			•						294930	97	12805	8
					F	YOFNI	DED TO APRIL 17	7 2010	, 1-	7/)(	 	
1		٠	-	~~		-	nization Exemp	•	<u> </u>		OMB No. 1545-0	047
	*	Forr	" <b>9</b>	90			7(a)(1) of the Internal Reve				201F	:)
				of the Treasury			security numbers on this fo	•			Open to Pub	lic
		Interr	al Reve	nue Service			orm 990 and its instruction			017	Inspection	<u>    i</u>
				1	lar year, or tax year begin	ning L	JUN 1, 2016 a	ind ending	MAY 31, 2 D Employer id		tion number	
		BCa	heck if pplicabl	e C Name o	forganization				D Employer la	entificat	LION HUMDER	
			Addre chang	SS CALI	FORNIA SCHOOL	EMPI	LOYEES ASSOCIAT	TION				
			Name chang		usiness as						01733	
			_lreturn ]Final	2015	and street (or P.O. box if main LUNDY AVE .	ail is not de	elivered to street address)	Room/su		umber 408)	473-1000	
1		L	Lireturn termin ated			untry, and	ZIP or foreign postal code	<u>l</u>	G Gross receipts \$	1007	71,507,0	
			Ameno	ded SAN	JOSE, CA 951	31	· ·		H(a) Is this a gr	oup retu	m	
	/		Applic tion pendir		nd address of principal off	cer DA	/E LOW		for subord		Yes X	
	05	<u> </u>		empt status:	AS C ABOVE 501(c)(3) X 501(c)	( 5	) 🗲 (insert no.) 🛄 4947(a)	(1) or 1 15	H(b) Are all subord 77 If "No," att			No
-	$\sim$	J V	Ax-ext Vebsi	te: WWW	CSEA.COM	(	) (Insertino.) 4947(a)				t (see instructions	
1	00	KF	orm of	organization: [	X Corporation Trus	t 🛄 A	ssociation Other ►	LY	ar of formation: 19			
			irt I	Summary								
	ç	ZU18 nce	1	Briefly describ	pe the organization's mission of the structure of the second second second second second second second second s	on or mos	t significant activities TO	IMPROV	VE THE LIV	ES OI	FOUR	
		r W 4 ∠U Governance					ontinued its operations or dis	sposed of m	ore than 25% of its	net asse	ets	
		) Ove			ting members of the gover					3		14
I	۸ ۷	IVIAT es & G			· -	-	overning body (Part VI, line 1	b)		4	y	$\frac{14}{212}$
	70	W, ties			of individuals employed in					5		$\frac{313}{14}$
	C	Activities &			of volunteers (estimate if n d business revenue from P		•			6 7a	391,7	
	Ž	A N			business taxable income f		( <i>)</i> ,			7b		0.
	SCANNED SCANNED	6.02							Prior Year		Current Year	
	Ċ	ne 🤇			and grants (Part VIII, line 1	•		ŀ	534,6		$\frac{170,9}{70,012,4}$	
	V.	Revenue		-	ice revenue (Part VIII, line 2 come (Part VIII, column (A)		1 and 7d)	ŀ	281,1		250,6	
,	ŝ	Å			e (Part VIII, column (A), line			F	790,8		1,056,7	
1	Cd-		12	Total revenue	- add lines 8 through 11 (n	nust equa	al Part VIII, column (A), line 12	2)	69,189,0		71,490,7	
	N				milar amounts paid (Part IX	•		ļ	318,1		261,3	
	MAR		}	•	to or for members (Part IX,		(A), line 4) (Part IX, column (A), lines 5-1		41,378,2	0.	42,872,9	$\frac{0}{73}$
		Expenses			undraising fees (Part IX, co				41,570,2	0.	42,012,5	0.
	5	xper	b	Total fundrais	ing expenses (Part IX, colu	mn (D), lu	REGEIVED	0.				
	391	ũ	17	Other expense	es (Part IX, column (A), line	s 11a 110	a, 11f-24e)	<u>S</u>	16,431,4		17,260,7	
	<b>D</b>		18	Total expense	es. Add lines 13-17 (must e	qual Part	1×, 4914 m 6) 6 10 8 58	RS-OSC	58,127,8 11,061,1		60,395,0	
	0423294354MR	or	19	Hevenue less	expenses Subtract line 18	from une	12	<u> </u>	Beginning of Current		End of Year	33.
