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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2012
		Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	D Employer identification number 93-0323147
	Doing Business As	
	Number and street (or P O box if mail is not delivered to street address) PO BOX 12159	Room/suite
	E Telephone number (503) 581-1505	
	G Gross receipts \$ 26,264,154	
	F Name and address of principal officer HEATHER CONROY PO BOX 12159 SALEM,OR 97309	H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)  H(c) Group exemption number ▶ 0932
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW SEIU503 ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1943
		M State of legal domicile OR

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE THROUGH WORKER EMPOWERMENT AND A PROGRESSIVE LABOR MOVEMENT			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	28	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	227	
	6	Total number of volunteers (estimate if necessary)	635	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	103,514	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	22,588,668	23,888,187
	9	Program service revenue (Part VIII, line 2g)	729,923	192,176
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	478,151	259,369
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	247,504	243,672
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,044,246	24,583,404
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	70,071
14		Benefits paid to or for members (Part IX, column (A), line 4)	160,475	87,836
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,493,114	13,005,995
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,747,110	13,597,571
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,470,770	26,750,688
19		Revenue less expenses Subtract line 18 from line 12	-426,524	-2,167,284
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	16,909,415	15,835,591
	21	Total liabilities (Part X, line 26)	2,725,113	3,987,401
	22	Net assets or fund balances Subtract line 21 from line 20	14,184,302	11,848,190

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	 *****				2014-08-13
	Signature of officer				Date
Paid Preparer Use Only	 HEATHER CONROY EXECUTIVE DIRECTOR				
	Type or print name and title				
	Prnt/Type preparer's name JOSHUA MORROW CPA		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01026428
Firm's name ▶ AKT LLP		Firm's EIN ▶ 93-0623286			
Firm's address ▶ 680 HAWTHORNE AVE SE 140 SALEM, OR 97301		Phone no (503) 585-7774			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

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

YesNo

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

3

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

YesNo

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

THE ORGANIZATION IS A LABOR UNION, REPRESENTING THE INTERESTS OF 47,236 SERVICE EMPLOYEES IN THE STATE OF OREGON

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 for escrow or custodial account liability, 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
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 and XII 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
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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 return.	2a	227
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	29	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARTIN CHILDS PO BOX 12159 SALEM, OR (503) 581-1505

Part VII

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

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

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 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT SISK PRESIDENT	40 00	X		X				3,210	0	436
(2) JAMES JACOBSON VICE PRESIDENT	1 00	X		X				1,560	0	0
(3) LINDA BURGIN IMMEDIATE PAST PRESIDENT	1 00	X		X				117,707	0	4,030
(4) BARBARA CASEY SECRETARY-TREASURER	1 00	X		X				1,371	0	0
(5) MARC NISENFELD DIRECTOR	1 00	X						0	0	0
(6) STEVEN DEMAREST DIRECTOR	1 00	X						0	0	0
(7) PATRICK FEATHERSTONE DIRECTOR	1 00	X						0	0	0
(8) THEODORA KO-THOMPSON DIRECTOR	1 00	X						0	0	0
(9) MAXIMILLIAN BROWN DIRECTOR	1 00	X						0	0	0
(10) JUDY BYERS DIRECTOR	1 00	X						0	0	0
(11) SHAUN NOTDURFT DIRECTOR	1 00	X						0	0	0
(12) ALICE REDDING DIRECTOR	1 00	X						0	0	0
(13) REBECCA SANDOVAL SECRETARY-TREASURER	1 00	X		X				189	0	0
(14) CATHERINE STEARNS DIRECTOR	1 00	X						0	0	0
(15) CRAIG JOHNSTON DIRECTOR	1 00	X						0	0	0
(16) JANET FERRIS DIRECTOR	1 00	X						0	0	0
(17) LAWRENCE ARNBRISTER DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIMBERLY COLE DIRECTOR	1 00	X						3,872	0	0
(19) MICHAEL JONES DIRECTOR	1 00	X						0	0	0
(20) HELEN MOORE DIRECTOR	1 00	X						0	0	0
(21) KASSAUNDRA WEST NICHOLS DIRECTOR	1 00	X						3,872	0	0
(22) WEDNESDAY MARTIN DIRECTOR	1 00	X						740	0	0
(23) GLORIA OBRIEN DIRECTOR	1 00	X						0	0	0
(24) ED HUNT DIRECTOR	1 00	X						0	0	0
(25) ROSE KACHADOORIAN DIRECTOR	1 00	X						0	0	0
(26) CARMEN MORALES MAYORAL DIRECTOR	1 00	X						0	0	0
(27) ANNIE SMITH DIRECTOR	1 00	X						1,224	0	0
(28) ANN MONTAGUE RETIREE LOCAL PRESIDENT	1 00	X						0	0	0
(29) HEATHER CONROY EXECUTIVE DIRECTOR	45 00			X				99,669	0	31,871
(30) MARTIN CHILDS FINANCE DIRECTOR	45 00			X				81,191	0	53,264
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								314,605	0	89,601

