EXTENSION GRANTED TO AUGUST 15, 2011

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

		ne 2010 calendar year, or tax year beginning and ending							
B	Check if applicab		C Name of organization	D E	mployer i	dentification number			
	Addre	ess change							
L	Name	e change	AFSCME CALIFORNIA PEOPLE		20-3922479				
Ļ	Initial	return	Number and street (or P.O. box, if mail is not delivered to street address)  Room/su	ite   E T	E Telephone number				
Ļ	Term	ınated	555 CAPITOL MALL 1425			<u>)442-2952                                  </u>			
F	Amer	ded return	City or town, state or country, and ZIP + 4		iroup Exei	·			
L		ation pending	SACRAMENTO, CA 95814-4602			N/A			
		nting Meth	· · · · · · · · · · · · · · · · · · ·	H Check  if the organization is <b>not</b>					
		te. 🕨 _		required to attach Schedule B					
						, 990-EZ, or 990-PF).			
			if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally			•			
			is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organizati	оп сћоо	ses to file	a return, be sure to file a			
_	Comple	ete return <u>.</u>	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	No 4 11		<del></del>			
			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	art II,	•	140 204			
	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structio	ns for Par	149,384.			
•	uiti	_	If the organization used Schedule O to respond to any question in this Part I	311 401101	113 101 1 41	X			
_	T 1		tions, gifts, grants, and similar amounts received		1	148,875.			
	2		service revenue including government fees and contracts		2	140,073.			
	3		ship dues and assessments		3	···			
	4		ent income		4				
	5a	Gross an	nount from sale of assets other than inventory 5a						
	Ь	Less: cos	st or other basis and sales expenses 5b		7 i				
	C	Gain or (	loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		7 5c				
	6	Gaming a	and fundraising events						
ø	a	Gross inc	come from gaming (attach Schedule G if greater than						
Revenue		\$15,000	6a						
ě	b	Gross ind	come from fundraising events (not including \$ of contributions						
<u></u>		from fun	draising events reported on line 1) (attach Schedule G if the sum of such		1				
		gross ind	come and contributions exceeds \$15,000)		_				
	C		ect expenses from gaming and fundraising events 6c		_				
	d	Net incor	ne or (loss) from gamin <b>p and fundraising eyen</b> ts (addilines 6a and 6b and subtract line 6c)		6d				
	7a	Gross sa	les of inventory, less-returns and allowances 7a		4				
	b		st of goods sold 7b		4				
	C		ofit or (loss) from sales of inventor g (Spit) rapt line 75 from line 7a)		7c	F00			
	8		delide (describe in achiedie O)	)	8	509.			
_	9	Crosts =	renue. Add lines 1, 2, 8, 14, 5c, 6c, 7c, and 8—  nd similar amounts paid (fist in Schedule 0)		9	149,384.			
<u></u>	10				10				
AUGEAponsog011	11 12		paid to or for members other compensation, and employee benefits		11	<del></del>			
88	13		onal fees and other payments to independent contractors		13	11,656.			
eg G	14		cy, rent, utilities, and maintenance		14	11,000.			
灙	15	•	publications, postage, and shipping		15	4,834.			
⋽	16		penses (describe in Schedule 0)  SEE SCHEDULE (	)	16	465,178.			
	17		penses Add lines 10 through 16	´ <b>▶</b>	17	481,668.			
	18		r (deficit) for the year (Subtract line 17 from line 9)		18	<332,284.>			
Š	19		ts or fund balances at beginning of year (from line 27, column (A))						
Sterwieten			ree with end-of-year figure reported on prior year's return)		19	483,594.			
Set.	20	Other ch	anges in net assets or fund balances (explain in Schedule 0)		20	0.			
රා	21		ts or fund balances at end of year. Combine lines 18 through 20	>	21	151,310.			
LH	A For	Paperwo	rk Reduction Act Notice, see the separate instructions.	,		Form <b>990-EZ</b> (2010)			
				G-5	)	•			
						ጊ			