	'ai	Net Assets Fund Balanc		Total assets (F	Part X, line 16)		OGDEN, UT		45,900,5	54.	52,481,2	84.
	<b>A</b>	at As			(Part X, line 26)	Capital State			69,343,6		39,285,7	
	Q		22 Irt II	Net assets or Signature	fund balances Subtract In	ne 21 fror	n line 20		-23,443,0	/8.	13,195,5	80.
						this return	i, including accompanying sched	dules and stat	ements, and to the bes	t of my k	nowledge and belief.	, it is
					//		cer) is based on all information o					
	10				Blink //	in	uar					
	6	Sigr			e of offiser	ססדט			Date 2	128	12018	
	599096	Her	e		print name and title	UTEL	FINANCIAL OFFI	LUBR	i	/	/	
	U I			Print/Type pre	parer's name		Preparers stanfitore	CP A		ieck	J PTIN	
	6	Paid		KEITH R			KEITH R. GLEN	- CPA	1		P0131761	
	10	•	1918 Only	Firm's name	GILBERT ASS			00	Firm's E	N	68-003799	0
	N)	088	Only	Firm 5 address	► 2880 GATEWA SACRAMENTO,		•		Phone n	0.916	-646-6464	
		May	the If	RS discuss thi	s return with the preparer						X Yes	No
		_	01 11-1				ice, see the separate instru	ictions.			Form <b>990</b> (	2016)
							A24	r			$\gamma$	
							47	•			<u> </u>	
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	(2016) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 2
	1990 (2016) CALIFORNIA_SCHOOL_EMPLOYEES_ASSOCIATION94-1301733Page 2 rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	THE ASSOCIATION'S PRIMARY PURPOSE IS TO ENHANCE THE PROFESSIONAL LIVES
	OF CLASSIFIED EMPLOYEES STATEWIDE, THROUGH REPRESENTATION, TRAINING,
	COLLECTIVE BARGAINING, AND POLITICAL/LEGISLATIVE ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O
~	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$) (Revenue \$) (R
	NATIONWIDE, WITH IMPROVING STATE FINANCES WE EXPECT TO STRENGHTEN OUR
	UNION EVEN MORE.
	UNION EVEN MORE.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$) (Revenue \$)
4b	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM
4b	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED
4b	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE
4b	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED
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	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE OF EDUCATION ADVOCATES STATEWIDE.
4b 4c	CSEA       CREATED       AND       IS       BUILDING       A       COMMUNITY       AND       MEMBER       OUTREACH       PROGRAM         DESIGNED       TO       EDUCATE       COMMUNITY       LEADERS       ON       THE       VALUABLE       ROLE       CLASSIFIED         EMPLOYEES       PLAY       IN       OUR       SCHOOLS       AND       COLLEGES       AS       WELL       AS       BUILDING       A       CADRE         OF       EDUCATION       ADVOCATES       STATEWIDE<.
	CSEA       CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM         DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED         EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE         OF EDUCATION ADVOCATES STATEWIDE.
	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM         DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED         EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE         OF EDUCATION ADVOCATES STATEWIDE.
	CSEA       CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM         DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED         EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE         OF EDUCATION ADVOCATES STATEWIDE.
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4c	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE OF EDUCATION ADVOCATES STATEWIDE.   (Code )(Expenses \$ mcluding grants of \$ ) (Revenue \$ CSEA TRAINED MORE THAN 20,000 MEMBERS IN ALL ASPECTS OF THEIR PROFESSIONAL LIVES, FROM SKILL BUILDING ON THE JOB, TO CAREER AND PERSONAL LIFE SKILLS DEVELOPMENT.