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

1

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	
(A) Name and business address		(B) Description of services
		Compensation
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	

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	23,888,187			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		23,888,187			
Program Service Revenue	2a	HOME CARE BENEFITS ADMIN	Business Code 900099	181,283	181,283		
	b	MISCELLANEOUS INCOME	900099	10,893	10,893		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		192,176			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		329,057		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-69,688	-69,688		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
b	Less direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	SEIU SUBSIDIARY		900099	140,158	140,158		
b	INSURANCE COMMISSIONS		524298	103,514		103,514	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			243,672			
12	Total revenue. See Instructions			24,583,404	262,646	103,514	329,057

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	59,286			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.	87,836			
5	Compensation of current officers, directors, trustees, and key employees.	373,085			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	9,910,929			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,278,275			
9	Other employee benefits.	686,762			
10	Payroll taxes.	756,944			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	366,341			
c	Accounting.	95,930			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	849			
13	Office expenses.	807,503			
14	Information technology.				
15	Royalties.				
16	Occupancy.	408,263			
17	Travel.	1,127,897			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	556,520			
20	Interest.	40,000			
21	Payments to affiliates.	6,498,765			
22	Depreciation, depletion, and amortization.	407,898			
23	Insurance.	147,343			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	ISSUES FUNDING	956,740			
b	COLLECTIVE BARGAINING	864,051			
c	GOVERNANCE ACTIVITIES	397,838			
d	TRAINING	245,643			
e	All other expenses	675,990			
25	Total functional expenses. Add lines 1 through 24e.	26,750,688			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		950,555	1	12,821
	2	Savings and temporary cash investments		622,887	2	388,250
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,165,310	4	2,334,679
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		56,663	9	43,562
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a7,791,474			
	b	Less accumulated depreciation	10b4,294,769	3,763,355	10c	3,496,705
	11	Investments—publicly traded securities		8,464,890	11	8,676,976
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		101,135	14	50,567
	15	Other assets See Part IV, line 11		784,620	15	832,031
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16,909,415	16	15,835,591
Liabilities	17	Accounts payable and accrued expenses		2,064,037	17	2,277,933
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		661,076	25	1,709,468
	26	Total liabilities. Add lines 17 through 25		2,725,113	26	3,987,401
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		14,184,302	27	11,848,190
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,184,302	33	11,848,190
	34	Total liabilities and net assets/fund balances		16,909,415	34	15,835,591

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,583,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,750,688
3	Revenue less expenses Subtract line 2 from line 1	3	-2,167,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,184,302
5	Net unrealized gains (losses) on investments	5	-168,829
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,848,190

