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DLN: 93493132016302

Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 Name of organization SERVICE EMPLOYEES' LOCAL NO1 D Employer identification number B Check if applicable Address change 36-0899855 Doing Business As E Telephone number Name change (312)240-1600 Initial return Number and street (or P O box if mail is not delivered to street address) 111 EAST WACKER DRIVE NO 2500 G Gross receipts \$ 32,094,740 Terminated Amended return City or town, state or country, and ZIP + 4 CHICAGO, IL 60601 -Application pending Name and address of principal officer **H(a)** Is this a group return for THOMAS BALANOFF affiliates? 111 EAST WACKER DRIVE NO 2500 CHICAGO, IL 60601 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) **✓** 501(c) (5) **◄** (insert no) Group exemption number ► 0647 H(c) Website: ► HTTP //WWW SEIU1 ORG/ M State of legal domicile IL L Year of formation 1921 Summary Part I Briefly describe the organization's mission or most significant activities TO PROTECT AND PROMOTE THE INTERESTS OF THE MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES AND SIMILAR BENEFITS Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 51 Number of independent voting members of the governing body (Part VI, line 1b) . 4 28 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 605 6 0 **6** Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 241.788 **b** Net unrelated business taxable income from Form 990-T, line 34 . 57,394 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 0 0 8 26,796,352 Program service revenue (Part VIII, line 2g) 31,071,220 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,765 1,081 10 545,610 241,788 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 27,345,727 31,314,089 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 154,328 2,099,656 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 122,678 121,671 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 14,485,805 16,353,257 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 11,868,349 12,651,355 **17** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 26,631,160 31,225,939 Revenue less expenses Subtract line 18 from line 12 714,567 88,150 Assets or d Bafances **Beginning of Current End of Year** Year 3,933,481 5,441,673 Total assets (Part X, line 16) . . 20 Total liabilities (Part X, line 26) 21 2,392,064 1,861,363 1,541,417 3,580,310

Signature Block

22

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.

	*****	12-05-10					
Sign	Signature of officer	Signature of officer Date					
Here	CHRIS ANDERSEN SECRETARY-TRE Type or print name and title						
Paid	Preparer's signature JOHN W SANEW III	Preparer's taxpayer identification number (see instructions) P00639306					
Preparer's Use Only	ıf self-employed),	elf-employed),					
	CHICAGO, II		Phone no (312) 263-2700				
May the IRS	S discuss this return with the pre	parer shown above? (see instructions) .		· · · FYes FNo		

Net assets or fund balances Subtract line 21 from line 20 .

Par	t III		Program Service O contains a respon			II			. ৷স
1	Brief	y describe the orgai	nızatıon's mıssıon						
FO R	THEIR	MORAL, ECONOM	L NO 1 (LOCAL) IS IC, AND SOCIAL A GREEMENTS WITH	DVANCEMEN	NT THE OFFICERS	S AND BUSINES	SS AGENTS C		
	Did th	e organization unde	rtake any significan	t program ser	vices during the ye	ar which were no	ot listed on		
			D-EZ?					┌ Yes ┌ N	lo
	If "Ye	s," describe these n	ew services on Sch	edule O					
3			e conducting, or ma			conducts, any pr	rogram • • •	┌ Yes ┌ N	No
	If "Ye	s," describe these c	hanges on Schedule	0					
4	exper	ses Section 501(c	i's program service a)(3) and 501(c)(4) o others, the total exp	rganizations	and section 4947 (a)(1) trusts are	required to re	port the amou	
4a	(Code) (Expenses \$ THE MORAL, ECONOMIC		ncluding grants of \$ DVANCEMENT OF THEIR) (Revenue \$ STATUS)
4b	(Code	2) (Expenses \$	ı	including grants of \$) (Revenue \$)
	(Cod.		N/Funance &		maluding graphs of t) (Payanya t		,
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Othe	r program services	(Describe in Sched	ule O)					
		enses \$		ing grants of s	\$) (Revenue	\$)	
4e	Tota	l program service ex	rpenses ⊩ \$						

Part IV	Checklist of	Required	Schedules

			¥	NI-
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	No No
-	complete Schedule A	1		14.0
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\textcircled{a}}$	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? <i>If</i> "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 for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
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? <i>If</i> "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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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? If "Yes," complete Schedule F, Part 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, Part III and IV	16		Νo
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	17		Νo
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	Yes	
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		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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 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		No
30	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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 99 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 105			
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
ь	year?	3b	Yes	
- la	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 or securities 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			
a	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?			
D	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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	7.0		
_	Did the organization 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? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
y	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		
i	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.	O		
а	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		
0	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 10b			
Ø	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			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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

Se	ection 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	51		
b	Enter the number of voting members included in line 1a, above, who are independent	28		
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o		Vac	
ь	more members of the governing body?	7a rs, 7b	_	
	or persons other than the governing body?	` 		
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 torganization's mailing address? If "Yes," provide the names and addresses in Schedule O	he 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Interna		•	
Re	evenue Code.)		_	_
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	101	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili the form?	ng 11 a	,	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri in Schedule O how this was done	be 12 0	Yes	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,		
а	The organization's CEO, Executive Director, or top management official	15a	,	No
	Other officers or key employees of the organization	15l		No
	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 taxable entity during the year?	a 16 a	,	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16l	,	
	ection 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 made these available. Check all that apply	i		

