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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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	D Employer identification number 93-0323147
	Doing Business As	E Telephone number (503) 581-1505
	Number and street (or P O box if mail is not delivered to street address) P O BOX 12159	
	Room/suite	
	City or town, state or country, and ZIP + 4 SALEM, OR 97309	
	F Name and address of principal officer HEATHER CONROY P O BOX 12159 SALEM,OR 97309	H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		H(b) Are all affiliates included? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "No," attach a list (see instructions)
		H(c) Group exemption number ▶ 0932
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW SEIU503 ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1943
		M State of legal domicile OR

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE THROUGH WORKER EMPOWERMENT AND A PROGRESSIVE LABOR MOVEMENT		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	181
6 Total number of volunteers (estimate if necessary)	6	235	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	107,083	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22,247,620	22,610,523
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	768,915	770,261
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,269	448,200
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	431,002	678,598
		23,456,806	24,507,582
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	67,521	52,129
	14 Benefits paid to or for members (Part IX, column (A), line 4)	104,160	106,067
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,040,294	12,014,069
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	12,492,365	12,278,446
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,704,340	24,450,711
	19 Revenue less expenses Subtract line 18 from line 12	-247,534	56,871
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		17,541,657	17,074,680
21 Total liabilities (Part X, line 26)		3,068,266	2,716,752
22 Net assets or fund balances Subtract line 21 from line 20		14,473,391	14,357,928

Part II Signature Block							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign Here	***** Signature of officer					2012-08-08 Date	
	HEATHER CONROY EXECUTIVE DIRECTOR Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name	JOYLYN M ANKENY CPA	Preparer's signature	JOYLYN M ANKENY CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ AKT LLP						Firm's EIN ▶
	Firm's address ▶ 680 HAWTHORNE AVE SE 140 SALEM, OR 97301						Phone no ▶ (503) 585-7774
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO IMPROVE THE QUALITY OF LIFE THROUGH WORKER EMPOWERMENT AND A PROGRESSIVE LABOR MOVEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

THE ORGANIZATION IS A LABOR UNION, REPRESENTING THE INTERESTS OF 41,309 SERVICE EMPLOYEES IN THE STATE OF OREGON

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$

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	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the 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, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	28
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	181
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds 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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **►** _____

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 ☒ 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

Check if Schedule O contains a response to any question in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	335,913	0	103,219

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization: 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Part VIII

Statement 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	22,610,523			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		22,610,523			
	Program Service Revenue			Business Code			
2a		HEMOCARE BENEFITS ADMIN	900099	746,134	746,134		
b		MISCELLANEOUS INCOME	900099	24,127	24,127		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		770,261			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		405,889		405,889
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		42,311	42,311	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . .				
	9a	Gross income from gaming activities See Part IV, line 19 . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances . .	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code					
11a	SEIU SUBSIDIARY	900099	571,515	571,515			
	b	INSURANCE COMMISSIONS	524298	107,083		107,083	
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		678,598				
12	Total revenue. See Instructions		24,507,582	1,384,087	107,083	405,889	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	52,129			
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	106,067			
5	Compensation of current officers, directors, trustees, and key employees	359,109			
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	9,617,009			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,140,546			
9	Other employee benefits	167,516			
10	Payroll taxes	729,889			
a	Fees for services (non-employees) Management				
b	Legal	128,969			
c	Accounting	90,940			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	883			
12	Advertising and promotion	705			
13	Office expenses	751,758			
14	Information technology				
15	Royalties				
16	Occupancy	366,840			
17	Travel	1,039,302			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	301,348			
20	Interest	42,500			
21	Payments to affiliates	6,184,218			
22	Depreciation, depletion, and amortization	348,277			
23	Insurance	107,700			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STATE INCOME TAXES	150			
b	ISSUES FUNDING	881,192			
c	COLLECTIVE BARGAINING	803,388			
d	ORGANIZING DEPARTMENT	369,039			
e	GOVERNANCE ACTIVITIES	253,851			
f	All other expenses	607,386			
25	Total functional expenses. Add lines 1 through 24f	24,450,711			
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			381,686	1	1,009,364
	2	Savings and temporary cash investments			3,192,657	2	3,023,590
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,047,942	4	1,045,280
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			50,378	9	47,533
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	7,337,820			
	b	Less: accumulated depreciation	10b	3,635,830	3,728,187	10c	3,701,990
	11	Investments—publicly traded securities			7,519,907	11	7,431,118
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			620,900	15	815,805
16	Total assets. Add lines 1 through 15 (must equal line 34)			17,541,657	16	17,074,680	
Liabilities	17	Accounts payable and accrued expenses			1,911,386	17	1,911,741
	18	Grants payable			844,193	18	231,887
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			312,687	25	573,124
	26	Total liabilities. Add lines 17 through 25			3,068,266	26	2,716,752
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			14,473,391	27	14,357,928
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			14,473,391	33	14,357,928
34	Total liabilities and net assets/fund balances			17,541,657	34	17,074,680	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,507,582
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,450,711
3	Revenue less expenses Subtract line 2 from line 1	3	56,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,473,391
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-172,334
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,357,928

