

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	AF	or the	e 2013 calendar year, or tax year beginning and e	ending				
	В	heck if	C Name of organization	•	D Employer identificat	ion number		
			DETO ECCIE 2007 HEN ONTIED					
	X	Addre	STANFORD WORKERS					
	<u>_</u>	Name chang	Doing Business As		27-0413473			
	느	Initial	Number and street (or P 0 box if mail is not delivered to street address)	•				
	느	Termir		650-72	3-3680			
	Ļ	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,023,625.		
		Applic tion pendir	BIANTORD, CA 94309		H(a) Is this a group retur			
		P 4.1.4.1	F Name and address of principal officer: CHARLES CASHION	for subordinates?	Yes X No			
			SAME AS C ABOVE		H(b) Are all subordinates includ	led? Yes No		
			empt status:501(c)(3)X _501(c) ( _5) ◀ (insert no ) 4947(a)(1) o	r 52	<b>-</b>			
			e: ► WWW.SEIULOCAL2007.ORG		H(c) Group exemption n			
			organization Corporation Trust Association X Other ►	L Yea	r of formation 2009 M St	ate of legal domicile CA		
	Pa	rt l	Summary					
	စ္ပ		Briefly describe the organization's mission or most significant activities: TO OR					
	Activities & Governance		MORAL, ECONOMIC AND SOCIAL ADVANCEMENTS C					
	eru	l	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of mo	re than 25% of its net asset			
	30	l	Number of voting members of the governing body (Part VI, line 1a)		3	8		
	જ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	8		
	ies	l	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	- •	5	13		
	Ę	1	Total number of volunteers (estimate if necessary)		. 6	0		
	Aci		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
		b	Net unrelated business taxable income from Form 990-T, line 34		· 7b	0.		
		_			Prior Year	Current Year		
	ne		Contributions and grants (Part VIII, line 1h)		0.	0.		
	Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	922,438.	989,850.		
	Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	11,495.	8,850.		
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	24,925.		
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		933,933.	1,023,625.		
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0.	75,000.		
			Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.		
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		193,475.	218,064.		
	eu		Professional fundraising fees (Part IX, column (A), line 11e)	<u>^</u> ⊢	0.	0.		
	Ä		Total fundraising expenses (Part IX, column (D), line 25)	0.	770 044	401 022		
3	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	770,944.	401,933.		
3			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	964,419.	694,997.		
>	<u>-8</u>	19	Revenue less expenses. Subtract line 18 from line 12		<30,486.>	328,628.		
5	Assets or Balances			<u>B</u>	eginning of Current Year	End of Year		
$\preceq$	Sse	20	Total assets (Part X, line 16)	<u> </u>	1,174,813.	1,351,946.		
	Fund	21	Total liabilities (Part X, line 26)	-		$\frac{0.}{1,351,946.}$		
Ц			Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,174,813.	1,331,940.		
THE STATE OF THE S			<del> </del>		<del></del>			
Z			tites of perjury, I declare that I have examined this return, including accompanying schedules			owledge and belief, it is		
ç		correc	t, and complete Declaration of preparer (other than officer) is based on all information of whi	ch prepare	er has any knowledge			
G.			Signature of onicer		Date / G			
	Sign		•		Date $5-9$	-14		
	Here	P	CHARLES CASHION, TREASURER Type or print name and title	-		<del></del> _		
		-			Date Check	PTIN		
	Doid		Print/Type preparer's name  Preparer's signature  PANDY DETERSON  PANDY DETERSON	Į,	1			
	Paid Prep	- 1	RANDY PETERSON RANDY PETERSON  Firm's name BERGER LEWIS ACCOUNTANCY CORP.	ľ		P00234260 4-2763139		
	Use		Firm's address 55 ALMADEN BLVD., STE 600		Firm's EIN ▶ 9	4-2103133		
	U36 (	Jilly	SAN JOSE, CA 95113		7/100	) 494–1200		
	Mari	4b - 15			Phone no (408	<del></del>		
	iviay	tne it	S discuss this return with the preparer shown above? (see instructions)	<del></del>		Yes X No		
	22200	11 10 0	transis i mai mor Managuary Maduatian Ant Nation can the concepts incomination	20				

Рa	THE Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. TO ORGANIZE WORKERS FOR THE MORAL, ECONOMIC AND SOCIAL ADVANCEMENTS OF
	THEIR CONDITION AND STATUS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?  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?  [In It is a service of the serv
4	If "Yes," describe these changes on Schedule O.  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 \$
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 \$ )  Total program service expenses ▶
4e	Total broducti set after exhetises &

