS THE		E EMPLOYEES' FILES	
		FORM 990, PART VI, SECTION B, LINE 15 THE PRESIDENT, SECRETAR SALARIES ARE APPROVED BY THE EXECUTIVE BOARD ANNUALLY MONTLHY STIPEND WHICH IS VOTED AT THE BEGINNING OF THE YEAR MEETINGS OTHER STAFF SALARY IS NEGOTIATED AND STATED IN	THE EXECUTIVE BOARD RECEIVES A AR AT THE EXECUTIVE BOARD

THE PUBLIC

GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE NOT MADE AVAILABLE TO

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR INSPECTION UPON REQUEST. OTHER

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DLN: 93493312014210

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification numbe
SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL NO 73	
	26 1760053

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

SEIU LOCAL 73 BI-PARTISAN POLITICAL ACTION COMMITTEE

300 S ASHLAND CHICAGO, IL 60607

02-0627837

PAC

ΙL

527

N/A

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y
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	1a	
		-	-

- Gift, grant, or capital contribution to other organization(s)
 Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1 g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m		No
1n		No
10		No
1 p		No
1q	Yes	
1r		No

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

(a)	Transaction	(c)
Name of other organization	type(a-r)	Amount involved
(1) SEIU LOCAL 73 BI-PARTISIAN	Q	123,319

- (1) See Additional Data Table
- (2)
- (2)
- (3)
- (5)
- (6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 36-1760052

Name: SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL

NO 73

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation					
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
MARK MCQUEEN former RECORDING SECRETA	1 00	Х						1,140	0	0	
VANESSA ABINGTON EXECUTIVE BOARD	1 00	X						161	0	0	
MICHAEL AGUAYO EXECUTIVE BOARD	1 00	Х						118	0	0	
CALLIE ALEXANDER EXECUTIVE BOARD	1 00	Х						1,391	0	0	
GLORIA ALVAREZ EXECUTIVE BOARD	1 00	X						1,317	0	0	
RANDALL BALLARD EXECUTIVE BOARD	0 00	X						0	0	0	
MICHELLE BARNHART EXECUTIVE BOARD	0 00	X						0	0	0	
CLARENCE BAZAN EXECUTIVE BOARD	0 00	×						0	0	0	
NANCY BEHYMER EXECUTIVE BOARD	1 00	X						1,550	0	0	
CHRISTINE BONDI EXECUTIVE BOARD	1 00	Х						1,488	0	0	
ALLEN BOOTH EXECUTIVE BOARD	0 00	X						0	0	0	
JAMES BROWN EXECUTIVE BOARD	1 00	X						463	0	0	
MICHAEL BROWN EXECUTIVE BOARD	0 00	Χ						0	0	0	
KK YONE BURNEY EXECUTIVE BOARD	1 00	X						1,103	0	0	
ALICE BUSH EXECUTIVE BOARD	40 00	X						60,882	0	21,548	
MICHAEL CARR EXECUTIVE BOARD	0 00	X						0	0	0	
MELISSA CARTER EXECUTIVE BOARD	1 00	X						1,689	0	0	
PRESTON CARTER EXECUTIVE BOARD	0 00	Χ						0	0	0	
WILLIE CERVANTES EXECUTIVE BOARD	1 00	Χ						286	0	0	
BEVERLY COTTON EXECUTIVE BOARD	1 00	X						1,278	0	0	
MICHELLE DEAN EXECUTIVE BOARD	1 00	Χ						945	0	0	
JEFFREY DEXTER EXECUTIVE BOARD	27 00	Χ						39,537	0	18,124	
IRIS ENGLISH EXECUTIVE BOARD	0 00	Χ						0	0	0	
ANTHONY FACIANO EXECUTIVE BOARD	0 00	X						0	0	0	
RAYMOND FELTON EXECUTIVE BOARD	1 00	Х						176	0	0	