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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?		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		

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.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	Employer identification number 93-0323147
--	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 394,645
3	Volunteer hours	2,000

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ 394,645
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ 394,645
4	Did the filing organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CITIZEN ACTION FOR POLITICAL EDUCATION	PO BOX 12159 SALEM, OR 97309	23-7230166		444,024

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ORGANIZATION INFORMS MEMBERS OF POLITICAL ISSUES THROUGH INTERNAL COMMUNICATIONS, SOME MEMBERS ASSIST CANDIDATES OR BALLOT MEASURES THROUGH VOLUNTEER ACTIVITIES, AND THE ORGANIZATION CONTRIBUTES, UPON BOARD ACTION, TO BALLOT MEASURE CAMPAIGNS OF DIRECT INTEREST TO OUR MEMBERSHIP
PART IV, SUPPLEMENTAL INFORMATION		PART III-A SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION IS A LABOR UNION AND IS SPECIFICALLY EXEMPT FROM THE REQUIREMENT TO REPORT LOBBYING EXPENSES TO THE MEMBERSHIP AS A NONDEDUCTIBLE PORTION OF THEIR DUES, PER REV PROC 98-19

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Employer identification number
93-0323147

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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	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 for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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.

1a

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

b

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▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- 1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- 2b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
1b	Contributions				
1c	Investment earnings or losses				
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs				
1f	Administrative expenses				
1g	End of year balance				

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		474,900		474,900
1b Buildings		4,373,988	1,552,692	2,821,296
1c Leasehold improvements				
1d Equipment		2,488,932	2,083,138	405,794
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,701,990

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,507,582
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,450,711
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	56,871
4	Net unrealized gains (losses) on investments	4	-172,334
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	-172,334
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-115,463

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	24,386,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-172,334
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	58,582
e	Add lines 2a through 2d	2e	-113,752
3	Subtract line 2e from line 1	3	24,500,080
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	7,502
c	Add lines 4a and 4b	4c	7,502
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	24,507,582

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	24,551,010
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	358,599
e	Add lines 2a through 2d	2e	358,599
3	Subtract line 2e from line 1	3	24,192,411
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	258,300
c	Add lines 4a and 4b	4c	258,300
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,450,711

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		NETTING OF RENTAL INCOME FROM DISREGARDED ENTITY WITH EXPENSES 58,582
PART XII, LINE 4B - OTHER ADJUSTMENTS		INCOME FROM LOCALS INCLUDED IN GROUP RETURN 7,502
PART XIII, LINE 2D - OTHER ADJUSTMENTS		NETTING OF RENTAL INCOME FROM DISREGARDED ENTITY WITH EXPENSES 58,582 EXPENSES REDUCED ON CONSOLIDATION 300,017
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES FROM LOCALS INCLUDED IN GROUP RETURN 258,300

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
93-0323147

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PORTLAND JOBS WITH JUSTICE6025 E BURNSIDE PORTLAND,OR 97215	93-1120523	501(C)(4)	8,050		N/A	N/A	TO PROMOTE WORKERS RIGHTS
(2) PINEROS Y CAMPESINOS UNIDOS DEL NOROESTE300 YOUNG ST WOODBURN,OR 97071	93-0939941	501(C)(5)	5,003		N/A	N/A	TO PROMOTE FARM WORKERS RIGHTS
(3) OREGON CENTER FOR PUBLIC POLICYPO BOX 7 SILVERTON,OR 97381	93-1186075	501(C)(3)	7,500		N/A	N/A	TO IMPROVE ECONOMIC AND SOCIAL OPPORTUNITIES FOR WORKERS