4c	CSEA CREATED AND IS BUILDING A COMMUNITY AND MEMBER OUTREACH PROGRAM DESIGNED TO EDUCATE COMMUNITY LEADERS ON THE VALUABLE ROLE CLASSIFIED EMPLOYEES PLAY IN OUR SCHOOLS AND COLLEGES AS WELL AS BUILDING A CADRE OF EDUCATION ADVOCATES STATEWIDE.   (Code)(Exponses &)(Revenue &)(Revenue &)  CSEA TRAINED MORE THAN 20,000 MEMBERS IN ALL ASPECTS OF THEIR PROFESSIONAL LIVES, FROM SKILL BUILDING ON THE JOB, TO CAREER AND PERSONAL LIFE SKILLS DEVELOPMENT.  COTHER program services (Describe in Schedule O.)

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#### 94-1301733 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Form 990 (2016) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 Х If "Yes," complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 4 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 Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III

- 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? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b 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? If "Yes," complete Schedule D, Part VII
  - c 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
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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? If "Yes," complete Schedule F, Parts I and IV
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Form 990 (2016)

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Page 3

D	6) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301 hecklist of Required Schedules (continued)	<u>1733</u>	
			Y
r	organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
	to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
	organization report more than \$5,000 of grants or other assistance to any domestic organization or		
	c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	2
	organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		
<b>(</b>	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	
r	organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
e	ner officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		
	e J	23	
r	organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		
)	of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		
	e K. If "No", go to line 25a	24a	
	organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
	organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
	exempt bonds?	24c	┝
	organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	┝
	501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	
	on with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> ganization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204	
	transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		
	e L, Part I	25b	
	organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		
	fficers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"		
	e Schedule L, Part II	26	
	organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		
c	tor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		
t	these persons? If "Yes," complete Schedule L, Part III	27	
2	organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
r	ons for applicable filing thresholds, conditions, and exceptions)		_
	t or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	
	member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_
	of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
	trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	$\vdash$
	organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	┝
	tions? If "Yes," complete Schedule M	30	
	organization liquidate, terminate, or dissolve and cease operations?		┢
	complete Schedule N, Part I	31	1
	organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Γ
	e N, Part II	32	
r	organization own 100% of an entity disregarded as separate from the organization under Regulations		
3	301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33	L
0	organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
ŧ	ne 1	34	L
	organization have a controlled entity within the meaning of section 512(b)(13)?	35a	┡
	to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
	e meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	┡
	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1
	complete Schedule R, Part V, line 2	36	┝
	brganization conduct more than 5% of its activities through an entity that is not a related organization	-	
	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	┞
	organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	Ł

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	990 (2016) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301	133	P	<u>age 5</u>
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X	<u> </u>
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           2a        313		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_ <u>2b</u>	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<u>X</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>	<u>X</u>	
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)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>	<u>x</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	;
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7 <u>a</u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 <u>b</u>		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		
	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		<u> </u>
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		,
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ,
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
	Enter the amount of reserves on hand			╞╦┙
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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#### CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

94-1301733 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
<u>Sec</u>	tion A. Governing Body and Management						
	1			·	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1	4			
	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.		1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	±		ļ	
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	<u> </u>	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			37	
	of officers, directors, or trustees, or key employees to a management company or other person?		_	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X X	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5			
6	Did the organization have members or stockholders?			6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	_	17		
	more members of the governing body?			<u>7a</u>	X		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhe	olders, or				
	persons other than the governing body?		<i>.</i>	7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e following:				
a	The governing body?			8a 8b	X	x	
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? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue					
					Yes X	No	
	Did the organization have local chapters, branches, or affiliates?	• -	<i></i>	10a	<u> </u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apter	s, amiliates,		x		
440	and branches to ensure their operations are consistent with the organization's exempt purposes?	hafa	n films the fame?	10b 11a	Δ.	X	
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If</i> *No, " <i>go to line 13</i>			12a	x		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	0 000	licte2	12a	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			120			
U	In Schedule O how this was done	5, 00	SCIDE	12c	x		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by in	denendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Uy III	ocpendent				
а	The organization's CEO, Executive Director, or top management official			15a	X	1	
	Other officers or key employees of the organization			15a	X		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					i	
16a	<ul> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a</li> </ul>						
	taxable entity during the year?						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	erts c	articipation	16a		X	
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	-				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure			1.00			
17	List the states with which a copy of this Form 990 is required to be filed CA		·····				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	Sect	on 501(c)(3)s onlv)	availat	le		
	for public inspection. Indicate how you made these available. Check all that apply		(-,(-)))		-		
	Own website Another's website X Upon request Other (explain ii	n Sch	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	id finan	cial		
	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 boo	ks an	d records 🕨			_	
	STEVE BRASHEAR, CFO - (408)473-1000		·				
	2045 LUNDY AVENUE, SAN JOSE, CA 95131			_			

# Form 990 (2016) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 7 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

Lst 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, and 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)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not ci , unle:	heck ss pe	rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	-	cer an	dad	recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or (	stee			Highest compensated employee	İ	(W-2/1099-MISC)	(11 2) 1000 (1100)	organization
	organizations	1 trus	nal tru		loyee	admo				and related
	below	Ividua	nstitutional trustee	Officer	Key employee	hest o	Former			organizations
(1) BENJAMIN VALDEPENA	line) 40.00	Ē	S <sup>LI</sup>	5	Ę.	<u>₹</u> ₽	হ	·		· ·
ASSOCIATION PRESIDENT	40.00	x		х				1,050.	0.	0.
