efil	e GR/	APHIC	print - DO NOT PROCE	SS	As Filed Data -				D	LN: 93	493318137537
	90	0	Return of	Org	anization Ex	empt From	n Inco	ome	Тах		1B No 1545-0047
Form	JJ	U	Under section 501(c		-	-				e	2016
Danar	tmant of	f tha Trace u	► Do not ente								
				n abou	it Form 990 and its in	structions is at <u>wwi</u>	<u> N IRS qo</u>	v/form	<u>1990</u>		Inspection
A F	or the	e 2016 c	alendar year, or tax year	begir	ning 01-01-2016 ,	and ending 12-3	1-2016				
	-		C Name of organization CALIFORNIA FEDERATION OF	- TEACI	HERS AFT 8004				D Employe	r identif	ication number
		2	% ELIZABETH SOTO						94-1271	864	
		urn	Doing business as								
					all is not delivered to stre	et address) Room/su	lite		E Telephone	e number	
					ntry, and ZIP or foreign p	ostal code			(818) 84	13-8226	
			BURBANK, CA 91505	,	inty, and zir or foreign p				G Gross red	eipts \$ 24	4,380,843
				rincipa	l officer		H(a)	Is this	a group ret	urn for	
			2550 N HOLLYWOOD WaY	400			ник)			25	🗌 Yes 🗹 No
I Ta	ix-exem	npt status				(-)(1)	1 ` ´	Includ	ed?		
JW	ebsite	e:▶ WW		(5)	(Insert no) 🗀 49471	(a)(1) or 🗀 527	1				
K For	m of or <u>c</u>	ganızatıon	Corporation Trust	Asso	ociation 🔲 Other 🕨		L Year o	f forma	ition 1919	M State	of legal domicile CA
Pa	rt I	Sum	mary								
				sion o	r most sıgnıfıcant actı	vities					
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оvе	2	Check th	s box 🕨 🗌 ıf the organızat	ion dis	continued its operatio	ons or disposed of r	nore thai	n 25%	of its net as	sets	
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								Pri	or Year		Current Year
đ	1									_	509,540
liō /u		-		-					21,476,3	79	22,607,296
å	1				,				748.0	34	1,264,007
	1					-					24,380,843
	13 (Grants a	nd sımılar amounts paıd (Pai	rt IX, d	column (A), lines 1–3)			587,2	54	618,463
	1									0	0
ses									10,444,2		8,634,309
pen											0
Ă					· · · · · · · · · · · · · · · · · · ·				11,939,1	32	14,104,202
	18 -	Total exp	enses Add lines 13-17 (mu	ıst equ	ıal Part IX, column (A), line 25)			22,970,6	83	23,356,974
(0)	19	Revenue	less expenses Subtract line	e 18 fr	om line 12					_	1,023,869
NCe.							Begi	nning	of Current Ye	ear	End of Year
Bala	20	⊤otal ass	ets (Part X, line 16)						32,585,6	83	36,291,813
und A	1									_	37,762,139
				t line :	21 from line 20				-2,494,1	95	-1,470,326
Torme 990 The second of the formal second second provided in the functional Revenue Code (except private functions) 2016 Providence of the formal functions 501(c), 527, or 4947(a)(1) of the functional Revenue Code (except private functions) 2016 Conscriptions 101(c), 527, or 4947(a)(1) of the functional Revenue Code (except private functions) 2016 Conscriptions 101(c), 527, or 4047(a) of the functions is at may be made public 2016 Conscriptions 101(c), 527, or 4047(a) (1) of the functions is at may be made public 2016 Conscriptions 101(c), 527, or 4047(a) (1) of the functions is at may be made public 2016 Conscriptions 101(c), 527, or 4047(a) (1) of the functions is at may be made public 2016 Conscriptions 101(c), 527, or 4047(a) (1) or 527 0 Conscriptions 101(c), 527, or 4047(a) (1) or 527 0 Participations 2016(c) (2) or 400 2016(c) (2) or 400 Participations 2016(c) (2) or 400 2016(c) (2) or 400 Participations 2016(c) (2) or 400 2016(c) (2) or 400 Participations 2016(c) (2) or 400 2017(c) (2) or 727 Participations 2016(c) (2) or 400 2017(c) (2) or 728 Intervence of the organization's mession or most significant activities 3 Set Schedule 0 Operipation or 1200 9017(c) (2) (2) (2017(c											
Processory Processory </td <td></td>											
		*****	*								
-		Signati	ure of officer					Date	3		
nere	5										
		/	rint/Type preparer's name			[Date	C L	ак 🗖 . с 🏴	TIN	<u></u>
	-	16	umond Avaness CPA		Leamond Avaness CPA			I che	~ 니 비 P	nnapp8a(J

Paid				self-employed	100500050
Preparer	Fırm's name 🕨 MILLER KAPLAN ARASE I	LP		Fırm's EIN 🕨	
Use Only	Firm's address 🕨 4123 LANKERSHIM BLVD	Phone no (818) 769-2010			
Use Only	NORTH HOLLYWOOD, CA	916022828			

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May the IRS discuss this return with the preparer shown above? (see instructions) $\hfill \hfill$	 •	•	•	•	•	•	•	🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.			Cat	No	112	282\	(Form 990 (2016)

Earter of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III	Form	990 (2016)				Page 2
1 Briefly describe the organization's mission 2 Did the organization undertake any significant program services during the year which were not listed on the pror form 990 or 990-E27	Par	t IIII Statemen	t of Program Service Acc	omplishments		
1 Birefly describe the organization's mission SEE SCHEDULE 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Check If Sch	nedule O contains a response or	note to any line in this Part III		🗹
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ ²	1					
the pror Form 990 or 990-E27	SEE S	SCHEDULE O				
the pror Form 990 or 990-E27						
the prior Form 990 or 990-E2? 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? services? 40 Describe the end ganization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50(c)(3) and 50(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 41 (Code) (Expenses \$ including grants of \$) (Revenue \$) 42 (Code) (Expenses \$ including grants of \$) (Revenue \$)						
IF "Yes," describe these new services on Schedule O 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? □ Yes ☑ No IF "Yes," describe these changes on Schedule O □ □ Yes ☑ No If "Yes," 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 5 including grants of 5) (Revenue \$ ↓ 4b (Code) (Expenses 5 including grants of \$) (Revenue \$ ↓ 4c (Code) (Expenses 5 including grants of \$) (Revenue \$ ↓ 4c (Code) (Expenses 5 including grants of \$) (Revenue \$ ↓ 4c (Code) (Expenses 5 including grants of \$) (Revenue \$ ↓ 4d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$ ↓	2	Did the organization	n undertake any significant prog	gram services during the year which w	ere not listed on	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
services?		If "Yes," describe th	nese new services on Schedule	0		
4 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 Sector 0501c(3) and expenses of 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 \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$)	3	Did the organization	ny program			
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See Additional Data	4	Section 501(c)(3) a	and 501(c)(4) organizations are	required to report the amount of gran		
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4e Total program service expenses ►	4d	· -	, ,	grants of \$) (Revenue \$)
	4e	Total program ser	rvice expenses 🕨			