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)Amount of cash grant	(d)Amount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	Employer identification number 93-0323147
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	Employer identification number 93-0323147
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE UNION HAS INDIVIDUALS AS MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		INDIVIDUAL MEMBERS ELECT THE ORGANIZATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		INDIVIDUAL MEMBERS VOTE ON AND APPROVE ANY CHANGES IN THE GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRIOR TO FILING, THE IRS FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT ALSO, ACTIVITIES THAT COULD CAUSE A CONFLICT OF INTEREST ARE MONITORED BY THE ETHICS LIAISON AT THE LOCAL LEVEL AND BY THE THE ETHICS OMBUDSPERSON AT THE NATIONAL LEVEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S 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 MEMBERS AND THREE MANAGEMENT STAFF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	BY SCHEDULING AN APPOINTMENT WITH THE FINANCE DIRECTOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -172,334

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 12C	NO CHANGE FROM PRIOR YEAR

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Employer identification number
93-0323147

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
(1) HOMECARE UNION BENEFITS BOARD LLC PO BOX 12159 SALEM, OR 97309 20-0573997	ADMINISTRATION OF THE INSURANCE PROGRAM FOR OREGON HOMECARE WORKERS	OR	746,134	784,062	SEIU LOCAL 503 - OPEU

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) OREGON STATE COUNCIL 6401 SE FOSTER RD PORTLAND, OR 97206 93-0887838	POLITICAL LOBBYING	OR	527		N/A	Yes	
(2) OREGON POLITICAL ACTION COMMITTEE(OPAC) 1730 COMMERCIAL ST SE SALEM, OR 97302 93-0323147	BALLOT MEASURES PAC	OR	527		SEIU LOCAL 503 - OPEU	Yes	
(3) CITIZEN ACTION FOR POLITICAL EDUCATION(CAPE) 1730 COMMERCIAL ST SE SALEM, OR 97309 23-7230166	POLITICAL EDUCATION	OR	527		SEIU LOCAL 503 - OPEU	Yes	

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)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

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)

l

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

o

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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OREGON STATE COUNCIL	Q	187,839	
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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TY 2010 Affiliate Listing

Name: SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

EIN: 93-0323147

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 001 LOCAL RETIREES	PO BOX 12159 SALEM, OR 97309	93-1058552	SERV
SERVICE EMPLOYEES INTERNATIONAL 81 LOCAL EOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0813995	SERV
SERVICE EMPLOYEES INTERNATIONAL 82 LOCAL WOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0813997	SERV
SERVICE EMPLOYEES INTERNATIONAL 83 LOCAL OSU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0810660	SERV
SERVICE EMPLOYEES INTERNATIONAL 84 LOCAL SOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814225	SERV
SERVICE EMPLOYEES INTERNATIONAL 85 LOCAL UO CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814226	SERV
SERVICE EMPLOYEES INTERNATIONAL 89 LOCAL PSU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814227	SERV
SERVICE EMPLOYEES INTERNATIONAL 90 LOCAL OIT CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814228	SERV
SERVICE EMPLOYEES INTERNATIONAL 96 LOCAL CHILD CARE WORKERS	PO BOX 12159 SALEM, OR 97309	90-0333761	SERV
SERVICE EMPLOYEES INTERNATIONAL 97 LOCAL MEADOW PARK CARE CENTER	PO BOX 12159 SALEM, OR 97309	51-0208091	SERV
SERVICE EMPLOYEES INTERNATIONAL 98 ADDUS	PO BOX 12159 SALEM, OR 97309	23-7124436	SERV
SERVICE EMPLOYEES INTERNATIONAL 108 LOCAL OHCS	PO BOX 12159 SALEM, OR 97309	90-0103701	SERV
SERVICE EMPLOYEES INTERNATIONAL 109 LOCAL ODFW	PO BOX 12159 SALEM, OR 97309	90-0103707	SERV
SERVICE EMPLOYEES INTERNATIONAL 125 LOCAL ADMIN SERVICES	PO BOX 12159 SALEM, OR 97309	93-0814229	SERV
SERVICE EMPLOYEES INTERNATIONAL 137 LOCAL JUSTICE	PO BOX 12159 SALEM, OR 97309	93-0814230	SERV