(2) DOLORES BURKE	5.00	•		~		-		1,050.		0.
ASSOCIATION 2ND VP	5.00	x		х				600.	0.	0.
(3) KERRY WOODS	5.00			<u> </u>	_	-		000.		<u>U.</u>
ASSOCIATION SECRETARY	5.00	x		х				600.	0.	0.
(4) ALLAN CLARK	5.00	-		Δ	-	-	-	000.	0.	
PAST PRESIDENT		x				[		600.	0.	0.
(5) MARTHA PENRY	5.00				-					
AREA DIRECTOR A		x		i				600.	0.	0.
(6) FRANK RODRIGUEZ	5.00				-					
AREA DIRECTOR B		x						600.	0.	0.
(7) MARCOS GONZALEZ	5.00									
AREA DIRECTOR C		x						600.	0.	0.
(8) RAMELDIA MARK	5.00									
AREA DIRECTOR D		X						600.	0.	0.
(9) SYLVIA DIAZ	5.00									
AREA DIRECTOR E		X						600.	0.	0.
(10) DALE SORENSON	5.00									
AREA DIRECTOR F		X						600.	_0.	0.
(11) JOHN NIETO	5.00									
AREA DIRECTOR G		X						600.	0.	0.
(12) BILL HAGAR	5.00									
AREA DIRECTOR H		X						600.	0.	0.
(13) DONALD SNYDER	5.00									_
AREA DIRECTOR I		X						600.	0.	0.
(14) JIM KING	5.00									
AREA DIRECTOR K		X						450.	0.	0.
(15) BEATRIZ MORA	5.00							4 - 0		^
AREA DIRECTOR K		X						150.	0.	0.
(16) DAVID LOW	40.00							007 540	_	1 4 0 7 5 0
EXECUTIVE DIRECTOR				X	L	<u> </u>		287,549.	0.	140,759.
(17) STEVE BRASHEAR	40.00			3.7				103 313		
CHIEF FINANCIAL OFFICER				X				183,313.	0.	96,690.