Compensated Employees, and									, ,	
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ELEANOR HILL-FOLK EXECUTIVE BOARD	1 00	Х						1,398	0	0
LINNAL FORD EXECUTIVE BOARD	1 00	X						103	0	0
JUSTUS FORTADO EXECUTIVE BOARD	12 50	X						10,548	0	1,477
JIM GAHAGAN EXECUTIVE BOARD	0 00	X						0	0	0
FRANK GALLEGOS JR EXECUTIVE BOARD	0 00	X						0	0	0
JEANINE GAYLES EXECUTIVE BOARD	1 00	X						1,426	0	0
ROBERT GERAGHTY EXECUTIVE BOARD	0 00	X						0	0	0
alfonso gianfrancisco EXECUTIVE BOARD	1 00	X						166	0	0
LEONARD GLASPER EXECUTIVE BOARD	1 00	X						1,536	0	0
LENDY GRAY EXECUTIVE BOARD	0 00	X						0	0	0
WALTER GREEN EXECUTIVE BOARD	0 00	X						0	0	0
WAYNE GREZEK EXECUTIVE BOARD	0 00	X						0	0	0
PAULA HALEY EXECUTIVE BOARD	0 00	X						0	0	0
LESTER HAMPTON JR EXECUTIVE BOARD	1 00	X						784	0	0
LINDA HANNEMAN EXECUTIVE BOARD	0 00	X						0	0	0
MARIA HEATHCOAT EXECUTIVE BOARD	0 00	X						0	0	0
JEFF HENRY EXECUTIVE BOARD	0 00	X						0	0	0
DAVID HOLLINSHEAD EXECUTIVE BOARD	1 00	X						1,415	0	0
BETTYE HOLLOWAY EXECUTIVE BOARD	1 00	Χ						12,600	0	1,596
MARGARET HOSTY EXECUTIVE BOARD	1 00	X						7,600	0	924
JOE IOSBAKER EXECUTIVE BOARD	1 00	Χ						1,000	0	0
DALE JACKSON EXECUTIVE BOARD	40 00	X						58,461	0	13,551
JOHN JACKSON EXECUTIVE BOARD	0 00	X						0	0	0
MICHAEL JAMES EXECUTIVE BOARD	0 00	X						0	0	0
REMZI JAOS EXECUTIVE BOARD	11 50	X						18,808	0	6,166

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
JAMES JESKE EXECUTIVE BOARD	1 00	Х						1,227	0	0		
LEROY JONES JR EXECUTIVE BOARD	40 00	X						60,522	0	21,800		
FRANK KLEIN EXECUTIVE BOARD	40 00	Х						59,672	0	26,925		
ROBERT KNIERIM EXECUTIVE BOARD	0 00	X						0	0	0		
SALLIE LEMMON-OLIVER EXECUTIVE BOARD	0 00	X						0	0	0		
WAYNE LINDWALL EXECUTIVE BOARD	40 00	Х						60,521	0	26,265		
CHRIS LOGAN EXECUTIVE BOARD	3 60	Х						4,774	0	124		
JUAN MARTINEZ EXECUTIVE BOARD	1 00	Х						209	0	0		
PAUL MAULDIN EXECUTIVE BOARD	1 00	X						172	0	0		
RO NALD MAYDO N EXECUTIVE BOARD	1 00	X						238	0	0		
DEBBIE MCBOUNDS EXECUTIVE BOARD	0 00	X						0	0	0		
JEFFREY MCCASTER EXECUTIVE BOARD	0 00	Χ						0	0	0		
JACQUELINE MAGEE-WAD EXECUTIVE BOARD	1 00	Χ						661	0	0		
AL MOLINARO EXECUTIVE BOARD	40 00	Χ						57,230	0	7,555		
JAY MORGAN EXECUTIVE BOARD	0 00	Х						0	0	0		
MIGUEL NAVARRETE EXECUTIVE BOARD	0 00	Χ						0	0	0		
WANDA NEELY EXECUTIVE BOARD	0 00	X						0	0	0		
CLARA NETTLES EXECUTIVE BOARD	1 00	Χ						744	0	0		
GERARDO ORTIZ EXECUTIVE BOARD	1 00	X						736	0	0		
TAMELA PASCH EXECUTIVE BOARD	0 00	Χ						0	0	0		
TELAWN PATTERSON EXECUTIVE BOARD	1 00	X						1,365	0	0		
MARIE PEREZ EXECUTIVE BOARD	0 00	X						0	0	0		
SIRLENA PERRY EXECUTIVE BOARD	0 00	X						0	0	0		
JAMES PHIPPS EXECUTIVE BOARD	1 00	X						1,612	0	0		
WILLIAM POTTS EXECUTIVE BOARD	14 60	Х						21,060	0	2,471		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours		tion (that a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
JERRY PRZYZCKI EXECUTIVE BOARD	0 00	X						0	0	0		
GENEVIE RAY EXECUTIVE BOARD	0 00	Х						0	0	0		
CAMILLE REDMAN EXECUTIVE BOARD	0 00	Х						0	0	0		
ANDRE REED EXECUTIVE BOARD	0 0 0	Х						0	0	0		
JEFFREY REEDER EXECUTIVE BOARD	1 00	Х						1,269	0	0		
MARTIN REILLY EXECUTIVE BOARD	1 00	Х						1,929	0	0		
EDDIE ROBINSON EXECUTIVE BOARD	1 00	Х						1,405	0	0		
REGINA RUSSELL EXECUTIVE BOARD	1 00	Х						1,256	0	0		
KAREN SCHOTT EXECUTIVE BOARD	0 00	Х	x		0	0	0					
GAIL SEYLLER EXECUTIVE BOARD	1 00	Х						1,396	0	0		
JOHN SHOSTACK EXECUTIVE BOARD	0 00	X						0	0	0		
PAUL SIEGEL EXECUTIVE BOARD	40 00	Х						56,029	0	26,975		
LARRY SIMULUS EXECUTIVE BOARD	0 00	X						0	0	0		
KATIE SMITH EXECUTIVE BOARD	1 00	Х						1,092	0	0		
BEN SODERBERG EXECUTIVE BOARD	0 00	Х						0	0	0		
KEITH SORENSEN EXECUTIVE BOARD	0 00	Х						0	0	0		
DONALD STATELER EXECUTIVE BOARD	0 00	X						0	0	0		
ANTHONY TABB EXECUTIVE BOARD	0 00	Χ						0	0	0		
JC THOMAS EXECUTIVE BOARD	1 00	X						288	0	0		
FAEDEAN TURNER EXECUTIVE BOARD	0 00	X						0	0	0		
OSCAR VARNADOE III EXECUTIVE BOARD	1 00	X						1,176	0	0		
TAWANDA VAUGHN EXECUTIVE BOARD	0 00	Х						0	0	0		
VERNAULDA SANDERS EXECUTIVE BOARD	1 00	X						1,182	0	0		
GLORIA VONBEHREN EXECUTIVE BOARD	0 00	X						0	0	0		
LISA WALLACE EXECUTIVE BOARD	0 00	Х						0	0	0		