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 93-0323147

Name: SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT SISK PRESIDENT	40 00	X		X				3,210	0	436
JAMES JACOBSON VICE PRESIDENT	1 00	X		X				1,560	0	0
LINDA BURGIN IMMEDIATE PAST PRESIDENT	1 00	X		X				117,707	0	4,030
BARBARA CASEY SECRETARY-TREASURER	1 00	X		X				1,371	0	0
MARC NISENFELD DIRECTOR	1 00	X						0	0	0
STEVEN DEMAREST DIRECTOR	1 00	X						0	0	0
PATRICK FEATHERSTONE DIRECTOR	1 00	X						0	0	0
THEODORA KO-THOMPSON DIRECTOR	1 00	X						0	0	0
MAXIMILLIAN BROWN DIRECTOR	1 00	X						0	0	0
JUDY BYERS DIRECTOR	1 00	X						0	0	0
SHAUN NOTDURFT DIRECTOR	1 00	X						0	0	0
ALICE REDDING DIRECTOR	1 00	X						0	0	0
REBECCA SANDOVAL SECRETARY-TREASURER	1 00	X		X				189	0	0
CATHERINE STEARNS DIRECTOR	1 00	X						0	0	0
CRAIG JOHNSTON DIRECTOR	1 00	X						0	0	0
JANET FERRIS DIRECTOR	1 00	X						0	0	0
LAWRENCE ARNBRISTER DIRECTOR	1 00	X						0	0	0
KIMBERLY COLE DIRECTOR	1 00	X						3,872	0	0
MICHAEL JONES DIRECTOR	1 00	X						0	0	0
HELEN MOORE DIRECTOR	1 00	X						0	0	0
KASSAUNDRA WEST NICHOLS DIRECTOR	1 00	X						3,872	0	0
WEDNESDAY MARTIN DIRECTOR	1 00	X						740	0	0
GLORIA OBRIEN DIRECTOR	1 00	X						0	0	0
ED HUNT DIRECTOR	1 00	X						0	0	0
ROSE KACHADOORIAN DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN MORALES MAYORAL DIRECTOR	1 00	X						0	0	0
ANNIE SMITH DIRECTOR	1 00	X						1,224	0	0
ANN MONTAGUE RETIREE LOCAL PRESIDENT	1 00	X						0	0	0
HEATHER CONROY EXECUTIVE DIRECTOR	45 00			X				99,669	0	31,871
MARTIN CHILDS FINANCE DIRECTOR	45 00			X				81,191	0	53,264

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

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV		
2	Political expenditures	▶ \$	312,252
3	Volunteer hours		5,700

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	312,252
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	312,252
4	Did the filing organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CITIZEN ACTION FOR POLITICAL EDUCATION	PO BOX 12159 SALEM, OR 97309	23-7230166		286,453

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Employer identification number
93-0323147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		474,900		474,900
b Buildings		4,536,906	1,885,883	2,651,023
c Leasehold improvements				
d Equipment		2,779,668	2,408,886	370,782
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,496,705

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	24,223,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-168,829
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	11,040
e	Add lines 2a through 2d	2e	-157,789
3	Subtract line 2e from line 1	3	24,380,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	202,574
c	Add lines 4a and 4b	4c	202,574
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	24,583,404

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	26,374,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	265,062
e	Add lines 2a through 2d	2e	265,062
3	Subtract line 2e from line 1	3	26,109,586
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	641,102
c	Add lines 4a and 4b	4c	641,102
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	26,750,688

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		NETTING OF RENTAL INCOME FROM DISREGARDED ENTITY WITH EXPENSES 11,040
PART XI, LINE 4B - OTHER ADJUSTMENTS		INCOME FROM LOCALS INCLUDED IN GROUP RETURN 10,251 HUBB RECEIPTS 181,283 RENTAL INCOME 11,040
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES REDUCED ON CONSOLIDATION 265,062
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSE FROM LOCALS INCLUDED IN GROUP RETURN 324,645 HUBB EXPENSES 316,457

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Employer identification number
93-0323147