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	N/	Δ
5	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
3	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	Х	İ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			$\vdash$
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
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		Х
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		Х
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
_	Schedule D, Parts XI and XII	12a	X	├
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_ <del></del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
D	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<del></del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		х
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		Х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Yes No

### Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
Did the organization report more than \$5,000 of grants or 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		X
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? If "Yes," complete			
Schedule J	23		Х
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
·			
Schedule K. If "No", go to line 25a	24a		X
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	24c		<u> </u>
	24d		ļ
		/	L
	25a	N/	A
		<i>(</i>	
	25b	N/	A
			.,
·	26		X
	27		X
• • • • • • • • • • • • • • • • • • • •	00-	1	v
			X
	28b	- <del></del>	
	00-		X
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·	29		
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· · · · · · · · · · · · · · · · · · ·	30		х
, , ,	UZ		
	33		x
•			
	34		х
·		-	Х
	35b		
	36	N/	A
· · · · · · · · · · · · · · · · · · ·	37		Х
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	1	X	I
	government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  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? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person under the year? If "Yes," complete Schedule L, Part I  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 organizations pror Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes," complete Schedule L, Part IV  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributions of applicable filing thr	povernment on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$ about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23  Del the organization have a faxe-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 lines 24b through 24d and complete Schedule J. Part II VIII to grantzation inwest any proceeds of fax-exempt bonds beyond a temporary peniod exception?  Did the organization inwest any proceeds of fax-exempt bonds beyond a temporary peniod exception?  Did the organization mantain an escrow account other than a refunding secrow at any time during the year of the secretary faxe-exempt bonds?  Did the organization and so the organizations. Did the organization again an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 900 or 990-627 if "Yes," complete Schedule I, Part II VIII 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 prior forms 900 or 990-627 if "Yes," complete Schedule I, Part II VIII the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, circumplete Schedule III. Part II VIII VIII VIII VIII VIII VIII VIII	Dot the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III  Did the organization have a fax-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 lines 24b through 24d and complete Schedule I, Part IV (No", p. to have 25a  Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  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Did the organization and proceeds of fax-exempt bonds beyond a temporary period exception with a decident process.  Did the organ

