

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

C Name of organization: UNITE HERE LOCAL 11, % ADA F BRICENO, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 464 s LUCAS AVE STE 201, City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90017

D Employer identification number: 95-2938571, E Telephone number: (213) 481-8530, G Gross receipts \$ 33,965,585

F Name and address of principal officer: ADA F BRICENO, 464 s LUCAS AVE STE 201, LOS ANGELES, CA 90017

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No, H(c) Group exemption number 8177

I Tax-exempt status: 501(c)(3), 501(c)(5) (insert no.), 4947(a)(1) or 527

J Website: www.UNITEHERE11.org

K Form of organization: Association

L Year of formation: 1923, M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, membership, revenue (Total: 24,126,815), expenses (Total: 31,161,701), and net assets (End of Year: 11,063,713).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer ADA BRICENO CO-PRESIDENT, Date 2024-08-27. Paid Preparer Use Only: Firm's name MILLER KAPLAN ARASE LLP, Firm's EIN P00642929, Phone no. (818) 769-2010.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes No

If "Yes," describe these new services on Schedule O.

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

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE OBJECTIVES OF THE LOCAL UNION ARE TO EXPAND ITS MEMBERSHIP, AS WELL AS, TO PROTECT AND DEVELOP, THROUGH COLLECTIVE ACTION, THE WELFARE AND INTEREST OF IT, IMPROVE WORKING CONDITIONS, PROMOTE A HIGHER STANDARD OF WAGES, AND TO OBTAIN ECONOMIC ADVANTAGE THROUGH PARTICIPATION IN THE ACTIVITIES OF THE LABOR AND POLITICAL MOVEMENT AND THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Blank lines for describing program service accomplishments for 4b.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Blank lines for describing program service accomplishments for 4c.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17 with various questions and input fields.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) KURT PETERSEN CO-PRESIDENT	25.0 25.0	X						0	148,544	60,742
(2) SUSAN MINATO CO-PRESIDENT	25.0 25.0	X						0	147,002	60,742
(3) BEATRIZ TOPETE EXECUTIVE BOARD	25.0 25.0	X						0	109,034	54,945
(4) MARTHA SANTAMARIA EXECUTIVE VICE-PRESIDENT	25.0 25.0	X						0	116,690	39,415
(5) ADA F BRICENO CO-PRESIDENT	50.0 0.0	X			X			138,229	0	6,853
(6) KARINE K MANSOORIAN EXECUTIVE VICE PRESIDENT	50.0 0.0	X						116,679	0	23,030
(7) MARI YEPEZ VICE PRESIDENT - PAST	50.0 0.0	X						76,763	0	45,732
(8) MARTIN LOPEZ RECORDING SECRETARY	50.0 0.0	X						93,655	0	17,387
(9) ADALGISA JONES EXECUTIVE BOARD - PAST	8.0 0.0	X						80,352	0	17,387
(10) SANTOS VELASQUEZ EXECUTIVE BOARD	8.0 0.0	X						70,727	0	17,387
(11) MARIA DEL CARMEN MEZA EXECUTIVE BOARD	50.0 0.0	X						70,404	0	17,387
(12) JOSE CALDERON TRUSTEE	50.0 0.0	X						68,334	0	17,387
(13) ANA CORTEZ EXECUTIVE BOARD	50.0 0.0	X						65,522	0	16,043
(14) MARK ANTHONY ALCALA EXECUTIVE BOARD	50.0 0.0	X						65,368	0	14,296
(15) LILIANA HERNANDEZ EXECUTIVE BOARD	50.0 0.0	X						64,480	0	12,177
(16) BARBARA STANDLEY EXECUTIVE BOARD	50.0 0.0	X						56,965	0	10,265
(17) FLORINDA SANTIAGO EXECUTIVE BOARD	50.0 0.0	X						52,016	0	11,367