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PORTLAND JOBS WITH JUSTICE 6025 E BURNSIDE PORTLAND,OR 97215	93-1120523	501(C)(4)	7,750		N/A	N/A	TO PROMOTE WORKERS RIGHTS
(2) PINEROS Y CAMPESINOS UNIDOS DEL NOROESTE 300 YOUNG ST WOODBURN,OR 97071	93-0939941	501(C)(5)	5,030		N/A	N/A	TO PROMOTE FARM WORKERS RIGHTS
(3) OREGON CENTER FOR PUBLIC POLICY PO BOX 7 SILVERTON,OR 97381	93-1186075	501(C)(3)	15,000		N/A	N/A	TO PROMOTE ECONOMIC AND SOCIAL OPPORTUNITIES FOR WORKERS

2

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

1

3

Enter total number of other organizations listed in the line 1 table

2

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FINANCE COMMITTEE REVIEWS EACH NEW DECISION TO GIVE GRANTS THE COMMITTEE REVIEWS THE PERFORMANCE OF THE RECIPIENTS AND OCCASIONALLY REQUIRES IN-PERSON PRESENTATIONS THE POLITICAL DIRECTOR, ON CERTAIN GRANTS, MONITORS THE RECIPIENTS ACTIVITIES THROUGH A CLOSE WORKING RELATIONSHIP AND FREQUENT REPORTING BACK TO THE EXECUTIVE DIRECTOR AS WELL AS THE FINANCE COMMITTEE

SCHEDULE 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

2012

Open to Public Inspection

Name of the organization SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION	Employer identification number 93-0323147
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE UNION HAS INDIVIDUALS AS MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	INDIVIDUAL MEMBERS ELECT THE ORGANIZATION'S GOVERNING BODY
	FORM 990, PART VI, SECTION A, LINE 7B	INDIVIDUAL MEMBERS VOTE ON AND APPROVE ANY CHANGES IN THE GOVERNING DOCUMENTS
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE IRS FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT ALSO, ACTIVITIES THAT COULD CAUSE A CONFLICT OF INTEREST ARE MONITORED BY THE ETHICS LIAISON AT THE LOCAL LEVEL AND BY THE THE ETHICS OMBUDSPERSON AT THE NATIONAL LEVEL
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR BY REVIEWING THE COMPENSATION AROUND THE SAME TIME AS WHEN STAFF UNION CONTRACTS ARE RATIFIED THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SETTING THE COMPENSATION FOR ALL EMPLOYEES OF THE UNION THE EXECUTIVE DIRECTOR HAS THE ABILITY TO DELEGATE THIS RESPONSIBILITY TO A BARGAINING COMMITTEE WHICH INCLUDES TWO BOARD MEMBERS AND THREE MANAGEMENT STAFF
	FORM 990, PART VI, SECTION C, LINE 18	BY SCHEDULING AN APPOINTMENT WITH THE FINANCE DIRECTOR
	FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
	FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Employer identification number
93-0323147

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOMECARE UNION BENEFITS BOARD LLC PO BOX 12159 SALEM, OR 97309 20-0573997	ADMINISTRATION OF THE INSURANCE PROGRAM FOR OREGON HOMECARE WORKERS	OR	181,283	0	SEIU LOCAL 503 - OPEU

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1

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

a

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

b

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

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OREGON STATE COUNCIL	R	202,254	

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

[illegible]

Software ID:
Software Version:
EIN: 93-0323147
Name: SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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TY 2012 Affiliate Listing