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MR CHRIS ANDERSEN

111 EAST WACKER DRIVE SUITE 2500

CHICAGO,IL 60601

(312)240-1600

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

- 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, if any 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(describe director/trustee)							compensation com from the fro organization (W- 2/1099-MISC) (W-		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	
See A	ddıtıonal Data Table													
		1										+		
							-		-			+		
							 					+		
		1										+		
												_		
												+		
												+		
1b	Sub-Total	.			<u> </u>	٠.		<u> </u>	1	I		1		
С	Total from continuation sheets	to Part VII, Sec	tion A		•	•		-						
d	Total (add lines 1b and 1c) .							▶		2,299,606		0		560,605
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	receive	d more tha	an	•		
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci				e, k	ey e	mploy •	ee, d	or highes	t compens	ated employee	3		No
4	For any individual listed on line organization and related organiz													10
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio												
	-	(A)	droce							Dass	(B)		(C	
8745	Nar LEY & KIENER LLP W HIGGINS RD SUITE 200 AGO, IL 60631	me and business add	11622								ription of services G AND AUDIT - UNIC IS	ON	Comper	138,000
211107														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Form 9			(Davidson					Page 9
Part \	/1111	Statement o	f 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
ats ats	1a	Federated camp	paigns 1a					
蓝蓝	b	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
慧竜	d	Related organiz	ations 1d					
<u>يَّ آي</u>	e	Government grants	s (contributions) 1e					
ie Sign	f	All other contribution	ons, gifts, grants, and 1f				į	
e de de	g		butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ _						
ပိုင်း	h	Total. Add lines	s 1a-1f	· · · •				
<u> </u>				Business Code				
eun	2a	INCOME FROM ME	MBERS	900099	24,788,067	24,788,067		
Program Service Revenue	ь	INCOME FROM INT	ERNATIO	900099	2,555,818	2,555,818		
- 60 -	С	INCOME FROM INT	ERNATIO	900099	2,043,468	2,043,468		
e. E	d	SERVICES BILLED 1	ΓΟ AFF	900099	748,122	748,122		
ج د	e	INCOME FROM INT	ERNATIO	900099	587,054	587,054		
⊆ E	f	All other progra	am service revenue		348,691	348,691		
Š	g	Total Add lines	s 2a – 2f		31,071,220			
	3		ome (including dividen		31,071,220			
			aramounts)	· · · · · · · · · · · · · · · · · · ·	1,081			1,081
	4		tment of tax-exempt bond					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	1,022,439					
	b	Less rental expenses	780,651					
	C	Rental income or (loss)	241,788					
	d		me or (loss)		241,788		241,788	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	c	Gain or (loss)	- >					
	d 8a		rom fundraising					
ψ	Ga	Gross income f events (not inc						
둢		\$						
ě		See Part IV, lin	reported on line 1c)					
Ē			а					
Other Revenue	b		penses b	_				
0	C		loss) from fundraising) ا	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities					
		•	a					
	b	Less direct ex	penses b					
	С	Net income or (loss) from gamıng actı)	vities				
	10a	Gross sales of returns and allo						
	b	less costofa	oods sold b					
	С	=	(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d					
				•				
	12	Total revenue.	See Instructions .	▶	31,314,089	31,071,220	241,788	1,081
			·					orm 990 (2011)

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,048,222 Grants and other assistance to individuals in the United States See Part IV, line 22 51,434 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 121,671 5 Compensation of current officers, directors, trustees, and 2,860,211 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) . . . 7 Other salaries and wages 8,950,130 Pension plan contributions (include section 401(k) and section 1,768,338 403(b) employer contributions) Other employee benefits 1,808,393 966,185 10 Fees for services (non-employees) 11 Management Legal 222,074 Accounting 150,011 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 61,850 g Advertising and promotion . . . 37,918 12 Office expenses 873,628 13 153,170 14 Information technology 15 Royalties . . 16 1,806,190 478,168 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 581,121 20 21 Payments to affiliates 7,715,307 22 Depreciation, depletion, and amortization 56,829 23 102,608 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) UNRELATED BUSINESS INCO 90,380 COPE CONTRIBUTIONS 119,613 ORGANIZING, TRAINING AN 90,155 DUES AND SUBSCRIPTIONS 59,384 d е All other expenses 52,949 25 Total functional expenses. Add lines 1 through 24f 31,225,939 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 131,298 2,261,296 1 1 1.010.199 436.005 2 2 3 3 4 4 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges 3,934,494 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 1,863,436 b Less accumulated depreciation 2,215,160 **10c** 2,071,058 144,888 144,581 11 11 317,427 322,422 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 114,509 15 15 206,311 3,933,481 5,441,673 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1.864.819 23 1,812,137 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 527,245 25 49,226 D 26 2,392,064 26 1,861,363 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,541,417 27 3,580,310 Unrestricted net assets 28 28 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 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1.541.417 33 3.580.310 34 Total liabilities and net assets/fund balances 3.933.481 5.441.673

Pai	rt XI Reconcilliation 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		31,3	314,089
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,2	225,939
3	Revenue less expenses Subtract line 2 from line 1	3			88,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,5	541,417
5	Other changes in net assets or fund balances (explain in Schedule O)	5			950,743
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		3,5	580,310
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	MODIFIED Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 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	е			
	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 iss on a separate basis, consolidated basis, or both	ued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
SERVICE EMPLOYEES' LOCAL NO1	
	36-0899855