Form 990 (2016)

Par	IV Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🟂	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🖄	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 3	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🛸	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e [?] If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
		F	orm 99	0 (2016)

Page **3**

Form 990 (2016)

Ves No 20 Dud the organization operate one or more heaphal facilities? If 'Yes,'' complete Schedule H . No 21 Dud the organization report more than 55,000 of grants or other assistance to any domestic organization or domestic organization or domestic companization or domestic companization or domestic companization or domestic organization oredomestic domestic organizatin previde are domesticon domestic d	Par	Checklist of Required Schedules (continued)			_
b If Yes' to line 20a, dd the organization attach a copy of its audited financial statements to this return? India the organization report more than 5,000 of grants or other assistance to any domestic organization or domestic government of Part X, columit (A), line 12 // Yes, "complete Schedule I, Parts I and II. India the organization report more than 5,000 of grants or other assistance to ris domestic individuals on Part IX, columit (A), line 12 // Yes, "complete Schedule I, Parts I and II. India the organization report more than 5,000 of grants or other assistance to ris domestic individuals on Part IX, columit (A), line 12 // Yes, "complete Schedule I, Parts I and III. India the organization report more than 5,000 of grants or other assistance to ris domestic individuals on Part IX, columit (A), line 12 // Yes, "complete Schedule I, Parts I and III. India the organization report more than 5,000 of grants or other assistance to ris domestic individuals on Part IX, columit (A), line 12 // Yes, "complete Schedule I, Parts I and III. India the organization report more than 5,000 of grants or other assistance to ris domestic individuals on Part IX, columit (A), line 12 // Yes, "complete Schedule I, Part I. India the organization report and the science the Part III. 2 Ves India the organization report and a second the than a refuring escrew at any time during the year II // Yes, "complete Schedule I, Part I. India the organization report and an escrew account other than a refursing escrew any time during the year? India the organization report and more shores to schedule I, Part I. 2 Did the organization report and a molecular did the parts on undit and the schedule I, Part I. Indit the parts (The Part IIII. </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
21 Ded the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic dometric individuals an Part UX, column (A), line 27 if Yes, "complete Schedule I, Parts I and II. 22 Yes 22 Ded the organization report more than \$5,000 of grants or other assistance to of domestic individuals an Part UX, column (A), line 27 if Yes, "complete Schedule I, Parts I and III. 22 Yes 23 Ded the organization report more than \$5,000 ef grants or other assistance to of domestic individuals an Part UX, column (A), line 27 if Yes, "complete Schedule I, Parts I and III. 23 Yes 24 Dot the organization report more than \$5,000 ef grants or other assistance to of domestic individuals an Part UX, column (A), line 20 if Yes, "complete Schedule I, Parts I and III. 24 24 24 241 Dot the organization report any encode data for lise were than parts of the another more of more than \$100,000 as of complete Schedule I, Part II. 24 No 246 No 244 No 256 Section 501(C3), 501(C3	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
government on Part XJ, column (A), Ine 12 /f "rey," complete Schedule J, Parts J and II. image: https://www.image.column (A), Ine 27 /f "rey," complete Schedule J, Parts J and III. image: https://www.image.column (A), Ine 27 /f "rey," complete Schedule J, Parts J and III. image: https://www.image.column.c	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
courm (A), line 21 If 'tes', complete Schedule 1, Parts 1 and III. Image: Complete Schedule 2, Control Courter tanget for the organization is current and former officers, directors, trustees, key employees, and hiphest companisate of the user day of the vest, That was issued father December 11, 2002 / If 'tes', Tanget is in the last day of the vest, That was issued father December 11, 2002 / If 'tes', Tanget is in the last day of the vest, That was issued father December 11, 2002 / If 'tes', Tanget is in the during the year to defease any tax-exempt bonds: 24a No c Did the organization invest as used fath was issued father December 11, 2002 / If 'tes', Tanget issue invest issue with an outstanding principal amount of more than \$100,000 as of the vest, Tanget Docis' 24a No c Did the organization invest as invo behalf of issue for bones outstanding at any time during the year? 24d No 25s Section \$D1(c)(3), \$01(c)(4), and \$01(c)(29) organizations. 25d 25a D b the organization any set and in an excess briefit transaction with a disqualified person in a prior year, and that the transaction has not been reported in any of the organization engoses or signific former of force, director, trustee, is perior prives, complete Schedule L, Part I 25b 26 No 25 Und the organization engose any an access briefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization proves and and the organization proves and a rank or other sanstance to an officer, director, trustee, or twey employee, or significating persons? 26 No <t< th=""><th>21</th><th>government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🛛 🧐</th><th>21</th><th>Yes</th><th></th></t<>	21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🛛 🧐	21	Yes	
current and former officers, directors, trustees, key employees, and hiphest compaets demployees? If 'Yes,'' 23 Tes 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, third was issued after December 31, 2002? If 'Yes, "narves have 24b hough 24d and complete Schedule X IF 'Wo,'''' go to the 25a 24a No 2 Did the organization narvest any proceeds of tax-exempt bonds bonds bonds beyond a temporary pend exception? 24b No 2 Did the organization narvest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d No 2 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d No 2 Did the organization regige in an excess benefit transaction with a discualified person during the year? If 'Yes,'' complete Schedule L, Part I 25a 25b	22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III 🔒 🤧	22	Yes	
the last day of the year, that was usued after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule I, No. 9 to line 25a 24a No b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b No c Did the organization maintain an escow account other than a refunding escrow at any time during the year? 24c No 255 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 25a 25a 25a Did the organization age 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 organization payme that is the reported in an excess benefit transaction with a disqualified person in a prior year, and that the transaction the proprises, indeposition or phyles Schedule L, Part I 25a 25a 25a 26 Di the organization organization organization organization organization organization organization approves a grant to rether assistance to an officer, director, trustes, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustes, or key employee? If "Yes," complete Schedule L, Part IV 26 No 28 A current or former officer, director, trustes, or key employee? If "Yes," complete Schedule L, Part IV 26 No 29 Did the organization negave more that 325,000 in non-cash contro	23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 246 No d Did the organization engage in an excess benefit transaction with a disqualified person during the year? 244 No 255 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 254 254 255 b Is the organization engage in an excess benefit transaction with a disqualified person during the year? 17 %c, "complete Schedule I, Part I 256 D Did the organization regorance that the transaction and the stick transaction and the stick transaction has not been reported on any of the organization's pior Forms 990 or 990-E22 17 "Yes," complete Schedule I, Part I 256 256 17 Wes, "complete Schedule I, Part I 256 266 No 27 Did the organization report any amount on Part X, line S, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or a 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part IV instructions for applicable filing thresholes, conditions, and exceptions) 27 No 28 A current or former officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV instructions for applicable filing thresholes, conditions, and exceptions) 28 No 29 Did the organization receive co	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
to defease any tax-exempt bonds? 24c No d Did the organization act as an 'on behalf of'' issuer for bonds outstanding at any time during the year? 24d No 255 Section 501(c13), 501(c)(4), and 501(c)(29) organizations. 25a 25a 25a D d the organization engage in an excess benefit transaction with a disqualified person during the year? 16" Yes," complete Schedule L, Part I 25b 25 Did the organization report any amount on Part X, line 5, 6 or 22 for raceivables from or payables to any current or former officers, director, trustee, ley employees, miphesit compensated employees, or disqualified persons? 26 No 27 D dthe organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 27 No 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 28 No 29 Did the organization receive contributions of archiver, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a No 29 Did the organization receive contributions of art, historici tressures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 No	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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? If "Yes," complete Schedule J, Part I 25a b Is the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's pror Forms 900 or 990-E22 25b 25b If "Yes," complete Schedule L, Part I . 25b . 25b 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, highest compensated employees, substantial contribution or employees thereof a grant or other assutance to an officer, director, trustee, key employees, substantial contribution or employees thereof a grant and selecton committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for aphicable, conditions, and exceptions? 27 No 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for aphicable fining thresholds, conditions, and exception? 28a No 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a No 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net a	С		24c		No
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a 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 ins an basen reported on any of the organization's prior Forms 990 or 990-E2? 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, every employees, fully and these persons? 26 No 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, every employee, substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity or family member of a vorthese persons? 26 No 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 27 No 28 Mas the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a No 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I . 28 No 30 Did the organization receive contributions of art, instorical treasures, or qualified conservation contributions? If "Yes," complete Schedule L, Part I . 30 No 31 Did	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		No
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instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a No b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b No c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director indirect owner? If "Yes," complete Schedule L, Part IV 28c No 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 No 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 No 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I 33 No 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a No 354 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a No	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		No
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IV 28b No c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or undirect owner? If "Yes," complete Schedule L, Part IV 28c No 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 No 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 No 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 No 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3? If "Yes," complete Schedule R, Part I 33 No 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a No 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	а		28a		No
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bit die organization nove d controlled entry within the interning of section SEL(0)(10) Image: Controlled entry within the meaning of section SEL(0)(10) b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entry within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI 37 No 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Yes	34		34	Yes	
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All Form 990 filers are required to complete Schedule O	37	ıs treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸			No
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O			