Name: SEIU LOCAL 503 OREGON PUBLIC EMPLOYEES UNION
EIN: 93-0323147

TY 2012 Affiliate Listing

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 001 LOCAL RETIREES	PO BOX 12159 SALEM, OR 97309	93-1058552	SERV
SERVICE EMPLOYEES INTERNATIONAL 81 LOCAL EOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0813995	SERV
SERVICE EMPLOYEES INTERNATIONAL 82 LOCAL WOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0813997	SERV
SERVICE EMPLOYEES INTERNATIONAL 83 LOCAL OSU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0810660	SERV
SERVICE EMPLOYEES INTERNATIONAL 84 LOCAL SOU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814225	SERV
SERVICE EMPLOYEES INTERNATIONAL 85 LOCAL UO CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814226	SERV
SERVICE EMPLOYEES INTERNATIONAL 89 LOCAL PSU CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814227	SERV
SERVICE EMPLOYEES INTERNATIONAL 90 LOCAL OIT CLASSIFIED	PO BOX 12159 SALEM, OR 97309	93-0814228	SERV
SERVICE EMPLOYEES INTERNATIONAL 96 LOCAL CHILD CARE WORKERS	PO BOX 12159 SALEM, OR 97309	90-0333761	SERV
SERVICE EMPLOYEES INTERNATIONAL 97 LOCAL MEADOW PARK CARE CENTER	PO BOX 12159 SALEM, OR 97309	51-0208091	SERV
SERVICE EMPLOYEES INTERNATIONAL 98 ADDUS	PO BOX 12159 SALEM, OR 97309	23-7124436	SERV
SERVICE EMPLOYEES INTERNATIONAL 108 LOCAL OHCS	PO BOX 12159 SALEM, OR 97309	90-0103701	SERV
SERVICE EMPLOYEES INTERNATIONAL 109 LOCAL ODFW	PO BOX 12159 SALEM, OR 97309	90-0103707	SERV
SERVICE EMPLOYEES INTERNATIONAL 125 LOCAL ADMIN SERVICES	PO BOX 12159 SALEM, OR 97309	93-0814229	SERV
SERVICE EMPLOYEES INTERNATIONAL 137 LOCAL JUSTICE	PO BOX 12159 SALEM, OR 97309	93-0814230	SERV
SERVICE EMPLOYEES INTERNATIONAL 140 NUTRITION SRVCE EMPLOYEES	PO BOX 12159 SALEM, OR 97309	90-0429731	SERV
SERVICE EMPLOYEES INTERNATIONAL 150 LOCAL REVENUE	PO BOX 12159 SALEM, OR 97309	93-0810696	SERV
SERVICE EMPLOYEES INTERNATIONAL 170 LOCAL TREASURY	PO BOX 12159 SALEM, OR 97309	93-0810690	SERV
SERVICE EMPLOYEES INTERNATIONAL 198 LOCAL CITY OF BEAVERTON	PO BOX 12159 SALEM, OR 97309	93-0810522	SERV
SERVICE EMPLOYEES INTERNATIONAL 199 LOCAL CITY OF TIGARD	PO BOX 12159 SALEM, OR 97309	93-0810693	SERV