		6-089985	5		
Part	I-A Complete if the organization is exempt under section 501(c) or is a se	ection 52	7 org	janizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities on behavior opposition to candidates for public office in Part IV	alfofor			
2	Political expenditures	▶	\$		126,826
3	Volunteer hours				
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	F	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			┌ Yes	┌ No
b	If "Yes," describe in Part IV				
Part	II-C Complete if the organization is exempt under section 501(c) except s	ection 50)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes 🕨	\$		350
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27			
	exempt funtion activities	•	\$ <u></u>		
3	Total exempt function expenditures $\ \mbox{Add lines 1}$ and 2 $\ \mbox{Enter here and on Form 1120-POL},$ line 1	7b ►	\$		350
4	Did the filing organization file Form 1120-POL for this year?		-	✓ Yes	┌ No

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) A mount 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) CUYAHOGA COUNTY DEMOCRATIC PARTY	1466 ST CLAIR AVE CLEVELAND,OH 44114	34-0172911	350	
(2) SERVICE EMPLOYEES INTERNATIONAL UNION COPE	1800 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	20-0859683		245,789
(3) SERVICE EMPLOYEES' LOCAL NO 1 POLITICAL EDUCATION COMMITTEE	111 E WACKER DRIVE SUITE 2500 CHICAGO,IL 60601	36-3400522		49,113
(4) SERVICE EMPLOYEES' LOCAL NO 1 OHIO PCE	1368 E 34TH ST CLEVELAND, OH 441144112	20-4771711		12,000
(5) SEIU LOCAL 1 MISSOURI DIVISION PAC	2725 CLIFTON AVE ST LOUIS,MO 63139	03-0578522		2,500
(6) SEIU LOCAL 1 WORKERS FUND PAC	250 E WISCONSIN AVE 1275 MILWAUKEE, WI 53202	36-0899855		56,000

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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 f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
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 If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 F17,000		-			1 \		100013	Totals
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 If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 In over \$1,000				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$1,500,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,00	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

_	edule C (Form 990 or 990-EZ) 2011				Page 3				
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 				
		(a)		(a)		(a)		(b)
		Yes	No	Am	ount				
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								
а	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?								
е	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	O ther 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?								
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion				
			_	Y	es No				
1	Were substantially all (90% or more) dues received nondeductible by members?			1					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion				
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).								
а	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

Additional Data

Software ID: Software Version:

EIN: 36-0899855

Name: SERVICE EMPLOYEES' LOCAL NO1

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal 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-
CUYAHOGA COUNTY DEMOCRATIC PARTY	1466 ST CLAIR AVE CLEVELAND,OH 44114	340172911	350	
SERVICE EMPLOYEES INTERNATIONAL UNION COPE	1800 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	200859683		245789
SERVICE EMPLOYEES' LOCAL NO 1 POLITICAL EDUCATION COMMITTEE	111 E WACKER DRIVE SUITE 2500 CHICAGO,IL 60601	363400522		49113
SERVICE EMPLOYEES' LOCAL NO 1 OHIO PCE	1368 E 34TH ST CLEVELAND,OH 441144112	204771711		12000
SEIU LOCAL 1 MISSOURI DIVISION PAC	2725 CLIFTON AVE ST LOUIS, MO 63139	030578522		2500
SEIU LOCAL 1 WORKERS FUND PAC	250 E WISCONSIN AVE 1275 MILWAUKEE, WI 53202	360899855		56000

DLN: 93493132016302

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Name of the organization

Employer identification number

SER	VICE EMPLOYEES LOCAL NOT			36-0	899855		
Pa	rt I Organizations Maintaining Donor Ad					. Complet	e if the
	organization answered "Yes" to Form 99						
	Total number of and aftern	(a) Donor	advised funds	(b) Funds and o	ther accou	nts
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			<u> </u>			
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organızatıon's exclı	usive legal control?			☐ 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					┌ Yes	┌ No
Pai	t II Conservation Easements. Complete	ıf the organızatıo	n answered "Yes"	to Form	<u> 1990, Part IV</u>	<u>, line 7.</u>	
1	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		_		• •	•	a
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ified conservation c	ontribution in the forr	n of a co	nservation		
					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		• •	2c			
d	Number of conservation easements included in (c) ac			2d			
3	Number of conservation easements modified, transfe	erred, released, exti	nguished, or terminat	ed by th	e organization (during	
	the taxable year 🛌						
4	Number of states where property subject to conserva	ation easement is lo	ocated ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		oring, inspection, har	ndling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcin	ig conservation easer	ments du	ırıng the year 🕨	•	
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing co	onservation easement	ts durıng	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 th	ne requirements of se	ction		┌ 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 easen	the footnote to the o					
Par	Complete if the organization answered "			or Oth	ner Similar <i>i</i>	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	n, education or reseai	rch ın fur			
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	public exhibition, ed					
	(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 SFA			for financ	cial gain, provid	le the	
а	Revenues included in Form 990, Part VIII, line 1				► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co										ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that ar	e a signific	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
ь	Scholarly research		e	\vdash	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	un hov	w the	v furthe	erthe (organization	n's ev	emnt nurnose i	n	
•	Part XIV	meetions and expit	1111 1101	w circ	y luicile	er the v	71 ga 111 Za ci 01	15 CA	empe purpose		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıoı					, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets r		┌ Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		-				
							-		An	nount	
С	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						│ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									/)	, B. I.
1_	Parinning of ware balance	(a)Current Year	(b)Prior `	Year	(c)Tv	o Years Back	(d)	Three Years Back	(e)Four	Years Back
la L	Beginning of year balance							+			
b	Contributions							+			
C 	Investment earnings or losses							+			
d	Grants or scholarships							+			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment -										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are hel	d and a	dmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(-	<u> </u>
	(ii) related organizations							•	3a(<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•	31)	
4 Dar	Describe in Part XIV the intended uses of the type Land, Buildings, and Equipme					10					
Fell	Land, Buildings, and Equipme	int. See Form 95	70, PC								
	Description of property) Cost or is (inves		(b)Cost or o		(c) Accumulated depreciation	(d) B	ook value
1a	and						379	9,602			379,602
b I	Buildings		•				3,01:	1,742	1,461,32	28	1,550,414
c I	_easehold improvements		•								
d I	Equipment						542	2,712	402,10)8	140,604
								438			438
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B)), line	10(c).)					2,071,058
									Schedule [Form 9	990) 2011

Part VII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	r year market value
(2)Closely-held equity interests	297,561		
(3)Other	237,301		<u>'</u> _
(A) AMALGAMATED INVESTMENT CO CLASS A			
COMMON STOCK	24,861		<u>C</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	322,422		
Part VIII Investments—Program Related. See			
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
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			(b) Book value
(a) Descrip	CIOII		(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) Amount		
(a) December of Lobelton			
1 (a) Description of Liability			
1 (a) Description of Liability Federal Income Taxes	(b) A mount		
1 (a) Description of Liability Federal Income Taxes DEPOSITS	(b) A mount 28,903		
1 (a) Description of Liability Federal Income Taxes DEPOSITS PAYROLL WITHHOLDINGS MEMBER COPE EXCHANGE DUE TO INTERNATIONAL - NOTE PAYABLE FROM	(b) A mount 28,903 4,558 5,765		
1 (a) Description of Liability Federal Income Taxes DEPOSITS PAYROLL WITHHOLDINGS MEMBER COPE EXCHANGE	(b) A mount 28,903 4,558		
1 (a) Description of Liability Federal Income Taxes DEPOSITS PAYROLL WITHHOLDINGS MEMBER COPE EXCHANGE DUE TO INTERNATIONAL - NOTE PAYABLE FROM	(b) A mount 28,903 4,558 5,765		
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1 (a) Description of Liability Federal Income Taxes DEPOSITS PAYROLL WITHHOLDINGS MEMBER COPE EXCHANGE DUE TO INTERNATIONAL - NOTE PAYABLE FROM	(b) A mount 28,903 4,558 5,765		
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1 (a) Description of Liability Federal Income Taxes DEPOSITS PAYROLL WITHHOLDINGS MEMBER COPE EXCHANGE DUE TO INTERNATIONAL - NOTE PAYABLE FROM	(b) A mount 28,903 4,558 5,765		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493132016302

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

SERVICE EMPLOYEES' LOCAL	NO1					36-0899855					
Part I General Inform	ation on Grants	and Assistance									
 Does the organization mail the selection criteria used Describe in Part IV the org 	to award the grants	orassistance [?]					∀Yes 「≀				
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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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) GREATER COLUMBUS JOBS WITH JUSTICE27 EUCLID AVE COLUMBUS, OH 432012529	06-1790688	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(2)THE METROPOLITAN ORGANIZATION4141 SW HWY SUITE 650 HOUSTON,TX 77027	43-1842404	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(3) ARISE CHICAGO1020 W BRYN MAWR AVE 300 CHICAGO,IL 60660	20-1072983	501(C)(3)	8,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(4) CINCINNATI INTERFAITH WORKERS CENTER1235 VINE STREET CINCINNATI,OH 45223	74-3215224	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(5) GOOD JOBS GREAT HOUSTON2955 GULF FWY SUITE A HOUSTON,TX 77033	45-1485942	501(C)(3)	1,883,783				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(6) IIRON1436 W JONQUIL TERRACE CHICAGO,IL 60626	45-2550750	501(C)(3)	25,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(7) ILLINOIS COALITION FOR IMMIGRANT & REFUGE RIGHTS55 W JACKSON STE 2075 CHICAGO,IL 60604	36-3783551	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				
(8) SOUTHSIDERS ORGANIZED FOR UNITY AND LIBERATION5001 S ELLIS CHICAGO,IL 60615	36-4174590	501(C)(3)	25,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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
(1) SCHOLARSHIPS AWARDED FOR ACADEMIC PERFORMANCE TO QUALIFYING SON/DAUGHTER/DEPENDENT OF AN ACTIVE UNION MEMBER IN GOOD STANDING	29	41,750			

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	,	SCHEDULE I, PART I, LINE 2 THE OFFICERS AND EXECUTIVE BOARD OF THE LOCAL REVIEW AND APPROVE ALL EXPENDITURES MADE AS DONATIONS, CONTRIBUTIONS OR SCHOLARSHIPS PROPER APPROVAL FOR THE EXPENDITURE IS PROOVIDED IN THE BOARD MINUTES AS SUPPORTING DOCUMENTION

Software ID: Software Version:

EIN: 36-0899855

Name: SERVICE EMPLOYEES' LOCAL NO1

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address (b) FIN (c) IRC Code (d) Amount of (e) Amount of (f) Method of (g) Description (h) Purpose of grant

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER COLUMBUS JOBS WITH JUSTICE27 EUCLID AVE COLUMBUS,OH 432012529	06- 1790688	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
THE METROPOLITAN ORGANIZATION 4141 SW HWY SUITE 650 HOUSTON,TX 77027	43- 1842404	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
ARISE CHICAGO 1020 W BRYN MAWR AVE 300 CHICAGO,IL 60660	20- 1072983	501(C)(3)	8,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
CINCINNATI INTERFAITH WORKERS CENTER 1235 VINE STREET CINCINNATI, OH 45223	74- 3215224	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
GOOD JOBS GREAT HOUSTON2955 GULF FWY SUITE A HOUSTON,TX 77033	45- 1485942	501(C)(3)	1,883,783				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
IIRON1436 W JONQUIL TERRACE CHICAGO,IL 60626	45- 2550750	501(C)(3)	25,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
ILLINOIS COALITION FOR IMMIGRANT & REFUGE RIGHTS55 W JACKSON STE 2075 CHICAGO,IL 60604	36- 3783551	501(C)(3)	10,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION
SOUTHSIDERS ORGANIZED FOR UNITY AND LIBERATION5001 S ELLIS CHICAGO,IL 60615	36- 4174590	501(C)(3)	25,000				CONTRIBUTION TO SUPPORT COMMUNITY ORGANIZATION

DLN: 93493132016302

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization SERVICE EMPLOYEES' LOCAL NO1 **Employer identification number**

			36-0899855			
Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide 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		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	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			
а	Receive a severance payment or change-of-contro	ol paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	nqualified 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	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
Ь	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments 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					
	ın Part III	5	, , , , ,	8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name			W-2 and/or 1099-MIS	SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(III) Other reportable compensation	compensation			Form 990 or Form 990-EZ
(1) CHRIS ANDERSEN	(ı) (ıı)	139,859 0	0	1,800 0	21,972 0	10,689 0	174,320 0	0
(2) THOMAS BALANOFF	(ı) (ıı)	208,501	0	1,800 0	31,582 0	10,689 0	252,572 0	0
(3) NANCY CROSS	(ı) (ıı)	118,961 0	0	8,220 0	19,046 0	10,689 0	156,916 0	0
(4) TIMOTHY HEALY	(ı) (ıı)	139,794 0	0	190 0	21,963 0	10,689 0	172,636 0	0
(5) ALEXIA KULWIEC	(ı) (ıı)	135,752 0	0	8,490 0	21,397 0	10,689 0	176,328 0	0
	·							-l- 1 (F 000) 2011

Schedule J (Form 990) 2011 Page **3**

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

Schedule J (Form 990) 2011

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

2011

Open to Public
Inspection

Name of the organization SERVICE EMPLOYEES' LOCAL NO1 **Employer identification number**

36-0899855

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	SERVICE EMPLOYEES' LOCAL NO 1 IS A LABOR ORGANIZATION WHOSE MAIN OBJECTIVE IS TO ORGANIZE WORKERS (MEMBERS) FOR THEIR MORAL, ECONOMIC, AND SOCIAL ADVANCEMENT THE LOCAL'S MEMBERS ARE THOSE COVERED INDIVIDUALS WHO WORK FOR EMPLOYERS SUBJECT TO THE COLLECTIVE BARGAINING AGREEMENT WITH SERVICE EMPLOYEES' LOCAL NO 1
	FORM 990, PART VI, SECTION A, LINE 7A	THE OFFICERS AND EXECUTIVE BOARD OF SERVICE EMPLOYEES' LOCAL NO 1 ARE ELECTED TO THEIR POSITIONS BY THE LOCAL'S MEMBERSHIP
	FORM 990, PART VI, SECTION A, LINE 7B	THE LOCAL'S MEMBERSHIP IS MADE UP OF THOSE INDIVIDUALS WORKING FOR EMPLOYERS UNDER THE COLLECTIVE BARGAINING AGREEMENT WITH THE LOCAL AN ACTIVE MEMBER IS ONE WHO HAS SATISFIED THE REQUIREMENTS FOR MEMBERSHIP AND IS IN GOOD STANDING WITH THE LOCAL MEMBERS HAVE FULL VOTING RIGHTS
	FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT AND THE SECRETARY TREASURER OF THE LOCAL ARE RESPONSIBLE FOR THE REVIEW AND FILING OF THE FORM 990 THE BOARD IS NOT REQUIRED TO REVIEW THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
	FORM 990, PART VI, SECTION B, LINE 12C	THE LOCAL ENCOURAGES ALL EMPLOYEES TO BRING TO THE ATTENTION OF THE PRESIDENT OR SECRETARY TREASURER ANY ALLEGATION THAT THE CONFLICT OF INTEREST POLICY HAS BEEN VIOLATED, SUCH ALLEGATIONS SHALL ALSO BE REFERRED TO THE LOCAL'S LEGAL DEPARTMENT IF, AFTER THE CONCLUSION OF AN INVESTIGATION, A VIOLATION IS FOUND TO HAVE OCCURED, THEN APPROPRIATE DISCIPLINARY AND/OR CORRECTIVE ACTION SHALL BE TAKEN
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990, 990T AND IL-990-T AVAILABLE FOR INSPECTION UPON REQUEST OTHER GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, WHISTLE BLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY, ARE NOT MADE AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET ASSETS TRANSFERRED IN MERGERS 1,946,437 NET APPRECIATION IN FAIR VALUE OF INVESTMENTS 4,306 TOTAL TO FORM 990, PART XI, LINE 5 1,950,743
	FORM 990, PART XI, LINE 1, OTHER ACCOUNTING METHOD	THE LOCAL FOLLOWS THE MODIFIED CASH BASIS OF ACCOUNTING REVENUE AND THE RELATED ASSETS ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED, AND EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED, EXCEPT FOR THE DEPRECIATION OF PROPERTY AND EQUIPMENT
	FORM 990, PART XII, LINE 2C	THE OFFICERS AND THE EXECUTIVE BOARD SELECT THE INDEPENDENT AUDITORS THE OVERSIGHT OF THE AUDIT OCCURS BY THE SECRETARY-TREASURER AND THE CONTROLLER

SCHEDULE R
(Form 990)

Related Org

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

DLN: 93493132016302

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SERVICE EMPLOYEES' LOCAL NO1	VICE EMPLOYEES' LOCAL NO1										
Part I Identificati	ion of Disregarded Entities (Complete	o if the organization	on answered "Ves	s" on Form 990 P	36-08998 art IV line 33 \	5 5					
	(a) Name, address, and EIN of disregarded entity		(b) Primary activity Legal domicile (state or foreign country) (d) Total income		(e) End-of-year assets	(f) Direct controlling entity					
	ion of Related Tax-Exempt Organiza ated tax-exempt organizations during the		ıf the organizatio	n answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	l one			
Name, address, a	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu: (if section 501(c)(3)		cont	(g) 512(b)(13 trolled nization			
See Additional Data Table							Yes	No			
For Privacy Act and Paperw	ork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5	0135Y	•	Schedule R (Form 990) 2011			

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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 Primary activity (state or foreign country)		,	(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) Disproprtionate 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	
												i

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) Рптагу 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

Par	·t V	Transactions With Related Organizations (Complete if the organization answered "Yes"	on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	ırıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	s II-IV?			
а	Recei	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	ant, or capital contribution to related organization(s)			1b		No
С	Gıft, g	ant, or capital contribution from related organization(s)			1c		No
d	Loans	or loan guarantees to or for related organization(s)			1d		No
e	Loans	or loan guarantees by related organization(s)			1e		No
f	Sale o	assets to related organization(s)			1f		No
g	Purch	se of assets from related organization(s)			1 g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			1 i		No
j	Lease	of facilities, equipment, or other assets from related organization(s)			1 j		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
I	Perfori	nance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n	Sharır	g of paid employees with related organization(s)			<u>1n</u>		No
o	Reimb	ursement paid to related organization(s) for expenses			10		No
р	Reimb	ursement paid by related organization(s) for expenses			1p		No
q	Other	transfer of cash or property to related organization(s)			1 q	Yes	
r	O ther	ransfer of cash or property from related organization(s)			1r		No
	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relati	onships and transact	ion thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		ount
(1)							
(2)							
(3)							
(4)							
(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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(f) Share of total income	Share of	Share of end-of-year amount in boal income assets 20 of Schedule		hare of all income assets amount in box 20 of Schedule k (Form 1065)		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No								
				•																

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 36-0899855

Name: SERVICE EMPLOYEES' LOCAL NO1

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

Form 990, Schedule R, Part II - I	dentification of Rel	ated Tax-E	xempt Orga	nizations		1
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
SERVICE EMPLOYEES' LOCAL NO 1 POLITICAL EDUCATION COMMITTEE 111 E WACKER DRIVE SUITE 2500 CHICAGO, IL 60601 36-3400522	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	IL	527			No
SERVICE EMPLOYEES' LOCAL NO 1 MISSOURI DIV POLITICAL EDUCATION COMMITTEE 2725 CLIFTON AVE ST LOUIS, MO 63139 03-0578522	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	МО	527			No
SERVICE EMPLOYEES' WISCONSIN WORKERS FUND 250 E WISCONSIN AVE 1275 MILWAUKEE, WI 53202 36-0899855	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	WI	527			No
PENSION PLAN FOR THE SERVICE EMPLOYEES' LOCAL NO 1 SEIU 111 E WACKER DRIVE SUITE 2500 CHICAGO, IL 60601 36-0899855	PROVIDE PENSION BENEFITS TO ELIGIBLE EMPLOYEES' OF SEIU LOCAL NO 1	IL	501(A)			No
SERVICE EMPLOYEES' LOCAL NO 1 POLITICAL ACTION COMMITTEE 1368 E 34TH ST CLEVELAND, OH 441144112 20-4771644	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	ОН	527			No
SERVICE EMPLOYEES' LOCAL NO 1 OHIO PCE 1368 E 34TH ST CLEVELAND, OH 441144112 20-4771711	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	ОН	527			No
EMPLOYEES PENSION PLAN OF IB OF FIREMEN AND OILERS LOCAL NO 7 111 W WASHINGTON ST STE 1360 CHICAGO, IL 60602 36-1077110	PROVIDE PENSION BENEFITS TO ELIGIBLE EMPLOYEES' OF SEIU LOCAL NO 1	IL	501(A)			No
CHICAGO, IL 60602	ORGANIZATION THAT SUPPORTS POLITICAL CANDIDATES WHO SUPPORT ORGANIZED LABOR	IL	527			No

Software ID: Software Version:

EIN: 36-0899855

Name: SERVICE EMPLOYEES' LOCAL NO1

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and Independent Contractors										
(B) Average hours		ition	(che	у)			(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	rrom the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
1 00	x						1,588	0	0	
40 00	Х						84,435	0	23,751	
1 00	Х						2,304	0	0	
1 00	Х						1,200	0	0	
1 00	×						2,222	0	0	
1 00	Х						2,429	0	0	
1 00	Х						1,682	0	0	
1 00	Х						1,628	0	0	
1 00	Х						2,283	0	0	
1 00	Х						1,323	0	0	
1 00	Х						1,561	0	0	
1 00	Х						1,602	0	0	
1 00	Х						5,268	0	738	
40 00	Х						95,504	0	25,301	
1 00	Х						1,628	0	0	
40 00	Х						77,047	0	23,464	
1 00	×						1,200	0	0	
1 00	Х						2,222	0	0	
1 00	Х						1,447	0	0	
40 00	Х						94,388	0	25,144	
1 00	Х						1,500	0	0	
1 00	Х						2,222	0	0	
1 00	Х						1,980	0	0	
1 00	Х						2,465	0	0	
1 00	Х						32,459	0	4,189	
	(B) Average hours per week 1 00 40 00 1 00 1 00 1 00 1 00 1 00 1	(B) A verage hours per week Pos 1 00 X 40 00 X 1 00	(B) A verage hours per week 1 00	(B) Average hours per week	Co	CC	CS	RB	Compensation Comp	

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

ALLEBRYA HILL- PAST 1.00 X 1.200 0 0 0	Compensated Employees, and Independent Contractors											
### ### ### ### ### ### ### ### ### ##		A verage hours	Position (check all that apply)						Reportable compensation	Reportable compensation	Estimated amount of other	
ALBERTA HILL-PAST 100 X 1,200 0 0 0 0 0 0 0 0 0			Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W-	organizations (W- 2/1099-	from the organization and related	
SECULITYE BOARD		1 00	Х						1,200	0	0	
EXECUTIVE BOARD		1 00	Х						1,200	0	0	
EXECUTIVE BOARD 1.00 X 1.1,469 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	Х						1,435	0	0	
EXECUTIVE BOARD AUTHOR CAMPBELL EXECUTIVE BOARD 1 00		1 00	Х						1,469	0	0	
EXECUTIVE BOARD 1 00		1 00	Х						1,427	0	0	
EXECUTIVE BOARD 1 00		1 00	Х						773	0	0	
EXECUTIVE BOARD 1 00		1 00	Х						2,278	0	0	
EXECUTIVE BOARD 1 00		1 00	Х						785	0	0	
NIHAD HAMZIC EXECUTIVE BOARD 100 X 908 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	Х						8,960	0	1,134	
PAULA HENRIQUEZ 1 00	NIHAD HAMZIC	1 00	Х						667	0	0	
SANDY HINSON 1 00 X		1 00	Х						908	0	0	
DAVID HOLLIS 1 00 X 4,518 0 512 RUBY INGRAM 1 00 X 300 0 0 EXECUTIVE BOARD 1 00 X 5,926 0 830 ZOFIA OBROCHTA 1 00 X 908 0 0 EXECUTIVE BOARD 1 00 X 908 0 0 PAMELA OWENS MOORE 1 00 X 1,370 0 0 EXECUTIVE BOARD 1 00 X 4,775 0 668 SONIA RODRIGUEZ 1 00 X 4,775 0 668 SONIA RODRIGUEZ 1 00 X 388 0 0 EXECUTIVE BOARD 1 00 X 388 0 0 VALERIE THOMAS 1 00 X 388 0 0 EXECUTIVE BOARD 1 00 X 3,069 0 0 VALERIE THOMAS 2 0 X 3,069 0 0 EXECUTIVE BOARD 1 00 X 3,069 0 0 VALERIE THOMAS 3,069 0 0 0 EXECUTIVE BOARD 1 00 X 1 00 X 1 00 X 0 0 <td>SANDY HINSON</td> <td>1 00</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>552</td> <td>0</td> <td>0</td>	SANDY HINSON	1 00	Х						552	0	0	
RUBY INGRAM		1 00	Х						4,518	0	512	
EXECUTIVE BOARD	RUBY INGRAM	1 00	Х						300	0	0	
EXECUTIVE BOARD		1 00	Х						5,926	0	830	
PAMELA OWENS MOORE 1 00 X 1,370 0 0 LOLITA ROBERTS 1 00 X 4,775 0 668 EXECUTIVE BOARD 1 00 X 0 0 0 SONIA RODRIGUEZ 1 00 X 0 0 0 EXECUTIVE BOARD 1 00 X 388 0 0 MARIA SADA 1 00 X 388 0 0 EXECUTIVE BOARD 1 00 X 831 0 0 VALERIE THOMAS 1 00 X 831 0 0 ADRIANA VASQUEZ 1 00 X 3,069 0 0 EXECUTIVE BOARD 1 00 X 512 0 0 HARRY WILSON 1 00 X 512 0 0 CHRIS ANDERSEN 40 00 X 141,659 0 32,661 THO MAS BALANOFF 40 00 X 210 301 0 42 271		1 00	Х						908	0	0	
LOLITA ROBERTS	PAMELA OWENS MOORE	1 00	Х						1,370	0	0	
SONIA RODRIGUEZ 1 00 X 0 0 0 0 MARIA SADA 1 00 X 388 0 0 EXECUTIVE BOARD 1 00 X 831 0 0 VALERIE THOMAS 1 00 X 831 0 0 EXECUTIVE BOARD 1 00 X 3,069 0 0 ADRIANA VASQUEZ 1 00 X 3,069 0 0 EXECUTIVE BOARD 1 00 X 512 0 0 CHRIS ANDERSEN 40 00 X 141,659 0 32,661 THOMAS BALANOFF 40 00 X 210 301 0 42 271	LOLITA ROBERTS	1 00	Х						4,775	0	668	
MARIA SADA 1 00 X 388 0 0 EXECUTIVE BOARD 1 00 X 831 0 0 VALERIE THOMAS 1 00 X 831 0 0 EXECUTIVE BOARD 1 00 X 3,069 0 0 HARRY WILSON 1 00 X 512 0 0 EXECUTIVE BOARD 1 00 X 1 00 X 141,659 0 32,661 CHRIS ANDERSEN 40 00 X X 141,659 0 32,661 THOMAS BALANOFF 40 00 X X 210 301 0 42 271	SONIA RODRIGUEZ	1 00	Х						0	0	0	
VALERIE THOMAS EXECUTIVE BOARD 1 00 X 831 0 0 ADRIANA VASQUEZ EXECUTIVE BOARD 1 00 X 3,069 0 0 HARRY WILSON EXECUTIVE BOARD 1 00 X 512 0 0 CHRIS ANDERSEN SECRETARY TREASURER 40 00 X X 141,659 0 32,661 THOMAS BALANOFF 40 00 X X 210 301 0 42 271	MARIA SADA	1 00	Х						388	0	0	
ADRIANA VASQUEZ EXECUTIVE BOARD 1 00 X 3,069 0 0 HARRY WILSON EXECUTIVE BOARD 1 00 X 512 0 0 CHRIS ANDERSEN SECRETARY TREASURER 40 00 X 1 00 X 210 301 0 42 271	VALERIE THOMAS	1 00	Х						831	0	0	
HARRY WILSON 1 00 X 512 0 0 EXECUTIVE BOARD 40 00 X 1 00 X 1 141,659 0 32,661 CHRIS ANDERSEN 40 00 X 141,659 0 32,661 THOMAS BALANOFF 40 00 X 210 301 0 42 271	ADRIANA VASQUEZ	1 00	Х						3,069	0	0	
CHRIS ANDERSEN 40 00 X 141,659 0 32,661 SECRETARY TREASURER 40 00 X 210 301 0 42 271	HARRY WILSON	1 00	Х						512	0	0	
THOMAS BALANOFF 40.00 Y 210.301 0 42.271	CHRIS ANDERSEN	40 00			Х				141,659	0	32,661	
PRESIDENT 40 00 X 210,301 0 42,271	THOMAS BALANOFF	40 00			Х				210,301	0	42,271	

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

(A) Name and Title	(B) (C) A verage 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	
RODERICK BASHIR VICE PRESIDENT/DIRECTOR	40 00			Х				98,843	0	26,516	
JOSE BERNAL VICE PRESIDENT	1 00			х				5,041	0	2,885	
CHARLES BRIDGEMON VICE PRESIDENT/DIRECTOR	40 00			х				84,435	0	23,751	
SHERWIN CARROLL RECORDING SECRETARY/DIRECTOR	40 00			х				83,144	0	23,570	
KENNETH CLIFF VICE PRESIDENT/DIRECTOR	40 00			х				110,279	0	27,369	
NANCY CROSS VICE PRESIDENT/DIRECTOR	40 00			х				127,181	0	29,735	
LAURA GARZA VICE PRESIDENT/DIRECTOR	40 00			Х				95,388	0	25,284	
VINCE PESHA VICE PRESIDENT/DIRECTOR	40 00			Х				98,843	0	26,516	
PETER HANRAHAN VICE PRESIDENT/DIRECTOR	40 00			х				113,720	0	27,851	
TIMOTHY HEALY VICE PRESIDENT/DIRECTOR	40 00			х				139,984	0	32,652	
ERICA KIMBLE VICE PRESIDENT/DIRECTOR	40 00			х				82,520	0	23,483	
ERIN KRAMER VICE PRESIDENT/DIRECTOR	40 00			х				84,000	0	23,690	
ALEXIA KULWIEC IN-HOUSE COUNSEL	40 00					Х		144,242	0	32,086	
CINDY BOLAND ORGANIZER	40 00					Х		108,750	0	27,155	
ROBERT PASZCZYK CONTROLLER	40 00					х		103,438	0	27,399	