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Senies the number reported in Box 3 of Form 1006. Enter 0- if not applicable   1a   0   1b   00		Check if Schedule O contains a response or note to any line in this Part V								
1a Enter the number reported in Box 3 of form 1096. Enter of ind applicable Enter the number of forms Wa2A included in this is Enter of ind capplicable before the number of forms work with the state of the properties of the cognization comply with backup withholding rules for reportable payments to vendors and reportable gamining with a without the properties of the cognization comply with a without the properties of the cognization comply with a without the properties of the cognization of the properties of the properties of the cognization of the properties of the cognization of the properties of the properties of the cognization of the properties of			<del> </del>	-	Yes	No				
b Enter the number of Forms W2Cs included in line 1s. Enter Or find applicable of Did the organization comply with backup withfulding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pirize winness?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  1 3 If I aleast one is reported on line 2s, did the organization file all required federal employment tax returns?  2 b If I least one is reported on line 2s, did the organization file all required federal employment tax returns?  3 b I of the organization have unrelated business gross income of \$1,000 or more during the year?  4 b A 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)?  5 b If I 'Yes, a least the real payment of 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)?  5 b Was the organization and party to a prohibited tax shelter transaction?  6 b Did any taxable party norify the organization that twas or is a party to a prohibited tax shelter transaction?  6 b Did any taxable party norify the organization that twas or is a party to a prohibited tax shelter transaction and the organization shelt was or is a party to a prohibited tax shelter transaction orgitis were not tax deductible?  7 organizations that may receive deductible contributions?  8 b If 'Yes,' rich the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  9 organizations that may receive deductible contributions are party or a prohibited tax shelter transaction organization and the payment in excess of \$15 made party as a contribution and party	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 <sub>a</sub> 0							
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamthing) with winnings to prize with events.  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  It is a sum of lines to a reported on line 2, did the organization file all required federal employment tax returns?  Note. If the sum of lines to an 42 as is greater than 250, you may be required to e-file (see instructions)  Bit of the viganization have unrealed business gross income of \$1,000 or more dumpt the year?  3a	_	•								
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  ### Bid for the calendar year ending with or within the year covered by this return.  ### Bid I all lasts on as reported on line 23, and of the organization file all required federal employment tax returns?  ### Nete. If the sum of lines 1 and 2 a is greater hand 250, you may be required to e-life (see instructions)  ### Bid I i i i i i i i i i i i i i i i i i i		•••	Ja			1				
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary were meding with or within the year covered by this return.  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)  3				1c		1				
tilled for the calendar year ending with or within the year covered by this return.    13	2a									
b If a 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)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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)?  5b If Yes, "the the remain of the foreign country (such as a bank account, securities account, or other financial account).  5c If Yes, "to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shellor transaction?  5c If Yes, "to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shellor transaction solicit any contributions that were not tax deductible as charitable contributions?  5c If Yes, "to line 5a or 5b, did the organization file Form 889-fi?  6a Does the organization no-incide with every solicitation an express statement that such contributions or gifts were not tax deductible?  6a Did the organization no-incide with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  N/A  a Did the organization neceive a pyment in excess of 375 made party as a contribution and patty for gods and services provided to the payor?  7c If Yes," include on financial the company of the very solicitation and patty for gods and services provided to the payor?  7b If Yes," include the organization notify the donor of the value of the gods or services provided?  1b de the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in line to the payor of the very line of the organization received a contribution of qualified intellectual property, did th		10								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If Yes,* has it filed a Form 990*T for this year? If No,* to line 30, provide an explanation in Schedule 0  a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and financial accountly and financial accountly and financial cocurs to the financial account in a foreign country low see instructions for filing requirements for form TD = 00.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for form TD = 00.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for form TD = 00.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for form TD = 00.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for form TD = 00.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for foreign Bank and Financial Accounts.  See instructions for filing requirements for foreign Bank and Financial Accounts.  See instructions for filing requirements for foreign Bank and Financial Accounts.  See instructions for filing requirements for foreign Bank and Financial Accounts.  See instructions foreign and filing foreign and filing f	b									
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b if "Yes," has it flied a Form 990-T for this year? if No." to line 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other sutherity over, a financial account in a foreign country (such as a bank account, count, or dent internacial account?)  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?  5b I's any to a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I'res," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c I'res," did 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:  6c X  5c I'res," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible:  6c X  6d I'res," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  6c X  6d I'res," indicate the number of forms 8282 flied during the year  6d I'res, indicate the number of Forms 8282 flied during the year  6d I'res, indicate the number of Forms 8282 flied during the year  6d I'res, indicate the number of Forms 8282 flied during the year  6d I'res, indicate the number of Forms 8282 flied during the year  7d I'res, indicate the number of Forms 8282 flied during the year  7d I'res, indicate the number of Forms 8282 flied during the year  8d I'res, indicate the number of Forms 8282 flied during the year  9d I'res, indicate the unmount of tease and capital contributions included on Part	За			3a		Х				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion 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   1a   8						
	If there are material differences in voting rights among members of the governing body, or if the governing	1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1					
	officer, director, trustee, or key employee?	2		Х			
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		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6	X				
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	X				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
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		X			
Sec	tion 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		Х			
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?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			х			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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	Х				
b	Other officers or key employees of the organization	15b	X	<b></b>			
	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		Х			
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?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request 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, an	d finar	icial				
••	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 organiza	tion:					
	CHARLES CASHION - 650-723-3680						
	466 VIA ORTEGA, STE E5, STANFORD, CA 94305						

332006 10-29-13

Form **990** (2013)

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

Check if Schedule O contains a response or note to any line 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, and 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.

<b>(A)</b> Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PAUL REGALADO PRESIDENT	10.00	X		x				20,129.	0.	3,221
(2) CHARLES CUSHION TREASURER CASHION	7.00	х		х				.9,300.	0.	1,488
(3) RON EDWARD SECRETARY	2.00	X		X				350.	0.	1,400
(4) DUSTIN DE LA ROSA	2.00			^						
EXECUTIVE BOARD MEMBER (5) CHRIS FRAZIER	2.00	X						1,194.	0.	(
EXECUTIVE BOARD MEMBER (6) POLO CUEVAS	2.00	X						357.	0.	(
EXECUTIVE BOARD MEMBER (7) PEGGY KEMPER	2.00	X		_				0.	0.	(
EXECUTIVE BOARD MEMBER	2.00	X						0.	0.	(
(8) LEOPOLDO ARIAS EXECUTIVE BOARD MEMBER	2.00	X						1,780.	0.	(
				ļ 						
-										
				-						
<u> </u>										

