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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SERVICE EMPLOYEES INTERNATIONAL UNION. Number and street (or P O box if mail is not delivered to street address): 1800 MASSACHUSETTS NW. City or town, state or country, and ZIP + 4: WASHINGTON, DC 20036

D Employer identification number: 36-0852885

E Telephone number: (202) 730-7000

F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: 0647

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: NA

J Organization type (check only one): 501(c) (5)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 242,089,366


Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and inventory. Total revenue is 224,203,680 and total expenses is 228,846,881.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a 2,617,186			
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b 190,204			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26 48,219,167			
27 Pension plan contributions not included on lines 25a, b and c	27 5,446,196			
28 Employee benefits not included on lines 25a - 27	28 10,389,912			
29 Payroll taxes	29 4,230,241			
30 Professional fundraising fees	30			
31 Accounting fees	31 250,861			
32 Legal fees	32 5,955,072			
33 Supplies	33 1,355,682			
34 Telephone	34 2,850,696			
35 Postage and shipping	35 866,598			
36 Occupancy	36 5,612,559			
37 Equipment rental and maintenance	37 1,068,194			
38 Printing and publications	38 4,647,935			
39 Travel	39 20,611,334			
40 Conferences, conventions, and meetings	40 3,430,491			
41 Interest	41 187,097			
42 Depreciation, depletion, etc. (attach schedule) 	42 736,173			
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 221,443,144			

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? LABOR UNION ACTIVITIES All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a SUPPORTING LABOR ORGANIZING EFFORTS FOR MEMBER'S AFFILIATES AND IMPROVING AFFILIATED MEMBERS HEALTH AND LABOR-RELATED ISSUES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing		45	528,638
46	Savings and temporary cash investments		46	
47a	Accounts receivable	47a 43,229,652		
b	Less allowance for doubtful accounts	47b 500,000	37,412,614	47c 42,729,652
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b		48c
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a 10,004,298		
b	Less allowance for doubtful accounts	51b	9,258,498	51c 10,004,298
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		1,110,836	53 1,712,063
54a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		17,613,515	54a 15,761,063
b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		12,227,104	54b 14,692,592
55a	Investments—land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 5,163,820		
b	Less accumulated depreciation (attach schedule)	57b 3,259,426	1,453,432	57c 1,904,394
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)		58	347,962
59	Total assets (must equal line 74) Add lines 45 through 58		79,075,999	59 87,680,662
60	Accounts payable and accrued expenses		18,237,206	60 15,040,062
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		1,500,000	64b 1,319,029
65	Other liabilities (describe <input type="checkbox"/> _____)		2,609,528	65 16,716,032
66	Total liabilities Add lines 60 through 65		22,346,734	66 33,075,123
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted		56,704,265	67 54,605,539
68	Temporarily restricted		25,000	68
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		56,729,265	73 54,605,539
74	Total liabilities and net assets / fund balances Add lines 66 and 73		79,075,999	74 87,680,662

Assets

-3

Net Assets or Fund Balances

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	222,155,329
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	235,562
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	235,562
c	Subtract line b from line a	c	221,919,767
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	2,283,913
	Add lines d1 and d2	d	235,562
e	Total revenue (Part I, line 12) Add lines c and d	e	224,203,680

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	228,846,881
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	228,846,881
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	228,846,881

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>81</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Paul Policchio 1800 Massachusetts Avenue NW Washington, DC 20036	0	169,356	20,848	0

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		No
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a <u> </u>	81a		No
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		No
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	Yes	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Yes	
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a List the states with which a copy of this return is filed <input type="checkbox"/> DC			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		784
91a The books are in care of <input type="checkbox"/> The Organization Telephone no <input type="checkbox"/> (202) 730-7000 1800 MASSACHUSETTS NW Located at <input type="checkbox"/> WASHINGTON, DC ZIP + 4 <input type="checkbox"/> 20036			
b 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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a contributions					115,576
b sale of publication					32,781
c Services rendered					731,027
d other local union organizing support					5,784,755
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					214,177,154
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,050,900	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	447,148	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a royalty revenue			15	1,820,013	
b Miscellaneous revenue			01	44,326	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,362,387	220,841,293
105 Total (add line 104, columns (B), (D), and (E))					224,203,680

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	

(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals			6,082,076

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		Yes	

(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals			2,283,913

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
			No

Please Sign Here

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.

Signature of officer	2007-11-16 Date
LIZ GUSTAFSON CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CALIBRE CPA GROUP PLLC 1850 K STREET NW WASHINGTON, DC 20006			EIN
				Phone no (202) 331-9880

Additional Data**Software ID:****Software Version:****EIN:** 36-0852885**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Administrative and Operating Expenses	43a	4,658,945			
b ADP Processing Fees	43b	108,582			
c Assistance to Locals	43c	49,327,657			
d Communication and Media Expenses	43d	3,897,266			
e Consulting and Professional Expenses	43e	17,119,869			
f Contributions	43f	14,084,464			
g dues	43g	196,526			
h insurance	43h	500,970			
i internet	43i	883,226			
j local union payments	43j	4,950,889			
k other taxes	43k	58,818			
l political subsidies	43l	4,494,571			
m Prior Year Expenses	43m	655,511			
n Uncollectible Receivables	43n	1,641,294			
o SCHOLARSHIP AWARDS	43o	133,500			
p miscellaneous	43p	65,458			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mitch Ackerman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Sal Aladeen 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Thomas Balanoff 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	20,331	0
Roger Benson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Marshall Blake 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Christine Boardman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Carmen Boudier 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Joan Bruce 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Kenneth Brynien 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Anna Burger 1800 Massachusetts Avenue NW Washington, DC 20036	International Sec-Treas 35 00	201,151	40,404	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Maria Castenada 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Kim Cook 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Richard Cordtz 1800 Massachusetts Avenue NW Washington, DC 20036	President Emiertus 1 00	0	0	0
Merl Cuttita 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	9,102	0
Alice Dale 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	0	0	0
Demetria Davis Howard 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Tom DeBruin 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,867	0
Jerry Dennis 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Randy Dorn 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Donald Driscoll 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,758	18,245	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Marc Earls 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Juan Eliza Colon 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Michael Fishman 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,867	0
George Francisco Jr 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 35 00	152,761	34,504	0
Leslie Frane 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
Tyrone Freeman 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	20,331	0
Michael P Garcia 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	20,331	0
Dana Graham 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Cecelia Annelle Grajeda 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	13,567	0
George Gresham 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mary Grillo 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Cathy Hackett 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Willie Hampton 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,758	18,245	0
Jim Hard 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
Mary Kay Henry 1800 Massachusetts Avenue NW Washington, DC 20036	Exec Vice President 35 00	181,831	38,047	0
Bryon Hobbs 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	9,102	0
David Holway 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	20,331	0
Gerald Hudson 1800 Massachusetts Avenue NW Washington, DC 20036	Exec Vice President 35 00	176,055	26,453	0
Rodriquez Jorge 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Eileen Kirlin 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David P Kramer 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	1,553	182	0
Raymond Larcher 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Danielle Legault 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
Stephen Lerner 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Valarie Long 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,867	0
Eliseo Medina 1800 Massachusetts Avenue NW Washington, DC 20036	Exec Vice President 35 00	176,055	37,343	0
Helen Miller 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	11,480	0
Ben Monterosso 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Josie Mooney 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Robert B Moore 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	13,567	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Rahaman Muhammad 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,758	18,245	0
Cameron Nelson 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Michael O'Brien 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Roberto Pagan Rodriguez 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	13,567	0
Dian Palmer 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Vince Pesha 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Janice Platzke 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Dave Regan 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,867	0
Dennis Rivera 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
David Rolf 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	9,102	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Sal Rosselli 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
Monica Russo 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	25,096	19,808	0
Jay Sackman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Arcelia Saenz 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	15,867	0
Julie Schnell 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	11,480	0
Susana M Segat 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Kristina Sermersheim 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	29,558	4,464	0
Milly Silva 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Catherine Singer Glasson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Gary Smith 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Diane Sosne 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Alejandro Stephens 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,758	11,480	0
Andrew Stern 1800 Massachusetts Avenue NW Washington, DC 20036	International President 35 00	228,220	43,710	0
Sharlene Stewart 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	16,864	0
Phil Thompson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	18,245	0
Tom Tylutki 1800 Massachusetts Avenue NW Washington, DC 20036	Board of Auditors 1 00	0	0	0
Celia Wcislo 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Grant Williams 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0
Ralph Williams Jr 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	11,757	11,480	0
Tom Woodruff 1800 Massachusetts Avenue NW Washington, DC 20036	Exec Vice President 35 00	182,183	31,329	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Norman Yen 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board 1 00	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CONTRIBUTIONS FROM AFFILIATED MEMBERS FOR LABOR ACTIVITIES
93b	SALE OF PUBLICATIONS AND OTHER BY-PRODUCT PARaphernalia supporting unity in labor organizing efforts
93C	REMUNERATION OF AFFILIATES IN SUPPORT OF ORGANIZING EFFORTS
94D	MISCELLANEOUS RECEIPTS IN SUPPORT OF ORGANIZING EFFORTS
94	DUES RECEIVED IN EXCHANGE FOR MEMBERSHIP BENEFITS

TY 2006 Depreciation and Depletion Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Asset	Amount
FURNITURE AND EQUIPMENT	736,173

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION**EIN:** 36-0852885**Gross Sales Price:** 18,332,834**Basis:** 17,811,539**Sales Expenses:** 0**Total (net):** 521,295

TY 2006 Investments - Securities Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Description	Book Value	Cost/FMV
money market funds	11,490,532	F
us government securities	3,498,753	F
common stocks	11,889,112	F
common collective trusts	3,202,060	F
Mutual funds	373,198	F

TY 2006 Land etc. Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND EQUIPMENT	5,163,820	3,259,426	1,904,394

TY 2006 Other Assets Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Description	Beginning of Year Amount	End of Year Amount
		347,962

TY 2006 Other Changes in Net Assets Schedule**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION**EIN:** 36-0852885

Description	Amount
unrealized gain on marketable securities	235,562
TRANSFER FROM AFFILIATE - 1313 L STREET INC	2,283,913

TY 2006 Other Liabilities Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Description	Beginning of Year Amount	End of Year Amount
cash overdraft	1,841,140	3,973,543
due from affiliates	768,388	2,742,489
line of credit		10,000,000

**TY 2006 Other Revenues
Not Included Schedule**

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Description	Amount
transfer from affiliates	2,283,913

TY 2006 Payments to Affiliates Schedule

Name: SERVICE EMPLOYEES INTERNATIONAL UNION

EIN: 36-0852885

Name	Address	Amount	Purpose
Department of Transportation Trades	888 16th Street NW Suite 650 Washington, DC 20006	55,200	payments to affiliates
Metal Trades Dept AFL-CIO	888 16th Street NW Suite 690 Washington, DC 20006	26,100	payments to affiliates
National Conference of Firement & Oilers	1023 15th Street NW 10th Floor Washington, DC 20005	3,932	payments to affiliates
AFL-CIO	815 16th Street NW Room 703 Washington, DC 20006	600,000	payments to affiliates
US Action	1825 K Street NW Suite 210 Washington, DC 20006	34,000	payments to affiliates
Union Network International	8 - 10 Av Reverdil NYON, 1260 SZ	526,112	payments to affiliates
International Transport Workers' Federation	49-60 Borough Road London, 70555 XE	42,073	payments to affiliates
Change to Win	1900 L Street NW Suite 900 Washington, DC 20036	6,100,670	payments to affiliates
North Carolina State AFL-CIO	PO Box 10805 Raleigh, NC 27605	15,650	payments to affiliates

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning _____, 2006, and ending _____, 20____

2006

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Name of exempt organization

SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number

36-0852885

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	224203680
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund

Sign Here

Liz Sustapan
Signature of officer

11/15/07
Date

CHIEF FINANCIAL OFFICER
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<i>Ann Woodson</i>	Date	11/14/07	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code	CALIBRE CPA GROUP PLLC 1850 K STREET, N.W. WASHINGTON, DC 20006			EIN	47-0900880		Phone no	(202) 331-9880	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN		
	Firm's name (or yours if self-employed), address, and ZIP code				EIN			Phone no	