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Par	t 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 1a 97			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
_	this return	.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
		70		No
D	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \cdot .	14b		
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Form **990** (2016)

UIII	350 (2013)			Page
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	o" respo	onse to l	lines
	Check if Schedule O contains a response or note to any line in this Part VI			\checkmark
Se	ction A. Governing Body and Management		-	-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	^{on} 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor		105	
	members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b	Yes Yes	
	persons other than the governing body?		res	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cod		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15u	Yes	<u> </u>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Se	ction 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply)		
	🗌 Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			

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 ►ELIZABETH SOTO 2550 N HOLLYWOOD WAY 400 burbank, CA 91505 (818) 843-8226

<i>oa,</i>	<i>σD</i> ,	or	10
Ch.		• •	

ance,	Management, and	d DisclosureFor each "Yes	" response to lines 2 throug	ph 7b below, and for a "No" response to lines
or 10b	below, describe the	e circumstances, processes	, or changes in Schedule O	See instructions

 $\mathbf{\nabla}$

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗌 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	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	271099-MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•									Farma 000 (2016)

Part	VIII Section A. Officers, Direc	tors, Trustees	s, Key l	Emp	loye	es,	and	Higł	hest Con	npensat	ed Employees	(conti	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours	than c ıs b	one b	ox, t in of tor/t	t cho unles ficer rust	and a	son	Repo compe fron organiza	D) rtable insation in the ation (W-	(E) Reportable compensation from related organizations (w-	(F Estima amount c compen from	ated of other sation the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1095	9-MISC)	2/1099-MISC	.) (organızat relat organız	ed
See A	Additional Data Table													
												-		
												+		
												_		
						-						+		
												_		
16.5	ub-Total						<u> </u> ▶							
сT	otal from continuation sheets to P	art VII, Sectio		•		•								
	otal (add lines 1b and 1c)						►			77,072		0		421,899
2	Total number of individuals (including of reportable compensation from the			e list	ed a	DOVe	e) who	rece	eived mor	e than \$1	.00,000			
													Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule			ee, k	ey e	mplo	oyee, d	or hi	ghest con	npensated	l employee on			
4	For any individual listed on line 1a, is			•	•	•	•••	•		•••••	• • •	3		No
4	organization and related organization										n the			
_	Individual		• •	•	•	•	• •	•	•••	• •		4	Yes	
5	Did any person listed on line 1a receips services rendered to the organization									ion or ind	ividual for	5		No
Se	ction B. Independent Contract	tors										5		
1	Complete this table for your five high from the organization Report compe											mpens	ation	
		(A) and business addre		year	cita	ing					(B) cription of services		(0	
1939 I	L LEWITTER MALKANI, HARRISON ST 307 NND, CA 94612		:55						l	EGAL SER			Comper	189,618
MILLE 4123 l	R KAPLAN ARASE LLP, ANKERSHIM BLVD H HOLLYWOOD, CA 91602								/	ACCOUNTI	NG			119,770