332007 10-29-13

27-0413473

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	' (A) Name and title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an		( <b>D)</b> Reportable	(E) Reportable compensation		(F) Estimated amount of				
		week (list any hours for related organizations below line)	office or director				Highest compensated As/a	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	,	othe ompens from the organization relations	r ation he ation ated
												<del></del>	
											_		_
			_										
											_		
	0.1.4.4.1			,					22 110			4 5	700
С	Sub-total  Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	33,110.	C	•		709. 0.
d	Total (add lines 1b and 1c)  Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	33,110. ecceived more than \$100		•	4,	709. 0
	compensation from the organization											Yes	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If "Yes</i> ,	" co	mple	ete S	Sche	edule	J f	for such individual	-	4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat 	ed organization or indivi	dual for services	5		х
1	Complete this table for your five highest co									•	nsatio	n from	<del></del>
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services								Com	(C) pensation	<b></b>		
	Traine and Soomood	4447000	11/	7141					Description of s	CIVIOCS	00/11	pensau	<u> </u>
							_		<del></del>				
			•				_				<del></del> -		_
								1					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mite	d to	tho:	_	sted	d above) who received m	ore than		· · · · · · · · · · · · · · · · · · ·	
	wide, soo or compensation from the organi	ZaliOII							·	<u> </u>	For	m <b>990</b>	(2013)

STANFORD WORKERS

Form 990 (2013) STANFORD WORKERS								27-0413	3473 Page <b>9</b>
Pa	rt \	/11	Statement of Reve	nue					
			Check if Schedule O con	tains a response	or note to any li	ne 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 - 514
ts	1	а	Federated campaigns	. 1a			"	,	012 014
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S,E			Fundraising events	1c		1			
a it			Related organizations	1d	_				
S, C			Government grants (contribu	·		1			
r Si			All other contributions, gifts, gran	·		1			
替替			similar amounts not included abo	1 1					
들		g	Noncash contributions included in lines	s 1a-1f \$					
a S			Total. Add lines 1a-1f	·					
					Business Code				
9	2	а	MEMBERSHIP DUES	5	900099	989,850.	989,850.		
Program Service Revenue		b							
Sch		С							
ev ev		d							
5 7		е							
Δ.	:	f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			989,850.			
	3		Investment income (including	ı dıvıdends, ıntere	est, and				
			other similar amounts)		<b>•</b>	8,850.			8,850.
	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties		<u> </u>				
				(i) Real	(ii) Personal	[			
	6	а	Gross rents		<b></b>				
			Less: rental expenses			[			
			Rental income or (loss)		<u> </u>				
	_		Net rental income or (loss)	F'	<u> </u>		,		<u> </u>
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	· · · · ·		-			
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
	۰		Net gain or (loss)						<del> </del>
Other Revenue	0	a	Gross income from fundraisin including \$	-					
Ver			contributions reported on line	of					
Re			Part IV, line 18						
ihei		h	Less: direct expenses	. a b					
δ			Net income or (loss) from fund	•	<b>•</b>	İ			
			Gross income from gaming a			, , , , , , , , , , , , , , , , , , , ,			
		_	Part IV, line 19	. a					
		b	Less: direct expenses	. <b>.</b> b					
			Net income or (loss) from gan	_		[	ĺ		İ
			Gross sales of inventory, less	-					
			and allowances	a					
		b	Less: cost of goods sold	b					
			Net income or (loss) from sale	es of inventory	. •	ĺ			1
			Miscellaneous Revenu		Business Code				
	11	а	REIMBURSEMENTS		900099	24,925.	24,925.		<u> </u>
		b							
		С							
		d	All other revenue						
		e	Total. Add lines 11a-11d		>	24,925.			
	12		Total revenue. See instructions		<u> </u>	1,023,625.	1,014,775.	0.	8,850.
33200 10-29	y ∙13								Form <b>990</b> (2013)