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) ALICE STANFORD CHAIR OF TRUSTEES	8.0 0.0	X					25,014	0	6,540
(19) YOLANDA L HERNANDEZ EXECUTIVE BOARD	8.0 0.0	X					4,621	0	0
(20) GRACIELA GOMEZ EXECUTIVE BOARD	8.0 0.0	X					926	0	0
(21) MARLENE MENDOZA VICE PRESIDENT	8.0 0.0	X					900	0	0
(22) THOMAS FLEMING VICE PRESIDENT	8.0 0.0	X					800	0	0
(23) MAURA RIVAS EXECUTIVE BOARD	8.0 0.0	X					700	0	0
(24) GLYNNNDANA SHEVLIN-SANCHEZ CHAPLAIN - PAST	8.0 0.0	X					668	0	0
(25) JOSE LUIS ACOSTA VICE PRESIDENT	8.0 0.0	X					600	0	0
(26) ARMANDO GARCIA EXECUTIVE BOARD	8.0 0.0	X					600	0	0
(27) BENIGNO VARGAS TRUSTEE	8.0 0.0	X					600	0	0
(28) MARTHA ESQUIVEL DIAZ EXECUTIVE BOARD	8.0 0.0	X					600	0	0
(29) CARMEN ARAGON EXECUTIVE BOARD - PAST	8.0 0.0	X					600	0	0
(30) ISABEL BRENTNER EXECUTIVE BOARD	8.0 0.0	X					445	0	0
(31) SATURNINO BELTRAN EXECUTIVE BOARD	8.0 0.0	X					361	0	0
(32) MARIA GUADALUPE ORTIZ EXECUTIVE BOARD - PAST	8.0 0.0	X					304	0	0
(33) GARY DUPLESSIS EXECUTIVE BOARD	8.0 0.0	X					300	0	0
(34) ISRAEL TORRES EXECUTIVE BOARD - PAST	8.0 0.0	X					274	0	0
(35) MERCEDES FLORES EXECUTIVE BOARD	8.0 0.0	X					200	0	0
(36) MARIA ARELLANO EXECUTIVE BOARD	8.0 0.0	X					100	0	0
(37) DANIELLE JONES EXECUTIVE BOARD - PAST	8.0 0.0	X					0	0	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						1,053,723	521,270	449,082	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
law office of gideon kracov, 801 S GRAND AVE 11TH FL LOS ANGELES, CA 90017	LEGAL COUNSEL	282,639
KAUFMAN LEGAL GROUP, 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017	LEG. CAMPAIGN REP.	384,021
GILBERT SACKMAN, 3699 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90010	LEGAL COUNSEL	216,955
ALTSHULER BERZON LLP, 177 POST ST STE 300 SAN FRANCISCO, CA 94108	LEGAL COUNSEL	338,085
OLSON REMCHO LLP, 555 CAPITAL MALL STE 400 SACRAMENTO, CA 95814	LEG. CAMPAIGN REP.	108,867

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a Federated campaigns				
	b Membership dues				
	c Fundraising events				
	d Related organizations				
	e Government grants (contributions)				
	f All other contributions, gifts, grants, and similar amounts not included above				
	g Noncash contributions included in lines 1a - 1f:\$				
	1g				
	h Total. Add lines 1a-1f				

Program Service Revenue	Business Code					
	2a	MEMBERSHIP DUES AND ASSESSMENTS	900099	20,278,054	20,278,054	
b						
c						
d						
e						
f	All other program service revenue.					
g	Total. Add lines 2a-2f.		20,278,054			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		613,102			613,102	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	6a	251,183			
		(ii) Personal	6b	0			
		Less: rental expenses	6c	251,183	0		
		d Net rental income or (loss)		251,183			227,266
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	9,273,818			
		(ii) Other	7b	9,838,770			
		Less: cost or other basis and sales expenses	7c	-564,952			
		d Net gain or (loss)		-564,952			-564,952
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0			
		Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19		9a	0			
Less: direct expenses		9b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances		10a	0				
	Less: cost of goods sold	10b	0				
	c Net income or (loss) from sales of inventory		0				

Other Revenue Misc Amt	11a ADMINISTRATIVE REIMBURSEMENTS	Business Code	900099	808,253	808,253	
	b EMPLOYEE RETENTION CREDIT		900099	1,331,374	1,331,374	
	c INT'L UNION REIMBURSEMENT		900099	1,409,801	1,409,801	
	d All other revenue					
	e Total. Add lines 11a-11d			3,549,428		
12 Total revenue. See instructions			24,126,815	23,827,482	23,917	275,416

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	5,640			
5 Compensation of current officers, directors, trustees, and key employees	1,291,345			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	8,303,906			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	587,875			
9 Other employee benefits	1,658,161			
10 Payroll taxes	763,653			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,321,578			
c Accounting	118,256			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	56,801			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	677,170			
12 Advertising and promotion	163,682			
13 Office expenses	615,614			
14 Information technology	279,636			
15 Royalties	0			
16 Occupancy	764,681			
17 Travel	734,127			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	4,151,709			
22 Depreciation, depletion, and amortization	0			
23 Insurance	201,550			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING EXPENSES	660,979			
b STRIKE BENEFITS AND EXP.	6,075,793			
c INT'L UNION REIMB.	2,004,029			
d DEPRECIATION EXPENSE	232,345			
e All other expenses	493,171			
25 Total functional expenses. Add lines 1 through 24e	31,161,701			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	5,157,888	1	4,347,938
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,415,942	4	2,890,055
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,653,878		
	b Less: accumulated depreciation	10b 3,118,879	7,515,881	10c 7,534,999
	11 Investments—publicly traded securities	17,202,320	11	11,810,667
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	24,590	15	60,328
16 Total assets: Add lines 1 through 15 (must equal line 33)	32,316,621	16	26,643,987	
Liabilities	17 Accounts payable and accrued expenses	13,049,932	17	11,625,012
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	3,846,454	23	3,950,149
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,113	25	5,113	
26 Total liabilities. Add lines 17 through 25	16,901,499	26	15,580,274	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,415,122	27	11,063,713
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,415,122	32	11,063,713
33 Total liabilities and net assets/fund balances	32,316,621	33	26,643,987	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,126,815
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,161,701
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,034,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,415,122
5	Net unrealized gains (losses) on investments	5	1,416,996
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,266,481
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	11,063,713