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 ► 2

-		1	
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Statement of Revenue

Part VIII

-

		Check if Schedul	e O contains i	a respo	onse or note to an	y line in τ	inis Part VII					. 🗆
							(A) revenue	e: fu	(B) lated or xempt inction	(C) Unrelated business revenue	(C Reve exclude tax under	enue ed from sections
	1 2	a Federated campaig	ns	1a				l re	venue		512-	-514
nts nts		b Membership dues		1b	l							
irar Iou		c Fundraising events		1	<u> </u>							
°.G Am		_		1c								
ar lift		d Related organizatio		1d	 							
mi S.		e Government grants (co		1e								
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, and similar amounts ne above		1f	509,540							
Contributions, Gifts, Grants and Other Similar Amounts	!	9 Noncash contribution in lines 1a-1f \$	ons included									
<u> </u>	h	Total. Add lines 1a-1	lf		►		509,540					
пe					Busines	s Code						
Program Service Revenue	2a	PER CAPITA TAXES				900099	22,	607,214	22,60			
4	b	MEMBER DUES				900099		82		82		
MCe	с			_								
Ser	d	I		_								
ш	е			_								
ogra	f	All other program se	rvice revenue			607 206						
Ϋ́	g	Total.Add lines 2a-2f	f	•	►	,607,296						
		Investment income (ii			interest, and other	r		0				
		similar amounts)				▶		0				
		Income from investme				►		0				
	5	Royalties	 (1) Rea		(II) Personal	▶ 		0				
	62	Gross rents			(II) Personal	-						
	Ju											
	b	Less rental expenses										
		Rental income or		0		0						
		(loss)		-								
	d	Net rental income o	r (loss)	•	• • • •			0				
			(ı) Securit	les	(II) Other							
	7a	Gross amount from sales of										
		assets other than inventory										
		Less cost or				_						
	D	other basis and sales expenses										
	c	Gain or (loss)				-						
		I Net gain or (loss) .			►			0				
	8a	Gross income from fi	undraising evo	ents								
ue		(not including \$ contributions reporte		of								
/eh		See Part IV, line 18		а	ł	0						
Re	b	Less direct expense	s	b		0						
er	с	Net income or (loss)	from fundrais	ang ev	ents 🕨			0				
Other Revenue	9a	Gross income from g		es								
0		See Part IV, line 19		а	}	0						
	h	Less direct expense	c	b		0						
		Net income or (loss)						0				
		Gross sales of invent	tory, less		F							
		returns and allowand	ces)							
				a		0						
		Less cost of goods s		Ь		0		0				
	c	Net income or (loss) Miscellaneous		Invent	Business Code							
	11	•aREIMBURSEMENTS	Nevenue		9000	99	473,15	51	473,151			
		RETHOURSEMENTS					,1		,			
	L				9000	99	493,18	37	493,187	,		
		• AFFILIATE FUNDING	PROGRAM		9000		490,10		+53,187			
						00	207.6					
	C	ALL OTHER			9000	99	297,66	29	297,669	4		
					ļ							
		All other revenue										
	e	Total. Add lines 11a	-11d	• •	•••		1,264,00	07				
	12	Total revenue. See	Instructions	• •	- · · • •		24,380,84	13	23,871,303	3		
							,000,0-	- -	,_, _,_,			

Form 990 (2016)

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)

Jec	Check of Schedule O contains a response or note to any				
	Check if Schedule O contains a response or note to any		 (B)	(C)	
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	497,463			
2	Grants and other assistance to domestic individuals See Part IV, line 22	121,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,684,348			
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	4,322,233			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	656,175			
9	Other employee benefits	1,550,819			
10	Payroll taxes	420,734			
11	Fees for services (non-employees)				
	Management	0			
Ł	ے۔ Legal	265,944			
c	Accounting	115,500			
		0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,736			
12	Advertising and promotion	0			
13	Office expenses	334,823			
14	Information technology	8,585			
	Royalties	0			
	Occupancy	684,660			
17	Travel	1,076,389			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	87,002			
20	Interest	0			-
21	Payments to affiliates	7,996,523			
22	Depreciation, depletion, and amortization	19,605			
23	Insurance	73,118			
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 COMMUNICATIONS & PUBLICATIONS	463,731			
	b RELEASE TIME	194,124			
	c GOVERNMENTAL RELATIONS	61,540			
	d LEGISLATIVE EXPENSES	1,868,772			
	e All other expenses	821,150			
25	Total functional expenses. Add lines 1 through 24e	23,356,974			
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 Given the following SOP 98-2 (ASC 958-720)				
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Form 990 (2016)

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX	<u></u> .		<u> </u>
					(A) Beginning of year		(B) End of year
		Cash you untoyed bearing -			Beginning от year 4,417,670	1	4,980.202
	1 2	Cash-non-interest-bearing			4,417,670	2	4,900,202
	3	Savings and temporary cash investments . Pledges and grants receivable, net			0	2	0
	4				5,455,700	3 4	6,052,161
	- I	Accounts receivable, net			5,455,700	4	0,032,101
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			0	5	0
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 Itions c	(c)(3)(B), and of section 501(c)(9)	0 83,333	6	0
ssets	7	Notes and loans receivable, net			0	-	0
As	8	Inventories for sale or use	• •	·		8	
	9	Prepaid expenses and deferred charges		· · ·	54,296	9	118,850
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	526,260			
	b	Less accumulated depreciation	10b	500,024	35,392		26,236
	11	Investments—publicly traded securities		Ļ	0	11	0
	12	Investments—other securities See Part IV, line		H	0	12	0
	13	Investments—program-related See Part IV, line	•	0	13	0	
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11		22,539,292	15	24,741,447	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	32,585,683	16	36,291,813
	17	Accounts payable and accrued expenses	•		736,537	17	905,579
	18	Grants payable	0	18	0		
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities			0	20	0
Ś	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former key employees, highest compensated employee					
iab		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrela	ted th	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	l third	parties	0	24	0
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D		to related third parties,	34,343,341	25	36,856,560
	26	Total liabilities.Add lines 17 through 25 .			35,079,878	26	37,762,139
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			-2,494,195	27	-1,470,326
ala	28	Temporarily restricted net assets			0	28	0
8	29	Permanently restricted net assets	•		0	29	0
ŭn		Organizations that do not follow SFAS 117	958).		20		
or	20	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	34.		30		
	30 21	Paid-in or capital surplus, or land, building or ed	nt fund		30		
Assets	31 22						
	32	Retained earnings, endowment, accumulated in	Lome,		-2,494,195	32	-1,470,326
Net	33	Total net assets or fund balances	•	· · · · · ·		33	
	34	Total liabilities and net assets/fund balances .	•		32,585,683	34	36,291,813
ĺ							Form 990 (2016)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24	,380,843
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	,356,974
3	Revenue less expenses Subtract line 2 from line 1	3		1	,023,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		-2	,494,195
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-1	,470,326
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990 Cash Accrual Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	on a	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2 b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	basıs,			
с	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	-	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