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 140 NUTRITION SRVCE EMPLOYEES	PO BOX 12159 SALEM, OR 97309	90-0429731	SERV
SERVICE EMPLOYEES INTERNATIONAL 150 LOCAL REVENUE	PO BOX 12159 SALEM, OR 97309	93-0810696	SERV
SERVICE EMPLOYEES INTERNATIONAL 170 LOCAL TREASURY	PO BOX 12159 SALEM, OR 97309	93-0810690	SERV
SERVICE EMPLOYEES INTERNATIONAL 198 LOCAL CITY OF BEAVERTON	PO BOX 12159 SALEM, OR 97309	93-0810522	SERV
SERVICE EMPLOYEES INTERNATIONAL 199 LOCAL CITY OF TIGARD	PO BOX 12159 SALEM, OR 97309	93-0810693	SERV
SERVICE EMPLOYEES INTERNATIONAL 274 LOCAL VETS AFFAIRS	PO BOX 12159 SALEM, OR 97309	93-0814232	SERV
SERVICE EMPLOYEES INTERNATIONAL 294 LOCAL MARION COUNTY	PO BOX 12159 SALEM, OR 97309	93-0810700	SERV
SERVICE EMPLOYEES INTERNATIONAL 333 LOCAL HEALTH DIVISION	PO BOX 12159 SALEM, OR 97309	93-0829199	SERV
SERVICE EMPLOYEES INTERNATIONAL 390 LOCAL LINN COUNTY EMPLOYEES	PO BOX 12159 SALEM, OR 97309	93-1101521	SERV
SERVICE EMPLOYEES INTERNATIONAL 391 LOCAL ASSN LOCAL EOH & TC	PO BOX 12159 SALEM, OR 97309	93-0814268	SERV
SERVICE EMPLOYEES INTERNATIONAL 392 LOCAL O S H	PO BOX 12159 SALEM, OR 97309	93-0810702	SERV
SERVICE EMPLOYEES INTERNATIONAL 393 PENDLETON COTTAGE	PO BOX 12159 SALEM, OR 97309	90-0595717	SERV
SERVICE EMPLOYEES INTERNATIONAL 415 LOCAL OREGON YOUTH AUTHORITY	PO BOX 12159 SALEM, OR 97309	93-1247814	SERV
SERVICE EMPLOYEES INTERNATIONAL 440 LOCAL DEPT OF INS & FINANCE	PO BOX 12159 SALEM, OR 97309	93-0814241	SERV
SERVICE EMPLOYEES INTERNATIONAL 459 LOCAL PERS	PO BOX 12159 SALEM, OR 97309	93-0810708	SERV

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 471 LOCAL EMPLOYMENT	PO BOX 12159 SALEM, OR 97309	93-0814246	SERV
SERVICE EMPLOYEES INTERNATIONAL 496 LOCAL JOSEPHINE CO ROADS DEPT	PO BOX 12159 SALEM, OR 97309	93-0814247	SERV
SERVICE EMPLOYEES INTERNATIONAL 497 LOCAL JACKSON COUNTY EMPLOYEES	PO BOX 12159 SALEM, OR 97309	93-0814249	SERV
SERVICE EMPLOYEES INTERNATIONAL 501 LOCAL CASCADE AIDS PROJECT	PO BOX 12159 SALEM, OR 97309	93-1247812	SERV
SERVICE EMPLOYEES INTERNATIONAL 543 LOCAL STATE LIBRARY	PO BOX 12159 SALEM, OR 97309	93-0810710	SERV
SERVICE EMPLOYEES INTERNATIONAL 570 LOCAL OPB	PO BOX 12159 SALEM, OR 97309	93-0814252	SERV
SERVICE EMPLOYEES INTERNATIONAL 575 LOCAL OREGON STUDENT ASSIST COM	PO BOX 12159 SALEM, OR 97309	93-1058554	SERV
SERVICE EMPLOYEES INTERNATIONAL 581 LOCAL EDUCATION	PO BOX 12159 SALEM, OR 97309	93-0814254	SERV
SERVICE EMPLOYEES INTERNATIONAL 585 LOCAL BLIND COMMISSION	PO BOX 12159 SALEM, OR 97309	93-0810711	SERV
SERVICE EMPLOYEES INTERNATIONAL 592 LOCAL COID	PO BOX 12159 SALEM, OR 97309	93-0810716	SERV
SERVICE EMPLOYEES INTERNATIONAL 593 LOCAL ONTARIO POLICE OFFICERS	PO BOX 12159 SALEM, OR 97309	93-0810526	SERV
SERVICE EMPLOYEES INTERNATIONAL 596 LOCAL BAKER COUNTY	PO BOX 12159 SALEM, OR 97309	93-0810520	SERV
SERVICE EMPLOYEES INTERNATIONAL 603 LOCAL AGRICULTURE	PO BOX 12159 SALEM, OR 97309	93-0810717	SERV
SERVICE EMPLOYEES INTERNATIONAL 622 LOCAL STATE FAIR	PO BOX 12159 SALEM, OR 97309	93-0814257	SERV
SERVICE EMPLOYEES INTERNATIONAL 629 LOCAL FORESTRY	PO BOX 12159 SALEM, OR 97309	93-0810524	SERV