632007 11-11-16

Form 990 (2016)

Part VII       Section A. Officer, Directors, Trustees, Key Employees, and Highest Compensated Employees, Continued)       (a)         Name and trile       (b)       (c)       (	Form 990 (2016) CALIFORN	IIA SCHO	<u>JC</u>	EM	IPL	OY:	EE	s	ASSOCIATION	94-13	301
Name and title     Average weak     Number of the ard stretchuster block and block and blo	Part VII Section A. Officers, Directors, Tru		ploy	ees,			nest	t Co	ompensated Employe	es (continued)	
Name and table     Hours per table and table     Incompetition compensation of compensation of momental and approximate of a setectivation of compensation of momental and approximate of a setectivation of a setectivation of the compensation of the companzero of the companzations and pelled compensation of the	(A)					-			(D)	(E)	
weak         other and simulation terms         origination         origination <td>Name and title</td> <td>-</td> <td></td> <td>not ch</td> <td>teck m</td> <td>nore th</td> <td></td> <td></td> <td>•</td> <td></td> <td></td>	Name and title	-		not ch	teck m	nore th			•		
Intermediation       Inte									·		
hours for ganzaton bolow ine)       is ganzaton ganzaton ine)       is ganzaton ganzaton ine)       is ganzaton ganzaton ganzaton ganzaton ine)       (W2/1099-MISC)       is ganzaton (W2/1099-MISC)         (18) MICHAEL CLANCY       40.00       X       180,743.       0.         (19) MICHAEL CLANCY       40.00       X       26,726.       0.         (19) MIDREP RAWN       40.00       X       165,495.       0.         (20) ROY RAMOS       40.00       X       165,495.       0.         (21) RIF CONCECS SERVICES       40.00       X       165,495.       0.         (21) RIF PACE VIEW CONSEL       40.00       X       165,495.       0.         (21) RIF PACE VIEW CONCESS SERVICES       40.00       X       165,424.       0.         (23) TIAN AGNER       40.00       X       163,719.       0.       12         (23) TIAN AGNER       40.00       X       163,719.       0.       12         (24) FEAK FOLTO       40.00       X       172,312.       0.       12         DIRECTOR OF COMMICALIZATIONS       40.00       X       172,312.       0.       12         JELD DIRECTOR, RANCRO CUCLANDRA       1,940,445.       0.       12       1,940,445.       0.       12      <			ē			Т	-	Ť			
(16) MICHAEL CLANCY       40.00       X       180,743.0         CHIEF COUNSEL       0       X       26,726.0         (21) MORSH KAIN       40.00       X       26,726.0         (21) MORSH KAIN       40.00       X       174,790.0         (21) ADDY BELL       0.00       X       174,790.0         DIRECTOR OFFICE SERVICES       40.00       X       165,495.0         (21) ADDY BELL       40.00       X       165,424.0         DIRECTOR INFORMATIONS       40.00       X       165,424.0         (22) FIRM WAGNER       40.00       X       163,719.0         (23) TINA WAGNER       40.00       X       163,719.0         (24) FRANK FOLITON       40.00       X       163,719.0         (25) ARNIE BRANDFLADT       40.00       X       163,719.0         (26) DENISE JENSEN       1       1       1         FILED DIRECTOR, RANCHO CUCANONGA       X       172,312.0       1         1       540,177.0       0       2       0         1       540,177.0       0       2       0       2         1       540,177.0       0       2 <td></td> <td></td> <td>direc</td> <td></td> <td></td> <td>Ţ</td> <td></td> <td></td> <td></td> <td>-</td> <td></td>			direc			Ţ				-	
(16) MICHAEL CLANCY       40.00       X       180,743.0         CHIEF COUNSEL       0       X       26,726.0         (21) MORSH KAIN       40.00       X       26,726.0         (21) MORSH KAIN       40.00       X       174,790.0         (21) ADDY BELL       0.00       X       174,790.0         DIRECTOR OFFICE SERVICES       40.00       X       165,495.0         (21) ADDY BELL       40.00       X       165,424.0         DIRECTOR INFORMATIONS       40.00       X       165,424.0         (22) FIRM WAGNER       40.00       X       163,719.0         (23) TINA WAGNER       40.00       X       163,719.0         (24) FRANK FOLITON       40.00       X       163,719.0         (25) ARNIE BRANDFLADT       40.00       X       163,719.0         (26) DENISE JENSEN       1       1       1         FILED DIRECTOR, RANCHO CUCANONGA       X       172,312.0       1         1       540,177.0       0       2       0         1       540,177.0       0       2       0       2         1       540,177.0       0       2 <td></td> <td></td> <td>tee or</td> <td>ustee</td> <td></td> <td>encati</td> <td></td> <td></td> <td>(W-2/1099-MISC)</td> <td></td> <td></td>			tee or	ustee		encati			(W-2/1099-MISC)		