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Additional Data

Software ID: Software Version:

EIN: 94-1271864 Name: CALIFORNIA FEDERATION OF TEACHERS AFT 8004

Form 990 (2016)

Form 990, Part III, Line 4a:

see schedule o

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	s	(C)		,		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Positio tha pers	n (da in on on is	o not e bo both ecto	t che ix, u n an	eck m nless office ustee]	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organızations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
cathy campbell vice president	5 0 0 0	x						0	0	0
kımberly claytor vıce president	5 0 0 0	x						0	0	0
l lacy barnes senior vice president	5 0 	x						37,500	0	0
betty z forrester vice president	5 0 	x						0	0	0
linda sneed vice president	5 0 	x						7,660	0	0
ALEX CAPUTO-PEARL VICE PRESIDENT	5 0 	x						0	0	0
miki goral vice president	5 0 	x						0	0	0
dennis kelly vice president	5 0 	x						0	0	0
francisco rodriguez vice president	5 0 	x						0	0	0
kent wong vice president	5 0 0 0 0	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha persi	n (do an on on is	o not e bo both ecto	: che x, u n an	eck m nless office ustee)	er	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
melinda dart vice president	5 0 	x						0	0	0
davıd yancey vıce president	5 0	x						0	0	0
elaine merriweather vice president	5 0 	x						3,125	0	0
dean murakamı vıce president	5 0 	x						0	0	0
joshua pechthalt president	40 0	x		×				182,160	0	40,555
jeffery m freitas secretary-treasurer	40 0	x		×				164,019	0	56,814
ray gaer vice president	5 0	x						0	0	0
david mielke vice president	5 0 	x						1,500	0	0
joanne waddell vice president	5 0 	x						1,800	0	0
carl williams vice president	5 0 00	x						15,675	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engeloyees, and Independent, Contractors

Compensated Employees, and Indep	endent ₎ Cont	ractor	s	(C)		,	•	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Positio tha persi	n (do an on on is	o not e bo both ecto	t che ix, u n an	eck m inless office ustee]	er)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
robert chacanaca vice president	5 0 0 0	x						0	0	0
John Govsky Vice President	50	x						1,800	0	0
KAthy Jasper Vice President	5 0	x						0	0	0
TIM KILLIKELLY VICE PRESIDENT	5 0 	x						0	0	0
RICHARD TAMAYO EC/K-12 PRESIDENT	25 0 0 0 0	x						0	0	0
LUUKIA SMITH VICE PRESIDENT	5 0	x						0	0	0
LINDA CHAN VICE PRESIDENT	5 0	x						1,200	0	0
JACK CARROLL VICE PRESIDENT	5 0	x						0	0	0
PAUL FONG VICE PRESIDENT	50	x						0	0	0
JIM MAULER CCC PRESIDENT	25 0 0 0	x						80,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Engployees, and Independent, Contractors

Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positio tha persi	n (do in on on is	o not e bo both ecto	t che ox, u n an or/tr	nless office ustee)	er)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
IOHN PEREZ COUNCIL OF RETIRED MEMBER PRES	5 0	×						0	0	0
BOB SAMUEL JNIVERSITY COUNCIL AFT PRES	50	×						0	0	0
PAULA PHILLIPS CCE PRESIDENT	5 0 	×						36,000	0	0
RED GLASS	40 0					×		147,473	0	75,313
SARAH A CALLAHAN STRATEGIC CAMPAIGNS MANAGER	40 0					×		145,881	0	51,474
MICHAEL TERMAN STAFF	40 0					×		145,646	0	64,330
JANE HUNDERTMARK STAFF	40 0					×		162,053	0	63,754
KENNETH C BURT POLITICAL DIRECTOR	40 0					x		143,580	0	69,659

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	HEDULE D m 990)	Supple	mental Fina	ncial Sta	atements			OMB No 15		
·	m 990) tment of the Treasury	► Complete if Part IV, line 6, 7,	the organization a 8, 9, 10, 11a, 11b ► Attach to I	nswered "Ye , 11c, 11d, 1 Form 990.	s," on Form 99 Le, 11f, 12a, or	12b.		2016 Open to Public		
Intern	al Revenue Service	Information about Schedule	D (Form 990) and	its instructio	ons is at <u>www.i</u>					
	me of the organ IFORNIA FEDERATIO	hization ON OF TEACHERS AFT 8004				Emplo	-	tification nun	ıber	
Pa	rt I Organi	izations Maintaining Dono	r Advised Funds	or Other Si	milar Funds o					
		ete if the organization answer								
1	Total number	at end of year	(a) Donor ac	dvised funds		(b)Fu	inds and o	other accounts		
2	Aggregate val year)	ue of contributions to (during								
3	Aggregate val	ue of grants from (during year)								
4	Aggregate val	ue at end of year								
5		ation inform all donors and donor rganization's property, subject to				lvised		🗌 Yes	 No	
6	used only for ch	ation inform all grantees, donors, naritable purposes and not for the rmissible private benefit?					oose	🗌 Yes		
Pa	rt III Conser	rvation Easements. Comple	te if the organizat	on answered	d "Yes" on Forr	n 990, I	Part IV, I	ine 7.		
1		onservation easements held by th	5							
	_	on of land for public use (e g , re	creation or educatior	· _	reservation of an					
		of natural habitat		L Pi	reservation of a o	certified	historic st	ructure		
_		on of open space				_				
2	easement on th	2a through 2d if the organization le last day of the tax year	held a qualified cons	servation contr	ibution in the foi	. –		on the End of the	e Year	
a b		conservation easements estricted by conservation easemei	nte			2a 2b				
р С	-	ervation easements on a certified		cluded in (a)		20 2c				
d	Number of cons	ervation easements included in (o in the National Register		. ,	on a historic	2d				
3	Number of cons tax year ►	ervation easements modified, tra	ansferred, released, e	extinguished, c	or terminated by	the orga	nızatıon d	uring the		
4	Number of state	es where property subject to cons	servation easement is	s located ►						
5		ization have a written policy rega ht of the conservation easements		onitoring, insp	ection, handling	of violati]Yes	No	
6	Staff and volunt	teer hours devoted to monitoring	, inspecting, handling	g of violations,	and enforcing co	onservat	on easem	ents during the	e year	
7	Amount of expe	enses incurred in monitoring, insp	ecting, handling of v	riolations, and	enforcing conser	vation ea	asements	during the yea	r	
8	Does each cons and section 170	ervation easement reported on li D(h)(4)(B)(ii)?	ne 2(d) above satisfy	y the requirem	ents of section 1	70(h)(4)	· · · · ·	∃Yes □	No	
9	balance sheet, a	scribe how the organization repor and include, if applicable, the tex n's accounting for conservation ea	t of the footnote to t							
Par		izations Maintaining Collected to the organization answer				er Sim	ilar Asso	ets.		
1a	art, historical tr	ion elected, as permitted under S easures, or other similar assets h XIII, the text of the footnote to i	eld for public exhibit	tion, education	, or research in f	atement ^f urtherar	and balan Ice of pub	ce sheet works lic service,	of	
b	historical treasu	ion elected, as permitted under S ures, or other similar assets held nts relating to these items								
(i) Revenue incluc	ded on Form 990, Part VIII, line 1					▶\$			
(i	i)Assets included	l ın Form 990, Part X					▶\$			
2		ion received or held works of art, nts required to be reported under				ncıal gaı	n, provide			
а	Revenue include	ed on Form 990, Part VIII, line 1					▶\$			
b	Assets included	ın Form 990. Part X					► \$			