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 690 LOCAL WATER RESOURCES	PO BOX 12159 SALEM, OR 97309	93-0814262	SERV
SERVICE EMPLOYEES INTERNATIONAL 697 LOCAL COOS BAY N BEND WATER CO	PO BOX 12159 SALEM, OR 97309	93-0814263	SERV
SERVICE EMPLOYEES INTERNATIONAL 730 LOCAL ODOT	PO BOX 12159 SALEM, OR 97309	93-0814266	SERV
SERVICE EMPLOYEES INTERNATIONAL 733 LOCAL PARKS & RECREATION	PO BOX 12159 SALEM, OR 97309	93-1116637	SERV
SERVICE EMPLOYEES INTERNATIONAL 735 LOCAL DMV	PO BOX 12159 SALEM, OR 97309	93-0810719	SERV
SERVICE EMPLOYEES INTERNATIONAL 777 LOCAL BASIN TRANSIT SERVICE	PO BOX 12159 SALEM, OR 97309	93-1101523	SERV
SERVICE EMPLOYEES INTERNATIONAL 839 LOCAL BUREAU OF LABOR & INDSTRS	PO BOX 12159 SALEM, OR 97309	93-0810721	SERV
SERVICE EMPLOYEES INTERNATIONAL 858 ADULT FOSTER CARE	PO BOX 12159 SALEM, OR 97309	90-0429732	SERV
SERVICE EMPLOYEES INTERNATIONAL 902 LOCAL OSLP	PO BOX 12159 SALEM, OR 97309	93-1247815	SERV
SERVICE EMPLOYEES INTERNATIONAL 903 ROSEMONT TREATMENT CENTER	PO BOX 12159 SALEM, OR 97309	90-0429734	SERV
SERVICE EMPLOYEES INTERNATIONAL 904 LOCAL THE CHILD CENTER	PO BOX 12159 SALEM, OR 97309	93-1270770	SERV
SERVICE EMPLOYEES INTERNATIONAL 905 LOCAL NW REGIONAL EDUCATIONAL L	PO BOX 12159 SALEM, OR 97309	90-0037693	SERV
SERVICE EMPLOYEES INTERNATIONAL 908 LOCAL LCOG	PO BOX 12159 SALEM, OR 97309	90-0103706	SERV
SERVICE EMPLOYEES INTERNATIONAL 910 LOCAL CITY OF THE DALLES	PO BOX 12159 SALEM, OR 97309	93-1058556	SERV
SERVICE EMPLOYEES INTERNATIONAL 921 LOCAL CITY OF CANNON BEACH	PO BOX 12159 SALEM, OR 97309	93-1058558	SERV