(16) MICHAEL CLANCY       40.00       X       180,743.0         CHIEF COUNSEL       0       X       26,726.0         (21) MORSH KAIN       40.00       X       26,726.0         (21) MORSH KAIN       40.00       X       174,790.0         (21) ADDY BELL       0.00       X       174,790.0         DIRECTOR OFFICE SERVICES       40.00       X       165,495.0         (21) ADDY BELL       40.00       X       165,424.0         DIRECTOR INFORMATIONS       40.00       X       165,424.0         (22) FIRM WAGNER       40.00       X       163,719.0         (23) TINA WAGNER       40.00       X       163,719.0         (24) FRANK FOLITON       40.00       X       163,719.0         (25) ARNIE BRANDFLADT       40.00       X       163,719.0         (26) DENISE JENSEN       1       1       1         FILED DIRECTOR, RANCHO CUCANONGA       X       172,312.0       1         1       540,177.0       0       2       0         1       540,177.0       0       2       0       2         1       540,177.0       0       2 <td></td> <td>1 -</td> <td>al trus</td> <td>onal tr</td> <td></td> <td>loyee</td> <td>4</td> <td></td> <td></td> <td></td> <td></td>		1 -	al trus	onal tr		loyee	4				
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CHIEF COURSEL       X       180,743.       0.         (19) ANDREW KARN       40.00       X       26,726.       0.         (20) ROY RANOS       40.00       X       174,790.       0.         (21) GOY PELL       40.00       X       165,495.       0.         DIRECTOR OF MEMBER BENEFITS       40.00       X       165,495.       0.         DIRECTOR OF MEMBER BENEFITS       40.00       X       165,495.       0.         DIRECTOR FIELD OPERATIONS       40.00       X       165,424.       0.       12         DIRECTOR FIELD OPERATIONS       40.00       X       163,719.       0.       12         C21 NATINE PRACE       40.00       X       163,719.       0.       12         DIRECTOR FIELD OPERATIONS       40.00       X       163,719.       0.       12         C21 NATINE PRANCHOLINICATIONS       40.00       X       172,312.       0.       12         C31 DENDER COMMUNAL OPERATIONS       40.00       X       1744,50.0.       12       14445.       0.       12         C32 NATIE PRANCHO CUCAMORGA       X       172,312.       0.       12       12,460,177.       0.       12       144445.       0.       12       460.0	(18) MICHAEL CLANCY		=	=	8	<u>ਨ ਸ</u>	5	2			
119) ANDREW KANN       40.00       x       26,726.       0.         CHIEF COUNSEL       40.00       x       174,790.       0.         C20) FOR FANOS       40.00       x       174,790.       0.         C21) JODY BELL       40.00       x       165,495.       0.       162         C21) JODY BELL       40.00       x       165,495.       0.       162         C22) KETTE PACE       40.00       x       165,424.       0.       162         C23) TIRA MAGNER       40.00       x       165,424.       0.       162         C23) TIRA MAGNER       40.00       x       163,719.       0.       163         DIRECTOR INFORMATION SYSTEMS       X       163,719.       0.       163       163,719.       0.       163         C31 TIRA MAGNER       40.00       X       163,719.       0.       172,312.       0.       172,312.       0.       172,312.       0.       172,312.       0.       172,312.       0.       12       161,942.       0.       172,312.       0.       12       161,942.       0.       172,312.       0.       12       172,312.       0.       12       161 dia (ad lines to and tc)       X       172,312.					x				180.743.		0.