For Paperwork Reduc	tion Act Notice, see	e the Instructions for Fo	orm 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Dari		Organizations Maintaining Co	lections of Ar	Histor	ical Te	0.261	IFOC O	- Oth	ar Similar A	scots /con	tipund)	Fage a
3		the organization's acquisition, accessio										
		(check all that apply)		das, check			nowing t	.nat an	e a significant		nection	
а		Public exhibition		u		Loan	or exch	ange p	rograms			
b		Scholarly research		e		Other	r					
с		Preservation for future generations										
4	Provid Part X	le a description of the organization's co (III	llections and expla	ain how th	ey furth	er the	e organiz	ation's	s exempt purp	ose in		
5		g the year, dıd the organızatıon solıcıt o s to be sold to raıse funds rather than t								🗌 Yes	П и	•
Par	t IV	Escrow and Custodial Arrange	ments.									0
		Complete if the organization answ X, line 21.		Form 99(), Part	IV, lu	ne 9, o	r repo	rted an amo	unt on For	m 990,	Part
1a		organization an agent, trustee, custod led on Form 990, Part X?	ian or other intern	nediary fo	r contrib	outions	s or othe	er asse	ts not	🗌 Yes	П и	0
Ь	If "Ye	s," explain the arrangement in Part XII	I and complete th	e following	1 table					Amount		-
c		ning balance		e ronowing	jubic			1c				_
d	-	ons during the year						1d				_
e		butions during the year						1e				_
f		g balance						1f				_
		-	arm 000 Bart V l	no 71 for			atadual a		- liability2			_
2a	Dia tr	e organization include an amount on Fe	orm 990, Part X, II	ne 21, for	escrow	or cu	stoulal a	Iccoun	a hability?	🗌 Yes		0
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the	e explanat	tion has	been	provide	d in Pa	rt XIII			
Pa	rt V	Endowment Funds. Complete m	f the organizatio	on answe	red "Ye	s" or	ו Form	990, I	Part IV, line	10.		
			(a)Current year	(b)	Prior year	·	(c) Two y	ears ba	ck (d)Three ye	ears back (e)Four yea	rs back
1a	Beginni	ing of year balance				\rightarrow						
b	Contrib	utions				\rightarrow						
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2	Provid	le the estimated percentage of the curr	ent year end bala	nce (line 1	.g, colur	nn (a))) held a	s				
а	Board	designated or quasi-endowment 🕨										
b	Perma	anent endowment 🕨										
c	Temp	orarily restricted endowment Þ										
C		ercentages on lines 2a, 2b, and 2c shou	uld equal 100%									
3a	Are th	here endowment funds not in the posse ization by	-	ization tha	at are he	eld and	d admın	istered	for the		Yes	No
	(i) un	related organizations								3a(i)	,	
	(ii) re	elated organizations								3a(ii)	
b	If "Ye	s" on 3a(ii), are the related organizatio	ns listed as require	ed on Sch	edule R	' .		• •		. 3b		
4	Descr	ibe in Part XIII the intended uses of the	e organization's en	dowment	funds							
Par	t VI	Land, Buildings, and Equipme Complete of the organization answ		orm 990	, Part I		ne 11a.	See F	orm 990, Pa	rt X, line 1	.0.	
	Descrij	ption of property (a) Cost or ot (investm		ost or othei	⁻ basıs (o	ther)	(c)Acc	umulate	d depreciation	(d)	Book value	e
1a	Land											
	Building											
		old improvements										
		ent			52	6,260			500,024			26,236

26,236 Schedule D (Form 990) 2016

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Page **2**

	Form 990) 2016						Page 3
Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganızatıo	on answ	vered 'Yes' on	Form 990	, Part IV, line	11b.
	(a) Description of security or category (including name of security)	(b) Book value	Cost		d of valuation ·year market va	lue
(1)Financial (2)Closely-h (3)Other		· _				·	
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col (B) line 12)	►			- Faure 00		- 11-
Part VIII	Investments—Program Related. Complete if the o See Form 990, Part X, line 13.						e 11c.
	(a) Description of investment	(b) Boo	k value			d of valuation -year market va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'	on Form	990 Pa	rt IV lupe 11d 9	See Form 9	on Part X luna	15
	(a) Description	onronn	550, Ta	rtiv, me ilu i			ok value
(1) MANAGE (2) RENTAL (3) BUILDIN (3)	DEPOSITS						24,455,379 71,602 214,466
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)						24,741,447
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes		rm 990, Part I ook value	V, line 11	e or 11f.	
(1) Federal ı	ncome taxes			0			
ACCRUED VA	ACATION & SICK TIME			632,354			
MANAGEMEN	NT/F R U - FUNDED			24,455,379			
MANAGEMEN	IT/F R U - UNFUNDED			6,291,685			
BENEFITS LI	ABILITY			1,094,424			
	MANAGEMENT/F R U			2,309,092			
FINANCIAL A	ASSISTANCE PAYABLE			2,073,626			
(8)							
(9)							

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 36,856,560

 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
 Image: Column Colum

Sche	dule D (Form 990) 2016		Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve Complete if the organization answered 'Yes' on Form 990, Part IV, III		Return
1	Total revenue, gains, and other support per audited financial statements	1	24,380,843
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, , ,
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,380,843
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	24,380,843
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pei	r Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, III	ne 12a.	
1	Total expenses and losses per audited financial statements	1	23,356,974
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	23,356,974
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	7	
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	23,356,974

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
See Addıtıonal Data Table	

ormation (continued)
Explanation

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version: EIN: 94-1271864 Name: CALIFORNIA FEDERATION OF TEACHERS AFT 8004

Supplemental Information

Return Reference	Explanation
part x, line 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZAION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZAION HAS TAKEN A TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAX AUTHORITY THE ORGANIZAION IS SUBJECT TO ROUTINE AUDITS BY TAXING JU RISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934933181	.37537
Schedule I (Form 990)	C	OMB No 1545-0047 2016 Open to Public Inspection							
Treasury Internal Revenue Service	Information	mation about Schedul	e I (Form 990) and its i	nstructions is at <u>ww</u>	<u>w.irs.gov/form990</u> .			Inspection	
Name of the organization CALIFORNIA FEDERATION OF TE	ACHERS AFT 8004						ployer identific 1271864	ation number	
Part I General Inform	ation on Grants	and Assistance							
	to award the grants anization's procedur Assistance to Dom	or assistance? es for monitoring the us	se of grant funds in the Un nd Domestic Governme	ited States), Part IV, line	21, for any recip	No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of assistance	(h) Purpose of or assistance	of grant
(1) University Council-AFT 11728 WILSHIRE BLVD LOS ANGELES, CA 90025	27-3573113		137,463	L	book	n/a		organızıng grar	ıt
(2) American Fed of Teachers 555 NEW JERSEY AVE NW WASHINGTON, DC 20001	36-0725240		360,000		book	n/a		organızıng grar	ıt
2 Enter total number of sect	ion 501(c)(3) and go	overnment organizations	s listed in the line 1 table .				. ►		
3 Enter total number of othe	er organizations listed	d in the line 1 table .					. ►		2
For Paperwork Reduction Act Note	ce, see the Instruction	ns for Form 990.		Cat No 50055	iP		Sch	edule I (Form 990) 2016

Schedule I (Form 990) 2016

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Fait III can be duplicated in additional space is needed									
(a) Type of grant or assista	ince	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
(1) SCHOLARSHIPS		41	121,000		воок	N/A			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
	T I, LINE 2 Organizing grants are given to various affiliates for the purpose of increasing membership the organization works closely with those receiving the grants PART III scholarships are given to well deserving high school students to assist them in pursuing their college education								

Schedule I (Form 990) 2016

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data - DLN: 934	9331	8137	537
Sch	nedule J	Co	mpensation Information	3 No 1	545-0	0047
(For	m 990)	For certain Office	rs, Directors, Trustees, Key Employees, and Highest			
		Complete if the own	Compensated Employees anization answered "Yes" on Form 990, Part IV, line 23.	20	1	5
		Complete if the orga	Attach to Form 990.	-		
	artment of the	Information about Schedule		pen t		
Trea Inter	sury mal Revenue			Insp	ectio	n
Serv						
	me of the organiz	zation DN OF TEACHERS AFT 8004	Employer identificati	on nun	nber	
			94-1271864			
Ра	rt I Questi	ons Regarding Compensa	ation			
					Yes	No
1 a			n provided any of the following to or for a person listed on Form			
		s or charter travel	rt III to provide any relevant information regarding these items Housing allowance or residence for personal use			
	Travel for		Payments for business use of personal residence			
	•	ification and gross-up payments				
	Discretion	ary spending account	 Personal services (e g , maid, chauffeur, chef) 			
b			he organization follow a written policy regarding payment or es described above? If "No," complete Part III to explain	1b		
2			r to reimbursing or allowing expenses incurred by all			
	directors, trust	ees, officers, including the CEO,	'Executive Director, regarding the items checked in line 1a?	2		
_						
3			organization used to establish the compensation of the all that apply Do not check any boxes for methods			
	-		pensation of the CEO/Executive Director, but explain in Part III			
	┌──Compensa	tion committee	F. Written employment contract			
	• •	ent compensation consultant	Compensation survey or study			
	F Form 990	of other organizations	Approval by the board or compensation committee			
4	During the year or a related org		990, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a seve	erance payment or change-of-cor	ntrol payment?	4a		No
b	Participate in,	or receive payment from, a suppl	emental nonqualified retirement plan?	4b		No
с	Participate in,	or receive payment from, an equi	ty-based compensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the applicable amounts for each item in Part III			
	Only 501(c)(3)	501(c)(4), and $501(c)(29)$ orga	nizations must complete lines 5-9.			
5			ion A , line 1a, did the organization pay or accrue any			
	compensation	contingent on the revenues of				
а	The organization	۶nc		5a		
b	Any related or	-		5b		
	If "Yes," on line	e 5a or 5b, describe in Part III				
6		ted on Form 990, Part VII, Sect contingent on the net earnings of	ion A , line 1a , did the organization pay or accrue any f			
а	The organization	on?		6 a		
b	Any related or	ganization?		6b		
	If "Yes," on line	e 6a or 6b, describe in Part III				
7		ted on Form 990, Part VII, Sect described in lines 5 and 6? If "Ye	ion A, line 1a, did the organization provide any non-fixed es," describe in Part III	7		
8			VII, paid or accured pursuant to a contract that was ved in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line section 53 495		ow the rebuttable presumption procedure described in Regulations	9		