TY 2012 Affiliate Listing

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 274 LOCAL VETS AFFAIRS	PO BOX 12159 SALEM, OR 97309	93-0814232	SERV
SERVICE EMPLOYEES INTERNATIONAL 294 LOCAL MARION COUNTY	PO BOX 12159 SALEM, OR 97309	93-0810700	SERV
SERVICE EMPLOYEES INTERNATIONAL 333 LOCAL HEALTH DIVISION	PO BOX 12159 SALEM, OR 97309	93-0829199	SERV
SERVICE EMPLOYEES INTERNATIONAL 390 LOCAL LINN COUNTY EMPLOYEES	PO BOX 12159 SALEM, OR 97309	93-1101521	SERV
SERVICE EMPLOYEES INTERNATIONAL 391 LOCAL ASSN LOCAL EOH & TC	PO BOX 12159 SALEM, OR 97309	93-0814268	SERV
SERVICE EMPLOYEES INTERNATIONAL 392 LOCAL O S H	PO BOX 12159 SALEM, OR 97309	93-0810702	SERV
SERVICE EMPLOYEES INTERNATIONAL 393 PENDLETON COTTAGE	PO BOX 12159 SALEM, OR 97309	90-0595717	SERV
SERVICE EMPLOYEES INTERNATIONAL 415 LOCAL OREGON YOUTH AUTHORITY	PO BOX 12159 SALEM, OR 97309	93-1247814	SERV
SERVICE EMPLOYEES INTERNATIONAL 440 LOCAL DEPT OF INS & FINANCE	PO BOX 12159 SALEM, OR 97309	93-0814241	SERV
SERVICE EMPLOYEES INTERNATIONAL 459 LOCAL PERS	PO BOX 12159 SALEM, OR 97309	93-0810708	SERV
SERVICE EMPLOYEES INTERNATIONAL 471 LOCAL EMPLOYMENT	PO BOX 12159 SALEM, OR 97309	93-0814246	SERV
SERVICE EMPLOYEES INTERNATIONAL 496 LOCAL JOSEPHINE CO ROADS DEPT	PO BOX 12159 SALEM, OR 97309	93-0814247	SERV
SERVICE EMPLOYEES INTERNATIONAL 497 LOCAL JACKSON COUNTY EMPLOYEES	PO BOX 12159 SALEM, OR 97309	93-0814249	SERV
SERVICE EMPLOYEES INTERNATIONAL 501 LOCAL CASCADE AIDS PROJECT	PO BOX 12159 SALEM, OR 97309	93-1247812	SERV
SERVICE EMPLOYEES INTERNATIONAL 543 LOCAL STATE LIBRARY	PO BOX 12159 SALEM, OR 97309	93-0810710	SERV
SERVICE EMPLOYEES INTERNATIONAL 570 LOCAL OPB	PO BOX 12159 SALEM, OR 97309	93-0814252	SERV
SERVICE EMPLOYEES INTERNATIONAL 575 LOCAL OREGON STUDENT ASSIST COM	PO BOX 12159 SALEM, OR 97309	93-1058554	SERV
SERVICE EMPLOYEES INTERNATIONAL 581 LOCAL EDUCATION	PO BOX 12159 SALEM, OR 97309	93-0814254	SERV
SERVICE EMPLOYEES INTERNATIONAL 585 LOCAL BLIND COMMISSION	PO BOX 12159 SALEM, OR 97309	93-0810711	SERV
SERVICE EMPLOYEES INTERNATIONAL 592 LOCAL COID	PO BOX 12159 SALEM, OR 97309	93-0810716	SERV