120) ROY RAMOS       40.00       X       174,790.       0.         121) GOY BELL       40.00       X       165,495.       0.         121) GOY BELL       40.00       X       165,495.       0.         122) KEITH PACE       40.00       X       165,424.       0.         121) KEITH PACE       40.00       X       165,424.       0.         123) TINA WAGNER       40.00       X       163,719.       0.         123) TINA WAGNER       40.00       X       163,719.       0.         124) FRANK POLITO       40.00       X       163,719.       0.         125) ARNIE BRADFLADT       40.00       X       163,719.       0.         126) DENISE JENSEN       40.00       X       163,719.       0.         126) DENISE JENSEN       40.00       X       172,312.       0.         126) DENISE JENSEN       40.00       X       1,940,445.       0.         127 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3         12       Total individual isted on line 1a, is the sum of reportable compensation rom the organization remore schedul		40.00					+	+			
(10) ROY RAMOS       40.00       X       174,790.0.1         DIRRECTOR OFFICE SERVICES       40.00       X       165,495.0.1         DIRRECTOR OFFICE SERVICES       40.00       X       165,495.0.1         (21) YODY BELL       40.00       X       165,495.0.1         (22) KETH PACE       40.00       X       165,424.0.1         (23) KETH PACE       40.00       X       165,424.0.1         (24) FRANK POLITO       40.00       X       163,719.0.1         DIRECTOR INFORMATION SYSTEMS       40.00       X       163,719.0.1         DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.0.1         DIRECTOR INFORMATION SYSTEMS       40.00       X       163,719.0.1         DIRECTOR OF COMMUNICATIONS       X       163,719.0.1       1         (26) DENIGE JENESEN       40.00       X       172,312.0.1       1         165 UNICATIONS       X       1,940,445.0.2       0.2       2       1         16 Datal dolines to and to       X       1,940,445.0.2       0.2       2       1       1,940,445.0.2       0.2       2       400.107.0.0       2       10 tal induiduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and	CHIEF COUNSEL		1		x				26,726.		0.
(11) JODY BELL       40.00       X       165,495.       0.1         DIRECTOR OF MEMBER BENEFITS       40.00       X       228,149.       0.1         (22) KETH FACE       40.00       X       228,149.       0.1         (23) TINA MAGNER       40.00       X       165,424.       0.5         DIRECTOR INFORMATION SYSTEMS       X       163,719.       0.5         (24) FRANK FOLITO       40.00       X       163,719.       0.5         DIRECTOR INFORMATION SYSTEMS       40.00       X       163,719.       0.5         (26) DENISE DRANDELADY       40.00       X       163,719.       0.5         (26) DENISE DRESEN       40.00       X       172,312.       0.6         (26) DENISE DRESEN       40.00       X       172,312.       0.6         (26) DENISE DRESEN       40.00       X       1,940,445.       0.6         (21) DENISE DRESEN       40.00       X       1,940,445.       0.6         (22) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       3       3         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 13'ff 'Yes,' complete Schedule	(20) ROY RAMOS	40.00									
DIRECTOR OF MEMBER BENEFITS       X       165,495.       0.         (22) KETTH FACE       40.00       X       228,149.       0.         (23) TINA WAGNER       40.00       X       165,424.       0.         (23) TINA WAGNER       40.00       X       165,424.       0.         (24) FRANK POLTO       40.00       X       165,424.       0.         DIRECTOR INFORMATION SYSTEMS       X       163,719.       0.       165,424.         DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.       0.       165,424.         DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.       0.       165,424.       0.         (25) ARNIE BRADELADT       40.00       X       172,312.       0.       16         (26) DENISE JENSEN       40.00       X       172,312.       0.       17         1b Sub-total        1,940,445.       0.       0.       2       2.460,177.       0.       2         2       Total number of individual (not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization %1 'Yes," complete Schedule J for such individual       3 </td <td>DIRECTOR OFFICE SERVICES</td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td>174,790.</td> <td></td> <td>0.</td>	DIRECTOR OFFICE SERVICES					x			174,790.		0.
(22) KETH PACE       40.00       X       228,149.       0.1         DIRECTOR FIELD OPERATIONS       40.00       X       165,424.       0.1         DIRECTOR INFORMATION SYSTEMS       40.00       X       165,424.       0.1         DIRECTOR OF COMMUNICATIONS       X       163,719.       0.1         DIRECTOR OF COMMUNICATIONS       X       163,719.       0.1         DIRECTOR OF COMMUNICATIONS       X       163,719.       0.1         DEPUTY CHIEF CONSEL       X       183,375.       0.4         (26) DENISE JENSEN       40.00       X       172,312.       0.4         TIELD DIRECTOR, RANCHO CUCAMONGA       X       172,312.       0.4         1b Sub-total       1,940,445.       0.2       0.2       0.2         c Total from continuation sheets to Part VII, Section A       2,460,177.       0.2       0.2         1 total add lines th and 1c)       2,460,177.       0.1       2       2.460,177.       0.1         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization size year.       3       3         Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related or	(21) JODY BELL	40.00									
DIRECTOR FIELD OPERATIONS       X       228,149.       0.       1:         (23) TINN WAGNER       40.00       X       165,424.       0.       1:         (24) FRANK POLITO       SYSTEMS       X       165,424.       0.       1:         (24) FRANK POLITO       40.00       X       163,719.       0.       1:         (25) ANNE BRADFLADDT       40.00       X       183,375.       0.       1:         (26) DENISE JENSEN       40.00       X       172,312.       0.       1:         (26) DENISE JENSEN       40.00       X       172,312.       0.       1:         1 b Sub-total       X       172,312.       0.       2:       0.       1:       2:       4:       0.00       2:       2:       0.       1:       2:       0.       1:       2:       0.       1:       0.       1:       0:       1:       0:       1:       0:       1:       0:       0:       1:       0:       1:       0:       0:       1:       0:       1:       0:       1:       0:       0:       1:       0:       0:       1:       0:       1:       0:       0:       1:       0:       0:				$\square$		X			165,495.		0.