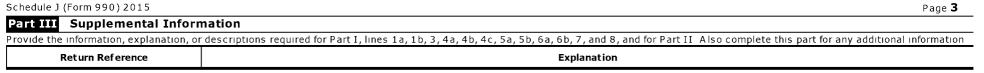
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) ⊤otal of columns	(F) Compensation in
		Base (1) compensation	(ii) Bonus & incentive compensation	(111) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 joshua pechthaltpresident	(i)	182,160			21,936	18,619	222,715	
	(ii)	0					0	
2 jeffery m freitas secretary-treasurer	(i)	164,019			21,210	35,604	220,833	
,	(ii)	0					0	
3 FRED GLASS COMMUNICATIONS	(i)	147,473			20,548	54,765	222,786	
DIRECTOR	(ii)	0			0	0	0	
4 SARAH A CALLAHAN STRATEGIC CAMPAIGNS	(i)	145,881			20,485	30,989	197,355	
MANAGER	(ii)	0			0	0	0	
5 MICHAEL TERMANSTAFF	(i)	145,646			20,475	43,855	209,976	
	(ii)	0			0	0	0	
6 JANE HUNDERTMARK STAFF	(i)	162,053			21,132	42,622	225,807	
	(ii)	0			0	0	0	
7 KENNETH C BURT POLITICAL DIRECTOR	(i)	143,580			20,393	49,266	213,239	
	(ii)	0			0	0	0	

Schedule J (Form 990) 2015





efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93493318137537
SCHEDULE O	Supplement	al Informatio	on to Form 990 or 990-EZ	OMB No 1545-0047
(Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information fo 990-EZ or to prov Attach to Forn	r responses to specific questions on ide any additional information. n 990 or 990-EZ. 990 or 990-EZ) and its instructions is a	2016
Internal Revenue Service I Name of the organization CALIFORNIA FEDERATION OF	TEACHERS AFT 8004		Employe 94-12718	r identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, Line 1 and Part III, Lines 1 and 4a	to organize the educational employees of California into locals chartered by the American Federation of Teachers (the "AFT"), and to bring them into relations of mutual assistance and cooperation, to obtain for them all the rights and benefits to which they are entitled to raise the standards of the educational profession and to secure conditions essential to the best professional service, and to promote such democratization of the educational i nstitutions as will enable them better to equip their students to take their places in the economic, social and political life of the community, to strive for equal educational opp ortunities for all, and to initiate and support state legislation to benefit students and educational employees of the State of California Part VI, Lines 6, 7a and 7b The organiz ation has members at large, each of which sign a membership card all other members of the american federation of teachers in california are also members of local unions, each of w hich is affiliated with the organization officers are elected at the annual convention by vote of affiliated members per capita rates, the annual budget and political endorsement is a re approved at the annual convention, the state council, or at the executive council P art VI, Line 8b The organization does not have any committees that act on behalf of its g overning body Part VI, Line 11b Form 990 was distributed to all of the organization officers and reviewed during an executive council meeting before it was filed Part VI, Line 1 2c Officers are required to notify the organization of any changes in their interests tha to could give rise to conflicts Part VI, Lines 15a and 15b Compensation to officers and k ey employees are approved by the executive council Part VI, Line 19 The organization's b y-laws, conflict of interest policy and financial statements are maintained in the organiz ation's office and are available upon request

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	318137	537			
SCHEDULE R		Related O	organizations and Unrelated Partnerships										OMB No 1545-0047				
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Attach to Form 990.																	
Department of the Treasury nternal Revenue Service	► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .												Open to Public Inspection				
Name of the organization CALIFORNIA FEDERATION OF TEACHE									Emp	oloyer identi	fication	number					
CALIFORNIA FEDERATION OF TEACH	EK3 AFT 8004								94-1	.271864							
Part I Identification	of Disregarded En	tities Complete If t	he organi	zation answe	ered "Yes	' on Form	990, Part	IV, lıne 3	3.								
(a) Name, address, and EIN (ıf applıcable) of disregarded entity			(b) Primary ac	tivity	Legal dom	(c) (d nicile (state Total i n country)		ome	(e) End-of-year a	assets	(f Direct co ent	ntrolling					
Part II Identification o			s Comple	te if the orga	anization	answered	"Yes" on F	orm 990,	Part I	V, line 34 be	ecause	it had one or	more				
	pt organizations dui (a) EIN of related organizatio		Prima	(b) ary activity	(Legal dom or foreigr	ıcıle (state	(d) Exempt Code	e section		(e) harity status on 501(c)(3))	Dır	(f) rect controlling entity	Section (13) col ent	512(b) ntrolled			
(1)California Federation of Teachers 2550 n hollywood way ste 400	COPE		political			A	527		n/a		na		Yes	No No			
burbank, CA 91505 93-1032682																	
(2)California Fed of Teachers Legal I 2550 n hollywood way ste 400	Def		legal defe	nse	0	Â	501(c)(5)		n/a		na			No			
burbank, CA 91505 51-0188170																	
													1				
													1				
For Paperwork Reduction Act	Notice, see the Inst	ructions for Form 99	<u> </u>		<u>د</u>)	t No 5013	1 35Y				Sche	edule R (Form	990) 20	16			

- - -

Part III Identification of Related Organizations Taxable as a Partnership Complete of 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	(state entity or foreign		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(f) Share of total income	Share of	Share of	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	(j) (k) General or managing partner? vowner: Yes No	(k) Percentage ownership
			,			Yes	No		Yes	No						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	(13) co ent	1) 512(b) ntrolled Ity?
		country)						Yes	No
	Insurance Tru	CA	na	trust	962	132	100 000 %		No
2550 n hollywood way ste 400 burbank, CA 91505 95-3382455									

Schedule R (Form 990) 2016

Ра	t 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		Yes	No					
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
b	Gift, grant, or capital contribution to related organization(s)	1b		No					
с	Gift, grant, or capital contribution from related organization(s)	1 c		No					
d	Loans or loan guarantees to or for related organization(s)	1d	Yes						
е	Loans or loan guarantees by related organization(s)	1e		No					
f	Dividends from related organization(s)	1f		No					
a	Sale of assets to related organization(s)	1g	┝──┥	No					
	Purchase of assets from related organization(s)	1h		No					
i	Exchange of assets with related organization(s)	1 i		No					
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		No					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	╞──┦	No					
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No					
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)								
	Sharing of paid employees with related organization(s)	10	Yes						
р	Reimbursement paid to related organization(s) for expenses	1 p		No					
q	Reimbursement paid by related organization(s) for expenses	1q	Yes						
r	Other transfer of cash or property to related organization(s)	1r		No					
	Other transfer of cash or property from related organization(s)	 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

	Transactions With Related C	Drganizations Complete if the organizatio	n answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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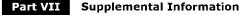
Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	soction		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(ı) Code V-UBI amount ın box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner7	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 99	0) 2016







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