### Form 990 (2013)

### Part IX Statement of Functional Expenses

Sect	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 or note to any line in this Part IX									
Da	Do not include amounts are ordered on time St. (A) (B) (C) (D)									
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and	75 000								
	organizations in the United States See Part IV, line 21	75,000.			,					
2	Grants and other assistance to individuals in									
_	the United States. See Part IV, line 22	-:		-1-17	,,,,					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16			<u> </u>						
4	Benefits paid to or for members		<del></del>	<del> </del>						
5	Compensation of current officers, directors,	33,394.								
e	trustees, and key employees	33,394.								
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	108,951.								
8	Pension plan accruals and contributions (include	100/331.	······································							
Ü	section 401(k) and 403(b) employer contributions)	20,418.								
9	Other employee benefits	42,404.								
10	Payroll taxes	12,897.								
11	Fees for services (non-employees):			<del>                                     </del>						
a	Management	66,000.								
b	Legal	75,276.								
С	Accounting	12,660.								
d	· · · · · · · · · · · · · · · · · · ·									
е	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 Sch O)	3,264.								
12	Advertising and promotion	1,621.								
13	Office expenses	36,228.								
14	Information technology									
15	Royalties	11.01.								
16	Occupancy	14,017.								
17	Travel	1,775.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	14,691.			<u> </u>					
19	Conferences, conventions, and meetings	14,091.								
20	Interest Peymonts to offiliates	171,074.		-						
21 22	Payments to affiliates  Depreciation, depletion, and amortization	462.								
23	Insurance	2,074.								
24	Other expenses Itemize expenses not covered	2,0,11		12						
24	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)	0.701			<u> </u>					
а	OFFICER ELECTION EXPENS	2,791.								
b			· · · · · · · · · · · · · · · · · · ·	<del> </del>						
C	<del></del>			<del> </del>	<del> </del>					
d	All other evenes	+		<del></del>						
	All other expenses	694,997.								
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	0,4,331.								
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
	Check here following SOP 98-2 (ASC 958-720)									
		<del> </del>								

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 167,943. <4,705. Cash - non-interest-bearing 1,028,023. 1,181,237. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L Assets 151,495. 0. Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,228. 10a basis. Complete Part VI of Schedule D 0. 462. 2,766. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments · other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,174,813. 1,351,946. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 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 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 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 25 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,351,946. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Form **990** (2013)

1,351,946. 1,351,946.

30

31

32

1,174,813.

1,174,813.

1,174,813.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	,			X	
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	1 2 3 4 5 6 7	32	4,9 8,6 4,8	25. 97. 28. 13.	
8	Prior period adjustments	8	<15	1,4	<u>95.</u> :	
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	1,35	1, <u>9</u>	46.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				No	
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
	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:  Separate basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		:			
	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 Sch	edule O.	2c		X	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audıt			x	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b			
			Form	990	(2013)	

### **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 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) organiza			· " -	
Nam		CAL 2007 HEW UNI	TED	Empl	oyer identification number
-		D WORKERS			27-0413473
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities i	n Part IV. ▶\$	0.
Par	rt I-B Complete if the org	janization is exempt und	ler section 501/c/		
	Enter the amount of any excise tax			<u>5).</u> ▶\$	
	Enter the amount of any excise tax	•		<u> </u>	
	If the organization incurred a section			•	Yes No
	Was a correction made?		,		Yes No
ь	If "Yes," describe ın Part IV.				
Pa	rt I-C Complete if the org	janization is exempt und	er section 501(c),	except section 501(	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities		-	. ▶\$	
	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	ind on Form 1120-POL,	_	
	line 17b			▶\$	
	Did the filing organization file Form				☐ Yes ☐ No
	Enter the names, addresses and en	•	•	<u> </u>	
	made payments. For each organiza contributions received that were pro-				·
	political action committee (PAC). If	•		•	to segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(G) EIIV	filing organization's funds. If none, enter -0.	contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
				-	
				<u>.l</u>	<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

### SEIU LOCAL 2007 HEW UNITED

Schedule C (Form 990 or 990-EZ) 2013	TANF	ORD WO	RKERS		27-0	0413473 Page 2
Part II-A Complete if the orga	anizatio	n is exer	npt under section	n 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501	(h)).				
A Check ► ☐ if the filing organizat	on belone	gs to an affil	lated group (and list ii	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share						
B Check  if the filing organizat	on check	ed box A ar	d "limited control" pre	ovisions apply.		
		ying Exper	nditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
				,		
1a Total lobbying expenditures to influ	•	• •	,	}		<del></del>
<b>b</b> Total lobbying expenditures to influ		_	ly (direct lobbying)	-	<del>.</del>	
c Total lobbying expenditures (add lin		d 1b)		}		
d Other exempt purpose expenditure				}-		ļ
<ul> <li>Total exempt purpose expenditures</li> </ul>	•		•	ļ		
f Lobbying nontaxable amount. Ente	1	unt from the	following table in bot	th columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e	·		
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% o	f line 1f)	· · · · · ·			
h Subtract line 1g from line 1a. If zero	or less, e	enter -0-		ſ		
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-		Ī		
j if there is an amount other than zer			ine 11. did the organiz	ation file Form 4720	• • • • • • • • • • • • • • • • • • • •	•
reporting section 4911 tax for this y			<b>,</b>			Yes No
(Some organiza	ntions tha	it made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
			ditures During 4-Ye			
				T T		
Calendar year (or fiscal year beginning in)	(a) 2	2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying celling amount		71177				
(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						

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 STANFORD WORKERS 27-041347

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)).

each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description	(6	a)	(I	o)
ne lobbying activity.	Yes	No	Amo	ount
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:				
Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with legislators, their staffs, government officials, or a legislative body?	_			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			ļ	
of "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
rt III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection	
501(c)(6).				
			Yes	<u> </u>
Were substantially all (90% or more) dues received nondeductible by members?	-	1	Х	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-	2	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		2 3 (5), or se	ection	ne 3,
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Inspection

Name of the organization

SEIU LOCAL 2007 HEW UNITED

STANFORD WORKERS

**Employer identification number** 27-0413473

Pa	t l	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggr	egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5	Did tl	he organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
		ne organization's property, subject to the organization's		Yes No
6		he organization inform all grantees, donors, and donor a		e used only
	for ch	naritable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	Impe	rmissible private benefit?		Yes No
Pa	t II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purp	ose(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
		Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Com	plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day o	of the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
C	Numl	ber of conservation easements on a certified historic str	2c	
d	Num	ber of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed	I in the National Register		2d
3	Num	ber of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year			
4	Num	ber of states where property subject to conservation ea	sement is located -	
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	[]
	violat	tions, and enforcement of the conservation easements i	t holds?	Yes No
6		and volunteer hours devoted to monitoring, inspecting,		
7	Amo	unt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
		section 170(h)(4)(B)(ii)?		└── Yes         No
9		rt XIII, describe how the organization reports conservat		
		de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
		ervation easements.	/	NI 0: 11 A
Pa	rt III :	Organizations Maintaining Collections o		Other Similar Assets.
		Complete if the organization answered "Yes" to Form	<del></del>	
1a		organization elected, as permitted under SFAS 116 (AS	•	
		ncal treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
		ext of the footnote to its financial statements that descr		
b		organization elected, as permitted under SFAS 116 (AS		
	_	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
		ng to these items:		<b>.</b> .
		Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$
_		Assets included in Form 990, Part X		
2		organization received or held works of art, historical tre		al gain, provide
		ollowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>N</b> . 4
a		nues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Asse	ts included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	TIII Organizations Maintaining C	collections of A	rt His	torical Tr	easures (	or Othe	r Simila	r Assa	ts/contin	ued)
3	Using the organization's acquisition, accessi									
•	(check all that apply):	011, 4114 01110, 100010	20, 01100	it dily of the	tono wing the		grimourit at	JO 01 110	0011001101	i itorno
а	Public exhibition	c		l oan or evo	hange progra	ame				
b	Scholarly research	e		Other	nange progra	21115				
c	Preservation for future generations	•	,	Other					<del>.</del>	<del></del>
4		allostions and symbol	ia ha 41	an e de cual la acce de	h	!		a ia Dam	. VIII	
5	Provide a description of the organization's co							e in Par	L AIII.	
5	During the year, did the organization solicit o					er sımılar	asseis		Yes	□ Na
Pa	to be sold to raise funds rather than to be ma					"Voo" to 1	Form 000	Dort IV		No_
	reported an amount on Form 990, Pai		ere ii riie	organizatio	on answered	res to i	roiiii 990, i	raitiv,	iiie 9, Oi	
	Is the organization an agent, trustee, custodi		diany for	contribution	e or other as	eete not	ıncluded			
	on Form 990, Part X?	an or other intermet	Jiaiy ioi	CONTINUE	is or other as	3613 1101	incidaea		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna	table:					_ 162	140
	ii res, explain the arrangement in Fart Alli	and complete the ic	Mowing	labie.					Amount	
_	Beginning balance						1c		Amount	
	Additions during the year			•			1d			
	• • • • • • • • • • • • • • • • • • • •		•	•	-		· — —			<del></del>
_	Distributions during the year						1e		•	<del></del>
t O-	Ending balance	000 D-+V b	040				1f		7	
	Did the organization include an amount on Fo					D 4 VIII			」Yes	⊢ No
Pa	If "Yes," explain the arrangement in Part XIII.  TV Endowment Funds. Complete in						<u> </u>		<del></del>	
1 0	Lindowinient i dilds. Complete					ī		oro book	(=) Faur	
4.	Basinatas of uses halones	(a) Current year	(6) F	rior year	(c) Two yea	IS DACK	(d) Three yea	ars Dack	(e) Four	years back
1a	Beginning of year balance		<del></del>		1	+				
b	Contributions				<del> </del>					
c	Net investment earnings, gains, and losses					+			<del></del>	
	Grants or scholarships				-	-				
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses		-	·						
g	End of year balance				<u> </u>				L	
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ►	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	ınd administe	ered for th	ne organiza	tion	_	<del></del>
	by:									Yes No
	(i) unrelated organizations	-							3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	dule R?					3ь	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or of basis (investi			or other (other)	, , ,	cumulated reciation	'	(d) Book	value
1a	Land							,		
b	Buildings .									
С	Leasehold improvements									
d	Equipment .									
<u>e</u>	Other				3,228.		46	2.		2,766.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	10(c))			▶		2,766.

Schedule	D (Form	ı 990)	2013	

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Financial derivatives	Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value			d-of-vear market value
Closely-held equity interests		(b) Book value	(c) Method of V	aiuation. Cost of en	u-or-year market value
Other	•				
(B) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				<del></del>	
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)					
(D)					
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(G) (G) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H			-		•
(19)				<u> </u>	<del></del>
(#)   Investments - Program Related.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market v			<del></del>		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	· · · · · · · · · · · · · · · · · · ·				
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(5) (6) (7) (8) (9)  tal. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶    Part IX   Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description   (b) Book value   (1) (2) (3) (4) (5) (6) (7) (8) (9)    Part X   Other Liabilities.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability   (b) Book value   (1) Federal income taxes   (2) (3) (4) (5) (6) (7) (8) (9)    Part X   Other Liabilities   (9) (9)   Part X   Other Liabilities   (9)   Part X   Other Liabili	(3)				
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	(9)				
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11e or 11f. See Form	990, Part X, line 25	i <b>.</b>
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otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	——————————————————————————————————————				
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	and a complete of the ballion of the complete				

332053 09-25-13

Schedule D (Form 990) 2013 STANFORD WORKERS		27-0	)413473 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue		
Complete if the organization answered "Yes" to Form 990, Part IV, Iir		-	
1 Total revenue, gains, and other support per audited financial statements		1	1,023,625.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		. 2e	0.
3 Subtract line 2e from line 1		3	1,023,625.
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		
c Add lines 4a and 4b		. 4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		. 5	1,023,625.
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Retui	rn.
Complete if the organization answered "Yes" to Form 990, Part IV, Iir	ıe 12a.	F 1	
1 Total expenses and losses per audited financial statements		1	694,997.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	. 2a		
<b>b</b> Prior year adjustments	. 2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		•
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	694,997.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		0
c Add lines 4a and 4b		. 4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8)		694,997.
	4. Don't IV have discuss Obs. De		V Iv. O. D. AVI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		π v, line 4; Paπ /	x, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
	<del>.</del>		<del>-</del> -
PART X, LINE 2:			
			· · · · · · · · · · · · · · · · · · ·
EXPLANATION: GENERALLY ACCEPTED ACCOUNTIN	G PRINCIPLES PR	ROVIDE AC	COUNTING
AND DISCLOSURE GUIDANCE ABOUT POSITIONS T	AKEN BY AN ORGA	MIZATION	I IN ITS
TAX RETURNS THAT MIGHT BE UNCERTAIN. THE	LOCAL HAS CONS	DERED IT	S TAX
POSITIONS AND BELIEVES THAT ALL OF THE PO	SITIONS TAKEN F	BY THE LO	CAL IN ITS
FEDERAL AND STATE EXEMPT ORGANIZATION TAX	RETURNS ARE MO	DRE LIKEI	Y THAN NOT
MO DE CHOMATNED HOON EVANTNAMION			
TO BE SUSTAINED UPON EXAMINATION.			
	<del></del>		
THE LOCALS FEDERAL RETURNS FOR THE YEARS	FNDED DECEMBED	31 2013	מוא א
THE BOCKED TENDERAL RETORNO FOR THE TEARO	ENDED DECEMBER	31, 2013	AND
PRIOR BEYOND COULD BE SUBJECT TO EXAMINAT	TON BY FEDERAL	TAXING	
	TON DI LUDBIAND	22212110	
AUTHORITIES, GENERALLY FOR THREE YEARS AF	TER THEY ARE F	LED. TH	IE LOCALS
STATE RETURNS FOR THE YEARS ENDED DECEMBE	ER 31, 2012 AND	PRIOR CO	OULD BE

# SEIU LOCAL 2007 HEW UNITED

Schedule D (F	orm 99	0) 2013	ST.	ANF	JRD WO	RKERS		2	/-04	13473	Page 5
Part XIII	ouppi	amentai	iniormati	OH (CC	ntinuea)	<del></del>		<del></del>			
SUBJECT	ТО	EXAMI	NATION	BY	STATE	TAXING	AUTHORITIES,	GENERALLY	FOR	FOUR	
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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.

2013	Open to Public Inspection
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SEIU LOCAL 2007 HEW UNITED STANFORD WORKERS	L 2007 HE WORKERS	W UNITED					Employer identification number $27-0413473$
Part #   General Information on Grants and Assistance	ind 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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	;
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedure	stance? ocedures for mon	toring the use of grant	funds in the Unite	d States.			A Yes No
Part # 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	Governments an	d Organizations in the	e United States.	Complete if the orga	anization answered "\	res" 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.	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
(a) Name and address of organization     or government	( <b>p</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANFORD UNIVER/SEIU APPRENTICESHIP TRAINING PROGRAM -			:				
126 GALVEZ STREET - STANFORD, CA							
4305	94-1156365	501(C)3	75,000.	0.			APPRENTINCESHIP TRAINING
	and government or	ganizations listed in th	te line 1 table				
- 1	s listed in the line	1 table					•
.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

# SEIU LOCAL 2007 HEW UNITED

STANFORD WORKERS

Schedule I (Form 990) (2013)

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. Part III

Page 2

27-0413473

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2013)

332102 10-29-13

### 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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No 1545-0047

Name of the organization

SEIU LOCAL 2007 HEW UNITED STANFORD WORKERS

Employer identification number 27-0413473

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: MEMBERS IN GOOD STANDING ARE ELIGIBLE TO VOTE IN THE ELECTION
OF OFFICERS AND THE MEMBERS OF THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: MEMBERS IN GOOD STANDING OF THE FILING ORGANIZATION ELECT THE OFFICERS AND OTHER MEMBERS OF THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: MEMBERS IN GOOD STANDING CAN VOTE ON VARIOUS FINANCIAL AND ADMINSTRATIVE MATTERS AFFECTING THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE TREASURER OF THE ORGANIZATION REVIEWS THE FORM 990 AND PROVIDES AN ELECTRONIC COPY TO THE GOVERNING BOARD PRIOR TO THE FILING OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12:

EXPLANATION: THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES

OF LABOR UNIONS TO REPORT, ON FORM LM-30, POTENTIAL SITUATIONS WHERE THERE

MAY BE CONFLICTS OF INTEREST. THIS INFORMATION IS OPEN TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: OFFICER POSITONS ARE PART TIME. THE AMOUNT OF COMPENSATION

AUTHORIZED IS LIMITED TO THE AMOUNT OF LOST WAGES THE INDIVIDUAL INCURRED

DUE TO TAKING TIME OFF FROM THEIR REGULAR JOB IN ORDER TO FULLFILL THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9	90-EZ) (2013)	Page <b>2</b>
Name of the organization	SEIU LOCAL 2007 HEW UNITED STANFORD WORKERS	Employer identification number 27-0413473
DUTIES OF THE	OFFICER/EXECUTIVE BOARD POSITON.	
FORM 990, PAR	T VI, SECTION C, LINE 19:	
EXPLANATION: 1	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE	AVAILABLE TO THE
PUBLIC UPON RI	EQUEST.	
PART XI - LINI	E 8 - PRIOR PERIOD ADJUSTMENT	
EXPLANATION: (	CONTACT SEIU USWW FOR ADDITIONAL INFORMATI	ON.
PART XII LINE	1 - METHOD OF ACCOUNTING	
EXPLANATION: 7	THE LOCAL KEEPS IS BOOK ON THE MODIFIED CA	SH BASIS METHOD
OF ACCOUNTING	·	
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2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	184. 278. 462.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Current Sec 179	• 0	mercial Revita
Accumulated Depreciation	•	rage, Bonus, Com
Basis For Depreciation	1,228.	Section 179, Salv
Reduction In Basis	°	* ITC,
Bus % Excl		
Unadjusted Cost Or Basis	1,228.	(D) - Asset disposed
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Life	3.00	
Method		
Date Acquired	041513SL 071713SL	
Description	1COMPUTER SERVER 2DUES SOFTWARE * TOTAL 990 PAGE 10 DEPR	
Asset No		328102 05-01-13

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