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 923 LOCAL WALLOWA COUNTY ROADS	PO BOX 12159 SALEM, OR 97309	93-1247818	SERV
SERVICE EMPLOYEES INTERNATIONAL 924 LOCAL WALLOWA COUNTY COURTS	PO BOX 12159 SALEM, OR 97309	93-1247819	SERV
SERVICE EMPLOYEES INTERNATIONAL 926 LOCAL CITY OF WILSONVILLE	PO BOX 12159 SALEM, OR 97309	94-3163987	SERV
SERVICE EMPLOYEES INTERNATIONAL 937 LOCAL OR CASCADE WEST COG	PO BOX 12159 SALEM, OR 97309	93-1058562	SERV
SERVICE EMPLOYEES INTERNATIONAL 938 LOCAL CITY OF PENDLETON	PO BOX 12159 SALEM, OR 97309	93-1058564	SERV
SERVICE EMPLOYEES INTERNATIONAL 955 LOCAL UMATILLA CITY POLICE	PO BOX 12159 SALEM, OR 97309	93-1058570	SERV
SERVICE EMPLOYEES INTERNATIONAL 963 LOCAL CODA	PO BOX 12159 SALEM, OR 97309	93-1116636	SERV
SERVICE EMPLOYEES INTERNATIONAL 971 LOCAL PRESTIGE CARE	PO BOX 12159 SALEM, OR 97309	90-0243247	SERV
SERVICE EMPLOYEES INTERNATIONAL 972 LOCAL EVERGREEN OREGON HEALTH C	PO BOX 12159 SALEM, OR 97309	90-0243250	SERV
SERVICE EMPLOYEES INTERNATIONAL 973 LOCAL AVAMERE	PO BOX 12159 SALEM, OR 97309	90-0239062	SERV
SERVICE EMPLOYEES INTERNATIONAL 974 LOCAL PINNACLE CARE	PO BOX 12159 SALEM, OR 97309	90-0285770	SERV
SERVICE EMPLOYEES INTERNATIONAL 976 EAGLE HEALTH CARE INC	PO BOX 12159 SALEM, OR 97309	90-0429733	SERV
SERVICE EMPLOYEES INTERNATIONAL 978 FARMINGTON NURSING HOME	PO BOX 12159 SALEM, OR 97309	90-0595724	SERV
SERVICE EMPLOYEES INTERNATIONAL 985 LOCAL CURRY COUNTY	PO BOX 12159 SALEM, OR 97309	93-1146570	SERV
SERVICE EMPLOYEES INTERNATIONAL 987 LOCAL PARRY CENTER	PO BOX 12159 SALEM, OR 97309	93-1247821	SERV

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 995 LOCAL CITY OF SPRINGFIELD	PO BOX 12159 SALEM, OR 97309	93-1146569	SERV
SERVICE EMPLOYEES INTERNATIONAL 999 LOCAL ALVORD TAYLOR	PO BOX 12159 SALEM, OR 97309	93-1296313	SERV

Additional Data

Software ID:

Software Version:

EIN: 93-0323147

Name: SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE DINICOLA IMMEDIATE PAST PRESIDENT	1 00	X		X				0	0	0
JAMES JACOBSON VICE PRESIDENT	1 00	X		X				201	0	0
LINDA BURGIN PRESIDENT	40 00	X		X				91,795	0	4,455
BARBARA CASEY SECRETARY-TREASURER	1 00	X		X				1,560	0	0
HEATHER CONROY EXECUTIVE DIRECTOR	45 00	X		X				84,584	0	33,650
LESLIE FRANE EXECUTIVE DIRECTOR	45 00	X		X				80,302	0	22,393
SONYA REICHWEIN VICE PRESIDENT	1 00	X		X				1,359	0	0
MARC NISENFELD DIRECTOR	1 00	X						0	0	0
DANIEL SMITH DIRECTOR	1 00	X						0	0	0
STEVEN DEMAREST DIRECTOR	1 00	X						0	0	0
KATIE KROENLEIN-HUBLER DIRECTOR	1 00	X						0	0	0
EDWIN DEBECK DIRECTOR	1 00	X						0	0	0
LAWRENCE ARNBRISTER DIRECTOR	1 00	X						0	0	0
PORTIA MOYE DIRECTOR	1 00	X						0	0	0
JENNIFER GARNER DIRECTOR	1 00	X						1,390	0	0
SAIGE GRACIE DIRECTOR	1 00	X						0	0	0
ANITA PECOFF DIRECTOR	1 00	X						122	0	0
PATRICK FEATHERSTONE DIRECTOR	1 00	X						4,304	0	0
ROBERT SEXTON DIRECTOR	1 00	X						0	0	0
WILLIAN KINYOUN DIRECTOR	1 00	X						0	0	0
PATRICIA AVILA DIRECTOR	1 00	X						0	0	0
THEODORA KO-THOMPSON DIRECTOR	1 00	X						0	0	0
MAXIMILLIAN BROWN DIRECTOR	1 00	X						0	0	0
CARLIE JACKSON DIRECTOR	1 00	X						0	0	0
RENA CHAPEL DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMISHA WILSON DIRECTOR	1 00	X						0	0	0
HOLLY FIRES DIRECTOR	1 00	X						0	0	0
JUDY BYERS DIRECTOR	1 00	X						0	0	0
GARY LANE DIRECTOR	1 00	X						0	0	0
BARTON LEWIS RETIREE LOCAL PRESIDENT	1 00	X						0	0	0
MARTIN CHILDS FINANCE DIRECTOR	45 00			X				70,296	0	42,721
RICH PEPPERS ASSIT EXECUTIVE DIRECTOR	45 00				X			88,701	0	34,953