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Supplemental Financial Statements

2022

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITE HERE LOCAL 11

Employer identification number

95-2938571

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor and grantee information.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for various types of easements, a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d, and questions 3 through 9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,377,406		2,377,406
b Buildings		8,127,970	3,003,250	5,124,720
c Leasehold improvements				
d Equipment		148,502	115,629	32,873
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				7,534,999

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SECURITY DEPOSITS	5,113
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,113

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	25,543,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,416,996	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,416,996
3	Subtract line 2e from line 1		3	24,126,815
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	24,126,815

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	31,161,701
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	31,161,701
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	31,161,701

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL UNION AND RECOGNIZE A TAX LIABILITY IF THE LOCAL UNION HAS TAKEN A TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAX AUTHORITY. THE LOCAL UNION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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Department of the Treasury
Internal Revenue Service

Name of the organization
UNITE HERE LOCAL 11

Employer identification number

95-2938571

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

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Department of the Treasury
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UNITE HERE LOCAL 11

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . \$. \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANNAH J PETERSEN	DAUGHTER OF K. PETERSEN	69,351	LO UNION EMPLOYEE-COMPENSATION		No
(2) LESLY MEZA	DAUGHTER OF M. MEZA	51,263	LO UNION EMPLOYEE-COMPENSATION		No
(3) JESSICA LOPEZ	DAUGHTER OF M. LOPEZ	515	LO UNION EMPLOYEE-COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization
UNITE HERE LOCAL 11**Employer identification number**

95-2938571

Return Reference	Explanation
PARTS I AND III, LINE 1:	THE OBJECTIVES OF THE LOCAL UNION ARE TO EXPAND ITS MEMBERSHIP, AS WELL AS, TO PROTECT AND DEVELOP, THROUGH COLLECTIVE ACTION, THE WELFARE AND INTEREST OF IT, IMPROVE WORKING CONDITIONS, PROMOTE A HIGHER STANDARD OF WAGES, AND TO OBTAIN ECONOMIC ADVANTAGE THROUGH PARTICIPATION IN THE ACTIVITIES OF THE LABOR AND POLITICAL MOVEMENT AND THE COMMUNITY.
PART VI, LINES 6, 7A AND 7B:	THE VOTING MEMBERS OF THE LOCAL UNION ARE REGULAR MEMBERS WHO PAY FULL DUES. THESE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY.
PART VI, LINE 11B:	FORM 990 WAS DISTRIBUTED TO RESPONSIBLE LOCAL UNION OFFICERS AND REVIEWED BEFORE IT WAS FILED.
PART VI, LINE 12C:	OFFICERS ARE REQUIRED TO NOTIFY THE LOCAL UNION OF ANY CHANGES IN THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS.
PART VI, LINES 15A AND 15B:	COMPENSATION TO OFFICERS IS APPROVED BY THE MEMBERSHIP AND DESCRIBED IN THE LOCAL UNION'S BY-LAWS.
PART VI, LINE 19:	THE LOCAL UNION'S BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MAINTAINED IN THE LOCAL UNION'S OFFICE AND ARE AVAILABLE UPON WRITTEN REQUEST.
PART VII:	ADALGISA JONES BECAME AN OFFICER OF THE LOCAL UNION DURING 2023 AND RESIGNED WITHIN THE SAME YEAR.
PART XI, LINE 9:	DURING 2023, THE LOCAL UNION RECEIVED \$1,266,481 FROM ITS LEGISLATIVE COMMITTEES/AFFILIATES.

Additional Data

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Software ID:

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

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Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITE HERE LOCAL 11

Employer identification number

95-2938571

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) unite here local 11 pac non-exempt 464 S lucas ave ste 201 los angeles, CA 90017 35-2413356	political org	CA	527	n/a	na		No
(2) UNITE HERE EXEMPT 275 7TH AVE NEW YORK, NY 10001 13-3819434	LABOR ORG.	NY	501(C)(5)	N/A	NA		No
(3) CITIZENS FOR A SUSTAINABLE LAGUNA BEACH 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 87-3120102	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(4) CITIZENS FOR A BETTER GLENDALE 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 87-3276736	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(5) UNITE HERE LOCAL 11 FOR WORKING FAMILIES 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 82-5160952	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(6) CITIZENS FOR A BETTER LOS ANGELES 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 83-0864055	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(7) Working Families Committee for Soto Pri 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 87-4535059	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(8) Worker Power for Bass for Mayor Soto fo 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 88-4077597	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(9) Worker Power for Bass for Mayor McOsker 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 92-0258593	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(10) Neighbors and Workers - Working Families 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 92-0557983	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(11) Citizens For A Responsible Dev Bev 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 92-1200023	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(12) Citizens For A Responsible Anaheim 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 88-4302388	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No
(13) CONCERNED CITIZENS IN SUPPORT OF THE REC 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017 93-3030446	LEGISLATIVE	CA	501(C)(4)	N/A	NA		No

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**