032171 02-02-11

Form **990-EZ** Department of the Treasury Internal Revenue Service

Pa	art II	Balance Sheets. (see the instructions for Part II.)					
		Check if the organization used Schedule O to respond to any question	ın this Part II				
				(A	) Beginning of year	(B)	End of year
22	Cash,	, savings, and investments			483,594.	22	151,310.
23	Land	and buildings				23	
24	Other	assets (describe in Schedule O)				24	
25	Total	assets			483,594.	25	151,310.
26	Total	liabilities (describe in Schedule 0)			0.	26	0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>		483,594.	27	151,310.
Pa	art III	Statement of Program Service Accomplishme	ents (see the instruc	ctions for	_		xpenses
		Check if the organization used Schedule O to respond to any question					d for section and 501(c)(4)
Wha	at is the o	organization's primary exempt purpose? SEE SCHEDULE (	)				ions and section
		hat was achieved in carrying out the organization's exempt pu				e 4947(a)( for others	1) trusts; optional
_		es provided, the number of persons benefited, and other releva				- Ioi others	o. <i>)</i>
		PORTED PROGRAMS WHICH IMPROVED '				<u> </u>	
		HTS OF MEMBERS, THEIR FAMILIES	AND OTHER	WORK	ING	_	
		PLE.					
	(Grants	s \$ ) If this amount includes foreign	grants, check here		<u>}                                 </u>	28a	481,668.
29							
				-			
		- <u>-</u>		·		_,	
	(Grants	s \$ ) If this amount includes foreign	grants, check here		<u> </u>	29a	
30						-	
			<del>.</del>		<del></del>		
	<del></del>					=-	
	(Grants	<del></del>	grants, check here		<u> </u>	30a	
		program services (describe in Schedule O)			⊾ [		
	(Grants		grants, cneck nere	_		31a	401 660
_	<u>rotari</u> art IV	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key	Fmnlovees			32	481,668.
	21 L 14	Check if the organization used Schedule O to respond to any question		each one ev	ren ir not compensated (se	e the instructions	TOT Part IV)
		Check if the diganization used Schedule O to respond to any questic	(b) Title and average	ne houre	(c) Compensation	(d) Contributions	(e) Expense
		(a) Name and address	per week devot	-	(If not paid, enter	to employee	account and
		(a) Name and address	position		-0-)	benefit plans & deferred	other allowances
BA	RRAI	RA BLAKE, 955 OVERLAND COURT,	CHAIR			compensation	-
		150, SAN DIMAS, CA 91773-1718	1.00		0.	0.	0.
		HA HARRISON, 1834 SWEETBRIER	1ST VICE	СНАТ			<u> </u>
		T, PALMDALE, CA 93550	1.00	CIHIL	0.	0.	0.
		SHANAHAN, 700 N. ALAMEDA	2ND VICE	CHAT			
		T, ROOM 2-219, LOS ANGELES, CA	1.00	~ <b>-</b>	f` o.	0.	0.
		OH, 180 GRAND AVENUE, SUITE	3RD VICE	CHAT		<u> </u>	
		OAKLAND, CA 94612-2506	1.00	<b></b>	0.	0.	0.
		L BROWN, 1900 EMBARCADERO,	4TH VICE	CHAI			1
		305, OAKLAND, CA 94606-5300	1.00		٠. l	0.	0.
		L BROWN, 1900 EMBARCADERO,	SECRETARY	<u> </u>			
		305, OAKLAND, CA 94606-5300	1.00	•	0.	0.	0.
		OOPER, 2201 BROADWAY AVENUE,	TREASURER				
		315, OAKLAND, CA 94612	1.00		0.	0.	0.
		ACOSTA, 514 SHATTO PLACE, 3RD	DIRECTOR				
	TILL I						0.
LL		, LOS ANGELES, CA 90020	1.00		0.	0.	U =
	OOR				0.	0.	
JO	OOR VAN	, LOS ANGELES, CA 90020 AGEE, 1121 L ST. STE. 508, MENTO, CA 95814	1.00 DIRECTOR 1.00		0.	0.	
JO SA	OOR VAN CRAI	AGEE, 1121 L ST. STE. 508,	DIRECTOR				
JO SA ST	OOR VAN CRAI 'UAR'	AGEE, 1121 L ST. STE. 508, MENTO, CA 95814	DIRECTOR 1.00				0.
JO SA ST AV	OOR VAN CRAI UAR' ENU	AGEE, 1121 L ST. STE. 508, MENTO, CA 95814 T BUSSEY, MD, JD, 180 GRAND	DIRECTOR 1.00 DIRECTOR		0.	0.	0.
JO SA ST AV DO	OOR VAN CRAI UAR' ENUI	AGEE, 1121 L ST. STE. 508, MENTO, CA 95814 T BUSSEY, MD, JD, 180 GRAND E, SUITE 1380, OAKLAND, CA	DIRECTOR 1.00 DIRECTOR 1.00		0.	0.	0.
JO SA ST AV DO SU	OOR VAN CRAI UAR' ENUI OUG ( ITE	AGEE, 1121 L ST. STE. 508, MENTO, CA 95814 T BUSSEY, MD, JD, 180 GRAND E, SUITE 1380, OAKLAND, CA CHIAPPETTA, 1225 8TH STREET,	DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR		0.	0.	0.
JO SA ST AV DO SU KE	OOR VAN CRAI UAR ENUI UG ( ITE IN DI	AGEE, 1121 L ST. STE. 508, MENTO, CA 95814 T BUSSEY, MD, JD, 180 GRAND E, SUITE 1380, OAKLAND, CA CHIAPPETTA, 1225 8TH STREET, 570, SACRAMENTO, CA 95814	DIRECTOR 1.00 DIRECTOR 1.00 DIRECTOR 1.00		0.	0.	0.

No Did the organization engage in any activity not previously reported to the IRS? If Yes," provide a detailed description of each activity in Schedule 0  34 Were any significant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 (why the organization did not report the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  b If Yes, has it filled a tax return on Form 990-T for this year?  501 (c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," 35b N/A  36 Did the organization in Porm 120-POL for this year?  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b If Yes, complete Schedule I, Part II and enter the total amount involved  38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes, complete Schedule I, Part II and enter the total amount involved  39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers  or disqualited persons during the year under sections 4912, 4955, and 4958  N/A  50 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the	Pa	other Information (Note the statement requirements in the instructions for Part V)			
33		Check if the organization used Schedule O to respond to any question in this Part V			X
Schedule O  All Were any significant changes made to the organization or governing documnists? II "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of an organization of the organization organ	••	Dollar assessment as a second of the second		Yes	No
34 Were any significant changes made to the organization's name, Otherwise, explain the change on Schedule (0 (see instructions))  35 If the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-1. Explain in Schedule (0 (see instructions))  36 If the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-1. But the organization had uncome from 990-1. But the organization had uncome from 990-1. But the organization had business gross more of \$1,000 or more or was it a section 90((c)(4), 501(c)(5), or 501(c)(5), or 501(c)(5) or 601(c)(6) organization subject to section 90(33(2)) indices, reporting, and provy lax requirements?  35 If Yes, from 11 the dat ax return or firm 990-1 for the 1992-1 for 19	33	·			,,
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (1) (see instructions)  If the organization had income from business achieves, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule (2) why the organization durity profit the income on Form 990-T.  a Did the organization have unreliated business gross income of \$1,000 or more or was it a section 501(c)(6), 501(c)(5), or 501(c)(6) or gross explained to subject to section (932(c)) include, sporting, and grove its requirements?  b If Yes,* has it flied a tax eleurn on Form 990-T for this year?  50 bid the organization indept on alleristic, dissolution, circumstum, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  75 a Enter amount of pothical expenditures, direct or indirect, as described in the instructions.  b 10 the organization field from 1120-POL for this year?  80 bid the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in an prior year and still outstanding at the end of the tax year covered by this return?  b 1 if Yes,* complete Schedule L, Part II and enter the total amount involved  38b N/A  38b N/A  38b N/A  38b N/A  38b N/A  38c	0.4		33		X
15 If the organization had income from business activities, such as those reported on line's 2, 6a, and 7a (among others), but net reported on Form 990-T.  15 a Did the organization have unrelated business gioss income of \$1,000 or more or was in a section 501(c)(4), 501(c)(5), or	34				
reported on Form 990-7, explain m Schedule D why the organization and not report the income on Form 990-7.  In this did the organization have unrelated business gross motion of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  In this did a tax return on Form 990-1 for this year?  So but the organization inderion a quindation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 to 1 to	25		34		<u> </u>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subset to section 603(s) onloce, reporting, and proxy fax requirements?  b ii Yes, has if field a tax return on Form \$90-Tid mits year?  b iii Yes, has if field a tax return on Form \$90-Tid mits year?  b iii Yes, has if field a tax return on Form \$90-Tid mits year?  b iii Yes, has if field a tax return on Form \$90-Tid mits year?  b iii Yes, has if field a tax return on Form \$90-Tid mits year?  b iii Yes, complete schedule (a) Form Total organization, or significant disposition of net assets during the year? If Yes, organization the Form Tid Hopped on the instructions.  b iii Yes, complete schedule (a) Form Total organization during the year and so the reganization form organization schedule (b) Form \$90-E2\$ iii Yes, complete Schedule (c) Form 130-Fid Form \$90-E2\$ iii Yes, complete Schedule (c) Form \$100 Fid Form \$90-E2\$ iii Yes, complete Schedule (c) Form \$100 Fid Form \$100 Fid	00				
501 (c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  352 If Yes, 'has it filed a tax return on Farm 590-f for this year?  353 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N  358 If effort amount of pollucial expenditures, direct or indirect, as described in the instructions.  369 If the organization of pollucial expenditures, direct or indirect, as described in the instructions.  370 If the organization of pollucial expenditures, direct or indirect, as described in the instructions.  371 If Yes, 'complete Schedule I, Part I and eather the total amount involved in a prior year and still outstanding at the end of the tax year covered by this return?  370 In Interest organization standard in the	а	· · · · · · · · · · · · · · · · · · ·			Ì
b If Yes,* has it filed a tax return on Form 890-T for this year?  Did the organization undergo a liquidation, dissolution, permination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  37a	•		352		x
86 Dd the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N  77. 8 Enter amount of poblical expenditures, direct or indirect, as described in the instructions. ▶ 37a	b			N/	
complete applicable parts of Schedule N 2	36		005		<u> </u>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 0.7a 0.    37b			36		х
b Did the organization le Form 1120-POL for this year?  38 bill the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bill "Yes," complete Schedule I., Part II and enter the total amount involved  38 Section 501 (c)(7) organizations. Enter  inhation less and capital contributions included on line 9  38 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4955 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A ; section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4955 ▶ N/A ; section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4955 ▶ N/A ; section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4955 ▶ N/A ; section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in an excess the section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in a care of ▶ DIANE M. FISHBURN, OLSON HAG Telephone no. ▶ (916) 442 – 2952 Located at ▶ 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA ZIP+4 ▶ 95814 – 4602 XIP+4 № 95814 – 4	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
38    Mithe organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    1	b		7		Х
b If Yes,* complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) congranizations. Enter amount of tax imposed on the organization during the year under:  3 section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under:  3 section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did lengage in an excess benefit transaction approver, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization shoots are in care of ▶ DIANE M. FISHBURN, OLSON HAG  1 List the states with which a copy of this return is tied. ▶ NONE  42a The organization's books are in care of ▶ DIANE M. FISHBURN, OLSON HAG  1 Telephone no. ▶ (916)442-2952  1 Located at ▶ 555 CAPITOL MALL, SULTE 1425, SACRAMENTO, CA  2 IP + 4 ▶ 95814-4602  5 At any time during the calendar year, did the organization have an interest in or a signature or other fundical account in a foreign country; ▶  3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041-Check here and enter the name of the foreign country; ▶  4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  5 Did the organization organization organization filed a Form 720 to report these payments? If Yes,* Form 990 must be completed instead of Form 990-EZ  5 Did the organization ceeve any payments for indoor tanning services during the year?  4 Unit Set to H	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 or public use of club facilities linitation fees and capital contributions included on line 9 b Gross receipts, included on line 9 or public use of club facilities location 4911 ► N/A    Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A   Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A   Section 501(c)(3) and 501(c)(4) organizations. Briter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization so 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T   List the states with which a copy of this return is filed. ► NONE   List the organization's blooks are in care of ► DIANE M. FISHBURN, OLSON HAG Telephone no. ► (916) 442 – 2952   Located at ≠ 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA ZIP+4 ► 95814-4602   A tany 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; ► See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.   A tany time during the calendar year, did the organization maintain an office outside of the U.S.?   Yes, enter the name of the foreign country; ► See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accou		In a prior year and still outstanding at the end of the tax year covered by this return?	_38a		X
a Inhabton fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  0.a Section 30 (1c)(3) and 50 (1c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations books are in care of ▶ DIANE M. FISHBURN, OLSON HAG Telephone no. ▶ (916) 442-2952 Located at ▶ 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA ZIP+4 ▶ 95814-4602 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; ▶ See the instructions for exceptions and filing requirements for form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; ▶ See the instructions for exceptions and filing requirements for form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; ▶ See the instructions for exceptions and filing requirements for form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any ti	b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	_		1
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If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  List the states with which a copy of this return is tiled.  NONE  The organization's books are in care of ▶ DIANE M. FISHBURN, OLSON HAG Telephone no. ▶ (916) 442-2952 Located at ▶ 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA ZIP+4 ▶ 95814-4602  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 accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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.  At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization precise any payments for indoor tanning services	D	•			
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List the states with which a copy of this return is filed.   NONE  The organization's books are in care of DIANE M. FISHBURN, OLSON HAG Telephone no.   (916)442-2952  Located at 555 CAPITOL MALL, SUITE 1425, SACRAMENTO, CA ZIP+4 95814-4602  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 accountly?  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.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		40e		x
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A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d 1f "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d   A4d	C		42c	i	<u> </u>
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	40				
Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	43	1 1	<b>3</b> 7 / 3		ш
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d  44d		and enter the amount of tax-exempt interest received of accrued during the tax year	N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d  44d			1	Voc	No
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d  44d  44d	44 2	Did the organization maintain any donor advised funds during the year? If "Yes " Form 990 must be completed instead of	$\Box$	162	140
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	774		440		Y
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44b X 44c X	b		774		<u> </u>
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d 44d	_	·	446		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  44d	C				
ın Schedule O 44d					
Form 000 E7 (2010)			44d		
10111 330-22 (2010)	_		Form 9	90-EZ (	2010)

Form 990-E	(2010) AFSCME CALIFORNIA PI	EOPLE		20-3922	<u>479</u>	F	Page 4
_						Yes	No
<b>45</b> Is any	related organization a controlled entity of the organization	within the meaning of section 5120	b)(13)?		45		X
-	e organization receive any payment from or engage in any tr		· · ·	512(h)(13)2	- <del>.v</del>		
•	Form 990 and Schedule R may need to be completed inst,		the meaning of section	312(0)(10)	45.		v
				" .	45a		X
	e organization engage, directly or indirectly, in political camp	paign activities on behalf of or in opposit	ion to candidates for pi	iplic office,			
	," complete Schedule C, Part I		, <u></u>		46		<u>X</u>
Part VI	Section 501(c)(3) organizations and se	∍ction 4947(a)(1) nonexemp	t charitable tru	sts only. All:	section	501(c	)(3)
	organizations and section 4947(a)(1) nonexempt charita	ible trusts must answer questions 47-49	b and 52, and complete	the tables for lin	es 50 a	and 51	,,,
	Check if the organization used Schedule O to respond to	•	o and 02, and 00mplox		.00 00 (	and or	
	Check if the organization used Schedule O to respond to	any question in this rait vi			—т	-	<u> </u>
				г		Yes	NO
<b>47</b> Did the	e organization engage in lobbying activities? If "Yes," com	plete Schedule C, Part II			47		
48 Is the	organization a school as described in section 170(b)(1)(A)(i	II)? If "Yes," complete Schedule E			48		
49 a Did the	e organization make any transfers to an exempt non-charital	ble related organization?			49a		
	," was the related organization a section 527 organization?				49b	$\neg$	
						<del></del> -	
	lete this table for the organization's five highest compensate		ors, trustees and key er	npioyees) who ea	ich rec	eived n	nore
than \$	100,000 of compensation from the organization. If there is	none, enter "None."	<del></del>		<b></b>		
		(b) Title and average hour	s (c) Compensation	(d) Contributions	(e	) Exper	nse
	(a) Name and address of each employee paid more	per week devoted to		to employee benefit plans &	ac	count a	and
	than \$100,000 N/A	position		deferred	othe	r allowa	ances
		<del></del>	<del></del>	compensation	+-		
		<del></del>					
					<del> </del>		
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			<del></del>			<del></del>	
					]		
					1		
4 Total r	number of other employees paid over \$100,000		<u> </u>		-		
	lete this table for the organization's five highest compensate	d independent contractors who each rec	eived more than \$100,	000 of compensa	ition fro	om the	
organi	zation. If there is none, enter "None." N/A		· · · · · · · · · · · · · · · · · · ·				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Type of ser	/ice (c	) Comp	ensatı	on
			7				
			_				
	<del></del>						
-							
d Total	number of other independent contractors each receiving over	vr \$100 000					
	number of other independent contractors each receiving over		- -				
	number of other independent contractors each receiving ove e organization complete Schedule A? <b>Note:</b> All section 501(		►				— —
<b>52</b> Did the	e organization complete Schedule A? <b>Note:</b> All section 501(able trusts must attach a completed Schedule A	c)(3) organizations and 4947(a)(1) none		<b>▶</b> [			
<b>52</b> Did the	e organization complete Schedule A? Note: All section 501(i able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return,	c)(3) organizations and 4947(a)(1) none.	ents, and to the best of my	knowledge and bel	Yes	rue,	
52 Did the	e organization complete Schedule A? <b>Note:</b> All section 501(able trusts must attach a completed Schedule A	c)(3) organizations and 4947(a)(1) none.	ents, and to the best of my	knowledge and bel	Yes	; rue,	
52 Did the charita	e organization complete Schedule A? Note: All section 501(i able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return,	c)(3) organizations and 4947(a)(1) none.	ents, and to the best of my	knowledge and bel	Yes	rue,	
52 Did the	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b	c)(3) organizations and 4947(a)(1) none: , including accompanying schedules and statem passed on all information of which preparer has a	ents, and to the best of my	knowledge and bel	Yes	; rue,	
52 Did the charita	e organization complete Schedule A? Note: All section 501(able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return correct, and complete Declaration of preparer (other than officer) is the section of	c)(3) organizations and 4947(a)(1) none: , including accompanying schedules and statem passed on all information of which preparer has a	ents, and to the best of my	knowledge and bel	Yes	rue,	
52 Did the charita	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b	c)(3) organizations and 4947(a)(1) none: , including accompanying schedules and statem passed on all information of which preparer has a	ents, and to the best of my	knowledge and bel	Yes	rue,	
52 Did the charita	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b  Signature of office  AL: Cooper TREASURE	c)(3) organizations and 4947(a)(1) none: , including accompanying schedules and statem passed on all information of which preparer has a	ents, and to the best of my	knowledge and bel	Yeser, it is t	rue,	
Sign Here	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b  Signature of office  AL: Cooper TREASURE	c)(3) organizations and 4947(a)(1) none: including accompanying schedules and statem based on all information of which preparer has a	ents, and to the best of my ny knowledge Check	7/14/2 Date PTIN	Yesef, it is t	i rue,	
Sign Here	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b  Signature of office  AL: COOPER, TREASURE  Type or print name and title  Print/Type preparer's name  Preparer	c)(3) organizations and 4947(a)(1) none: including accompanying schedules and statem based on all information of which preparer has a	ents, and to the best of my ny knowledge	7/4/2 Date PTIN	ef, it is t	rue,	
Sign Here Paid Prepare	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is b  Signature of officer  AL: Cooper, Treasure  Type or print name and title  Print/Type preparer's name  Preparer  MICHAEL V. GIBSON	c)(3) organizations and 4947(a)(1) none: including accompanying schedules and statem based on all information of which preparer has all the statements of the statement of the s	ents, and to the best of my ny knowledge  Check self- employ	7/4/2 Date PTIN //ed P001	ef, it is t	)78	
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Sign Here Paid Prepare Use Onl	e organization complete Schedule A? Note: All section 501( able trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, correct, and complete Declaration of preparer (other than officer) is to  AL: COPER, TREASURE  Type or print name and title  Print/Type preparer's name  Preparer  MICHAEL V. GIBSON  Firm's name GIBSON & COMPANY  Firm's address A600 NORTHGATE I SACRAMENTO, CA	c)(3) organizations and 4947(a)(1) none: including accompanying schedules and statem based on all information of which preparer has an organization of which preparer has a passed on all informatio	ents, and to the best of my hy knowledge  Check self- employ	7/4/2 Date  7/14/2  PTIN  PO 0 1  PO 0 2  PO 4 - 274	74( 137( 184-	)78 )2 -125	52
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## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

AFSCME CALIFORNIA PEOPLE

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

INTEREST INCOME

ARRANGE CALIFORNIA PEOPLE

Employer identification number 20-3922479

AMOUNT:

AMOUNT:

509.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BUSINESS FEES/TAXES 10. RECEPTIONS/RETREATS 4,790. POLITICAL CONTRIBUTIONS <u>317,959.</u> CHARITABLE/CIVIC DONATIONS 100,650. MISCELLANEOUS 6,000. MEMBER TO MEMBER COMMUNICATIONS 35,769. TOTAL TO FORM 990-EZ, LINE 16 465,178.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATE, ORGANIZE AND

MOBILIZE CALIFORNIA AFSCME MEMBERS IN SUPPORT OF LEGISLATIVE AND

POLITICAL PROGRAMS WHICH IMPROVE THE LIVING STANDARDS AND RIGHTS OF

MEMBERS, THEIR FAMILIES AND OTHER WORKING PEOPLE, AND TO ACHIEVE

ECONOMIC AND SOCIAL JUSTICE FOR ALL CALIFORNIANS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

AFSCME CALIFORNIA PEOPLE

Employer identification number 20-3922479

• AFSCME CALIFORNIA PEO			<u> 20-39224</u>	<u>:79                                    </u>
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(see the instructions t	or Part IV)
(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	(e) Expense account and other allowances
ALICE GOFF, 514 SHATTO PLACE, 3RD	DIRECTOR			
FLOOR, LOS ANGELES, CA 90020	1.00	0.	0.	0.
JIMMY GOMEZ, 955 OVERLAND COURT,	DIRECTOR			
STE. 150, SAN DIMAS, CA 91773-1718	1.00	0.	0.	0.
JUDY KATZ, 2102 CENTURY PARK LANE,	DIRECTOR			
#408, LOS ANGELES, CA 90067-3306	1.00	0.	0.	0.
	DIRECTOR		ĺ	
SUITE 1850, OAKLAND, CA 94612	1.00	0.	0.	0.
	DIRECTOR			
FLOOR, LOS ANGELES, CA 90020	1.00	0.	0.	0.
WILLIE PELOTE, 1121 L STREET, SUITE	DIRECTOR			
904, SACRAMENTO, CA 95814-3926	1.00	0.	0.	0.
TONY PEREZ, 700 N. ALAMEDA ST., STE.	DIRECTOR			
3-203, LOS ANGELES, CA 90012	1.00	٥.	0.	0.
GEORGE POPYACK, 1900 EMBARCADERO,	DIRECTOR			<del></del>
SUITE 305, OAKLAND, CA 94606-5300	1.00	0.	0.	0.
GAIL PRICE, 1900 28TH STREET,	DIRECTOR			<u> </u>
SACRAMENTO, CA 95816	1.00	0.	0.	0.
JIM PROLA, 2234 BELVEDERE AVENUE,	DIRECTOR			<u> </u>
SAN LEANDRO, CA 94577	1.00	0.	0.	0.
GARY ROBINSON	DIRECTOR	0.		0.
1933 GASPAR DRIVE, OAKLAND, CA 94611	1.00	0.	0.	0.
LINDA TREMBLE, 1900 EMBARCADERO,	DIRECTOR	0.	- 0.	0.
SUITE 305, OAKLAND, CA 94606	1.00	0.	0.	0.
KEITH URIARTE, 1900 EMBARCADERO,	DIRECTOR	0.	0.	<u> </u>
SUITE 305, OAKLAND, CA 94606	1.00	0.	٥.	0.
ALDO VENNETTILLI, 2475 CHANDLER	DIRECTOR	0.	· ·	0.
STREET, STE. 4, LAS VEGAS, NV 89120	1.00	0.	0.	_
FLO WALKER, 2475 CHANDLER STREET,	DIRECTOR	0.	0.	0.
STE. 4, LAS VEGAS, NV 89120	1.00	0.	0.	
	DIRECTOR		0.	0.
#1425, SACRAMENTO, CA 95814	1.00	0.	_	
	DIRECTOR	<b>V</b> •	0.	0.
· ·		0.	_	
STREET, SUITE 2-219, LOS ANGELES, CA JOE WILSON, 2101 WEBSTER STREET,	1.00 DIRECTOR	<u></u>	0.	0.
SUITE 1850, OAKLAND, CA 94612	1.00	0.	_	ا م
SUITE 1050, OARDAND, CA 94012	1.00		0.	0.
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