(23) TINA WAGNER       40.00       X       165,424.       0.4         DIRECTOR INFORMATION SYSTEMS       40.00       X       165,424.       0.4         (24) FRANK POLITO       40.00       X       163,719.       0.4         DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.       0.4         (25) ANNIE BRADPLADT       40.00       X       183,375.       0.4         DEPUTY CHIEF COUNSEL       40.00       X       172,312.       0.4         (26) DENES JENSEN       40.00       X       1,940,445.       0.4         FIELD DIRECTOR, RANCHO CUCAMONGA       >       1,940,445.       0.4       0.4         1 to Sub-total       ×       1,940,445.       0.4       0.4       0.4         c Total from continuation sheets to Part VII, Section A       >       5,19,732.       0.2       0.4         d Total (add lines to and tc)       ×       1,940,445.       0.4       0.4         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       >       3         3 Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       4       4		40.00	ł						000 110		
DIRECTOR INFORMATION SYSTEMS       X       165,424.       0.       1         (24) FRANK POLITO       40.00       X       163,719.       0.       1         DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.       0.       1         DIRECTOR OF COMMUNICATIONS       40.00       X       183,375.       0.       1         DEPUTY CRIEF COUNSEL       40.00       X       172,312.       0.       1         (26) DENISE JENSEN       40.00       X       172,312.       0.       1         (26) DENISE JENSEN       1.,940,445.       0.       0.       2       519,732.       0.       2         (27) Table Indectore, RANCHO CUCAMONGA       1.,940,445.       0.       0.       2       2.460,177.       0.       2         (20) Total momber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       3       3       3       3       3       3       3       3       3       3       4		10.00	<b> </b>			<u>*</u>	_	+	228,149.	ļ	υ.
(24) FRANK POLITO       40.00       X       163,719.       0.         (25) ARNIE BRANDFLADT       40.00       X       183,375.       0.         (25) ARNIE BRANDFLADT       40.00       X       183,375.       0.         (26) DENTSE JENSEN       40.00       X       172,312.       0.       0.         (26) DENTSE JENSEN       40.00       X       172,312.       0.       0.         1b Sub-total       1,940,445.       0.       0.       2.       519,732.       0.       2.         c Total from continuation sheets to Part VII, Section A       2.460,177.       0.       0.       2.       2.460,177.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       3       0.       3       3       0.       4.       3.         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization is the sum of reportable compensation and other compensation for the organization and related organization?       3.         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation or individual for services       5.         Section B. Independent Contractors       1.       Complete Schedule J for		40.00				$\mathbf{v}$			165 424		
DIRECTOR OF COMMUNICATIONS       40.00       X       163,719.0.1         (25) ARNIE BRAADFLADT       40.00       X       183,375.0.1         DEPUTY CHIEF COUNSEL       40.00       X       172,312.0.1         (26) DENISE JENSEN       40.00       X       172,312.0.1         FIELD DIRECTOR, RANCHO CUCAMONGA       X       172,312.0.1       0.1         (26) DENISE JENSEN       40.00       X       172,312.0.1       0.1         (26) DENISE JENSEN       40.00       X       172,312.0.1       0.1         (27) Total from continuation sheets to Part VII, Section A       519,732.0.1       0.1       2.1         (27) