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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)

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- 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: 1800 MASSACHUSETTS NW. City or town: 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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? 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: WWW SEIU ORG

J Organization type (check only one): 501(c) (5) (insert no) 4947(a)(1) or 527

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: 239,649,999


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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

**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
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	3,801,544		
<b>b</b> Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	51,024,763		
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>	6,695,536		
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	10,280,203		
<b>29</b> Payroll taxes	<b>29</b>	4,404,703		
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	226,323		
<b>32</b> Legal fees	<b>32</b>	6,405,847		
<b>33</b> Supplies	<b>33</b>	1,536,783		
<b>34</b> Telephone	<b>34</b>	3,143,407		
<b>35</b> Postage and shipping	<b>35</b>	708,445		
<b>36</b> Occupancy	<b>36</b>	9,989,382		
<b>37</b> Equipment rental and maintenance	<b>37</b>	1,270,698		
<b>38</b> Printing and publications	<b>38</b>	2,525,139		
<b>39</b> Travel	<b>39</b>	20,447,037		
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	3,161,301		
<b>41</b> Interest	<b>41</b>	648,396		
<b>42</b> Depreciation, depletion, etc. (attach schedule) 	<b>42</b>	767,368		
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	216,831,918		

**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? <b>LABOR UNION ACTIVITIES</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> 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>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	

**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.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		528,638	<b>45</b>	1,171,336	
	<b>46</b> Savings and temporary cash investments . . . . .			<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	32,317,139			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	500,000	42,729,652	<b>47c</b>	31,817,139
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	12,719,133			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		10,004,298	<b>51c</b>	12,719,133
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			1,712,063	<b>53</b>	5,173,823
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			30,453,655	<b>54a</b>	36,983,945
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				<b>54b</b>	40,977
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>					
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	6,704,319				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	4,026,794	1,904,394	<b>57c</b>	2,677,525	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )			347,962	<b>58</b>	7,594,838	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			87,680,662	<b>59</b>	98,178,716	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		15,040,062	<b>60</b>	18,260,302	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			1,319,029	<b>64b</b>	1,026,467
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )			16,716,032	<b>65</b>	18,289,721
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			33,075,123	<b>66</b>	37,576,490	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	<b>67</b> Unrestricted . . . . .		54,605,539	<b>67</b>	60,602,226	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			54,605,539	<b>73</b>	60,602,226
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			87,680,662	<b>74</b>	98,178,716

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	233,321,631
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-6,204
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-6,204
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	233,327,835
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-6,204
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	233,327,835

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	227,324,944
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	227,324,944
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	227,324,944

**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 (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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). 75c: 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. 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (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.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), 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. 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. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?

90a List the states with which a copy of this return is filed DC
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 880

91a The books are in care of The Organization Telephone no (202) 730-7000
1800 MASSACHUSETTS NW
Located at WASHINGTON, DC ZIP + 4 20036

91b 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)?
If "Yes," enter the name of the foreign country
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	
<b>93</b> Program service revenue					
<b>a</b> contributions					180,964
<b>b</b> sale of publication					27,065
<b>c</b> Services rendered					374,863
<b>d</b> other local union organizing support					4,634,654
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					224,972,854
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .			14	1,059,128	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	210,270	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> royalty revenue			15	1,814,332	
<b>b</b> Miscellaneous revenue			01	53,705	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				3,137,435	230,190,400
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					233,327,835

**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

<b>Yes</b>	<b>No</b>
Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	1800 MASSACHUSETTS AVENUE INCORPORATED 1800 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	200451177	RENT	8,400,000
<b>Totals</b>				8,400,000

**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

<b>Yes</b>	<b>No</b>
	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

**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?

<b>Yes</b>	<b>No</b>
	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	2008-11-17 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 checked="" 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
<b>a</b> Administrative and Operating Expenses	<b>43a</b>	4,550,932			
<b>b</b> ADP Processing Fees	<b>43b</b>	119,561			
<b>c</b> Assistance to Locals	<b>43c</b>	39,544,222			
<b>d</b> Communication and Media Expenses	<b>43d</b>	2,386,070			
<b>e</b> Consulting and Professional Expenses	<b>43e</b>	22,240,583			
<b>f</b> Contributions	<b>43f</b>	12,139,500			
<b>g</b> dues	<b>43g</b>	190,681			
<b>h</b> insurance	<b>43h</b>	442,041			
<b>i</b> internet	<b>43i</b>	936,225			
<b>j</b> local union payments	<b>43j</b>	4,623,274			
<b>k</b> other taxes	<b>43k</b>	48,035			
<b>l</b> political subsidies	<b>43l</b>	2,294,034			
<b>m</b> SCHOLARSHIP AWARDS	<b>43m</b>	136,984			
<b>n</b> miscellaneous	<b>43n</b>	142,901			

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Andrew Stern 1800 Massachusetts Avenue NW Washington, DC 20036	International President 35 00	248,439	49,604	0
Anna Burger 1800 Massachusetts Avenue NW Washington, DC 20036	International Sec-Treas 35 00	218,972	45,601	0
Mary Henry 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Vice President 35 00	197,430	41,889	0
Gerald Hudson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Vice President 35 00	191,654	44,367	0
Eliseo Medina 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Vice President 35 00	191,654	41,889	0
Tom Woodruff 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Vice President 35 00	191,654	35,125	0
Thomas Balanoff 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	19,866	0
Thomas De Bruin 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	63,924	24,362	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 35 00	29,558	19,866	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Michael Garcia 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	19,866	0
Cecelia Grajeda 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	13,101	0
George Gresham 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
David Holway 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	19,866	0
Keith Kelleher 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	71,048	25,364	0
Danielle LeGault 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	105	0
Valarie Long 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,852	0
Robert Moore 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	13,101	0
Roberto Pagan Rodriguez 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	13,101	0
David Regan 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,747	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Dennis Rivera 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	90,865	12,215	0
David Rolf 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	9,087	0
Monica Russo 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	19,866	0
Kristina Sermersheim 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 35 00	29,558	4,119	0
Sharleen Stewart 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	15,852	0
Alice Dale 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	40,528	0	0
Michael Fishman 1800 Massachusetts Avenue NW Washington, DC 20036	Vice President 1 00	0	0	0
Mitch Ackerman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	15,852	0
Marshall Blake 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Christine Boardman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Carmen Boudier 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Maria Castenada 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Kimberly Cook 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	15,852	0
Merle Cuttitta 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	9,087	0
Damita Davis-Howard 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Randy Dorn 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Donald Driscoll 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Marc Earls 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	86,977	15,852	0
Juan Eliza Colon 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Catherine Glasson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Jim Hard 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Byron Hobbs 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	9,087	0
Rickman Jackson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	18,000	0	0
Eileen Kirlin 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	147,315	35,547	0
Raymond Larcher 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	105	0
Stephen Lerner 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	154,977	35,652	0
Josephine Mooney 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	114,370	30,684	0
Rahaman Muhammad 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,758	17,449	0
Michael O'Brien 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Dian Palmer 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0



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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Arcelia Saenz 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	15,852	0
Julie Schnell 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	10,684	0
Susana Segat 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Phillip Thompson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Celia Wcislo 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	105	0
Norman Yen 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
George Francisco 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	157,254	21,051	0
Mary Grillo 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	106,117	28,803	0
Cathy Hackett 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Willie Hampton 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	17,082	12,954	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Janice Platzke 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Jay Sackman 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	16,569	15,852	0
Catherine Singer Glasson 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	11,757	17,449	0
Diane Sosne 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	105	0
Alejandro Stephens 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	78,545	13,148	0
Kenneth Brynien 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Kathy Jellison 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Jane McAlevey 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Gary Smith 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 1 00	0	0	0
Helen Miller 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	6,655	6,989	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Ralph Williams 1800 Massachusetts Avenue NW Washington, DC 20036	Executive Board Member 35 00	4,215	4,388	0

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

<b>Line No.</b> ▼	<b>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).</b>
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 2007 Depreciation and Depletion Schedule****Name:** SERVICE EMPLOYEES INTERNATIONAL UNION**EIN:** 36-0852885

<b>Asset</b>	<b>Amount</b>
FURNITURE AND EQUIPMENT	767,368

**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** SERVICE EMPLOYEES INTERNATIONAL UNION**EIN:** 36-0852885**Gross Sales Price:** 6,532,434**Basis:** 6,322,164**Sales Expenses:** 0**Total (net):** 210,270

**TY 2007 Investments - Securities Schedule**

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Description	Book Value	Cost/FMV
Closely Held Security	40,977	F

**TY 2007 Land etc. Schedule**

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND EQUIPMENT	6,704,319	4,026,794	2,677,525



## TY 2007 Other Assets Schedule

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Description	Beginning of Year Amount	End of Year Amount
Due from Affiliates	0	7,354,783
Other assets	347,962	240,055

## TY 2007 Other Changes in Net Assets Schedule

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Description	Amount
unrealized loss on marketable securities	-6,204

## TY 2007 Other Liabilities Schedule

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Description	Beginning of Year Amount	End of Year Amount
cash overdraft	3,973,543	3,289,721
due from affiliates	2,742,489	0
line of credit	10,000,000	15,000,000

## TY 2007 Payments to Affiliates Schedule

**Name:** SERVICE EMPLOYEES INTERNATIONAL UNION

**EIN:** 36-0852885

Name	Address	Amount	Purpose
Metal Trades Dept AFL-CIO	888 16th Street NW Suite 690 Washington, DC 20006	18,850	payments to affiliates
National Conference Of Fireman & Oilers	1023 15th Street NW 10th Floor Washington, DC 20006	6,312	payments to affiliates
Novantas LLC	485 Lexington Avenue New York, NY 10017	300,000	payments to affiliates
Public Services International	PO BOX 624 Geneva, CH1215GENEVA15AIRPORT SZ	304,354	payments to affiliates
Union Network International	8 - 10 Avenue Reverdil Nyon, 1260 SZ	482,250	payments to affiliates
Change to Win	1900 L Street NW Suite 900 Washington, DC 20036	8,912,232	payments to affiliates
Dept Of Transportation Trades	888 16th Street NW Suite 690 Washington, DC 20006	84,300	payments to affiliates
Get Active	11400 Burnet Road Building 5 Suite 200 Austin, TX 78758	291,195	payments to affiliates
International Transport Workers'	49 - 60 Borough Road London, 79555 XE	45,326	payments to affiliates
IUF	rampe du pont-rouge 8 petitlancy, CH-1213 SZ	48,207	payments to affiliates

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No 1545-1879

For calendar year 2006, or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20\_\_

**2006**

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

▶ See instructions.

Department of the Treasury  
Internal Revenue Service

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 ▶ *[Signature]* 11/14/08 ▶ CHIEF FINANCIAL OFFICER

Signature of officer Date 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: *[Signature]* Date: 11/14/08 Check if also paid preparer:  Check if self-employed:  ERO's SSN or PTIN: 577-60-8865

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:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **8453-EO** (2006)