(A)	(B)		. (0					(D)	(E)	(F)
Name and Title	A verage hours per		ition (that a		')		I	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
LEE WASHINGTON EXECUTIVE BOARD	0 00	Х						0	0	0
ROBERT WEINBERG EXECUTIVE BOARD	1 00	X						215	0	0
MICHAEL WETZEL EXECUTIVE BOARD	1 00	Х						200	0	0
DERRICK WHITE EXECUTIVE BOARD	1 00	Х						1,151	0	0
MONICA WILKUS EXECUTIVE BOARD	1 00	Х						1,436	0	0
LUCILLE WILLIAMS EXECUTIVE BOARD	0 00	Χ						0	0	0
RAHMAAN WILLIAMS EXECUTIVE BOARD	1 00	Χ						1,499	0	0
JIM WIRTH EXECUTIVE BOARD	1 00	X						2,040	0	0
EULA WOODS EXECUTIVE BOARD	1 00	Χ						270	0	0
GENE WASHINGTON FORMER EXEC BOARD	20 00	Χ						31,951	0	4,036
ANTHONY BROWN FORMER EXEC BOARD	0 00	Χ						0	0	0
STEVEN CHESTERFIELD FORMER EXEC BOARD	0 00	X						0	0	0
KAREN GREEN FORMER EXEC BOARD	0 00	X						0	0	0
SHARON IRVING FORMER EXEC BOARD	0 00	X						0	0	0
SHONTE KNIPFER FORMER EXEC BOARD	0 00	X						0	0	0
BETH LAFOLLETTE FORMER EXEC BOARD	0 00	X						0	0	0
ROBERT PORTER FORMER EXEC BOARD	0 00	X						0	0	0
ROGELIO RAMIERZ FORMER EXEC BOARD	0 00	X						0	0	0
TIM WHITE FORMER EXEC BOARD	0 00	X						0	0	0
TONY STEPNEY FORMER EXEC BOARD	0 00	X						0	0	0
TELAWN WRIGHT FORMER EXEC BOARD	0 00	X						0	0	0
CHRISTINE BOARDMAN PRESIDENT	40 00			X		X		145,448	0	33,475
bettY BOLES vICE-PRESIDENT	40 00			X				86,844	0	11,943
DALE HILLIER VICE-PRESIDENT	40 00			X				87,054	0	25,485
phiL MARTINI VICE-PRESIDENT	40 00			Х				87,122	0	18,759

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensation improved a								
(A) Name and Title	(B) Average hours per week	tich institutional Trustee		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TIMOTHY MCDONALD VICE-PRESIDENT	40 00		Х			86,844	0	11,721
TAALIB-DIN ZIYAD VICE-PRESIDENT	40 00		х			87,171	0	26,091
MATTHEW BRANDON SECRETARY-TREASURER	40 00		Х			104,176	0	17,957

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
NEGOTIATION EXPENSE	74,437			
SUBSCRIPTIONS	20,297			
GOLF OUTING EXPENSE	14,394			
eduCATION AND RESEARCH	10,855			
PUBLICATIONS	9,928			