TY 2012 Affiliate Listing

Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 596 LOCAL BAKER COUNTY	PO BOX 12159 SALEM, OR 97309	93-0810520	SERV
SERVICE EMPLOYEES INTERNATIONAL 603 LOCAL AGRICULTURE	PO BOX 12159 SALEM, OR 97309	93-0810717	SERV
SERVICE EMPLOYEES INTERNATIONAL 622 LOCAL STATE FAIR	PO BOX 12159 SALEM, OR 97309	93-0814257	SERV
SERVICE EMPLOYEES INTERNATIONAL 629 LOCAL FORESTRY	PO BOX 12159 SALEM, OR 97309	93-0810524	SERV
SERVICE EMPLOYEES INTERNATIONAL 690 LOCAL WATER RESOURCES	PO BOX 12159 SALEM, OR 97309	93-0814262	SERV
SERVICE EMPLOYEES INTERNATIONAL 697 LOCAL COOS BAY N BEND WATER CO	PO BOX 12159 SALEM, OR 97309	93-0814263	SERV
SERVICE EMPLOYEES INTERNATIONAL 730 LOCAL ODOT	PO BOX 12159 SALEM, OR 97309	93-0814266	SERV
SERVICE EMPLOYEES INTERNATIONAL 733 LOCAL PARKS & RECREATION	PO BOX 12159 SALEM, OR 97309	93-1116637	SERV
SERVICE EMPLOYEES INTERNATIONAL 735 LOCAL DMV	PO BOX 12159 SALEM, OR 97309	93-0810719	SERV
SERVICE EMPLOYEES INTERNATIONAL 777 LOCAL BASIN TRANSIT SERVICE	PO BOX 12159 SALEM, OR 97309	93-1101523	SERV
SERVICE EMPLOYEES INTERNATIONAL 839 LOCAL BUREAU OF LABOR & INDUSTRIES	PO BOX 12159 SALEM, OR 97309	93-0810721	SERV
SERVICE EMPLOYEES INTERNATIONAL 858 ADULT FOSTER CARE	PO BOX 12159 SALEM, OR 97309	90-0429732	SERV
SERVICE EMPLOYEES INTERNATIONAL 902 LOCAL OSLP	PO BOX 12159 SALEM, OR 97309	93-1247815	SERV
SERVICE EMPLOYEES INTERNATIONAL 903 ROSEMENT TREATMENT CENTER	PO BOX 12159 SALEM, OR 97309	90-0429734	SERV
SERVICE EMPLOYEES INTERNATIONAL 904 LOCAL THE CHILD CENTER	PO BOX 12159 SALEM, OR 97309	93-1270770	SERV
SERVICE EMPLOYEES INTERNATIONAL 905 LOCAL NW REGIONAL EDUCATIONAL L	PO BOX 12159 SALEM, OR 97309	90-0037693	SERV
SERVICE EMPLOYEES INTERNATIONAL 908 LOCAL LCOG	PO BOX 12159 SALEM, OR 97309	90-0103706	SERV
SERVICE EMPLOYEES INTERNATIONAL 910 LOCAL CITY OF THE DALLES	PO BOX 12159 SALEM, OR 97309	93-1058556	SERV
SERVICE EMPLOYEES INTERNATIONAL 921 LOCAL CITY OF CANNON BEACH	PO BOX 12159 SALEM, OR 97309	93-1058558	SERV
SERVICE EMPLOYEES INTERNATIONAL 923 LOCAL WALLOWA COUNTY ROADS	PO BOX 12159 SALEM, OR 97309	93-1247818	SERV

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Name	Address	EIN	Name control
SERVICE EMPLOYEES INTERNATIONAL 924 LOCAL WALLOWA COUNTY COURTS	PO BOX 12159 SALEM, OR 97309	93-1247819	SERV
SERVICE EMPLOYEES INTERNATIONAL 926 LOCAL CITY OF WILSONVILLE	PO BOX 12159 SALEM, OR 97309	94-3163987	SERV
SERVICE EMPLOYEES INTERNATIONAL 937 LOCAL OR CASCADE WEST COG	PO BOX 12159 SALEM, OR 97309	93-1058562	SERV
SERVICE EMPLOYEES INTERNATIONAL 938 LOCAL CITY OF PENDLETON	PO BOX 12159 SALEM, OR 97309	93-1058564	SERV
SERVICE EMPLOYEES INTERNATIONAL 963 LOCAL CODA	PO BOX 12159 SALEM, OR 97309	93-1116636	SERV
SERVICE EMPLOYEES INTERNATIONAL 985 LOCAL CURRY COUNTY	PO BOX 12159 SALEM, OR 97309	93-1146570	SERV
SERVICE EMPLOYEES INTERNATIONAL 987 LOCAL PARRY CENTER	PO BOX 12159 SALEM, OR 97309	93-1247821	SERV
SERVICE EMPLOYEES INTERNATIONAL 995 LOCAL CITY OF SPRINGFIELD	PO BOX 12159 SALEM, OR 97309	93-1146569	SERV
SERVICE EMPLOYEES INTERNATIONAL 999 LOCAL ALVORD TAYLOR	PO BOX 12159 SALEM, OR 97309	93-1296313	SERV
SERVICE EMPLOYEES INTERNATIONAL 584 LOCAL TEACHERS STANDARDS & PRACTICES CO	PO BOX 12159 SALEM, OR 97309	36-4728636	SERV
SERVICE EMPLOYEES INTERNATIONAL 979 LOCAL NURSING HOME WORKERS	PO BOX 12159 SALEM, OR 97309	37-1656562	SERV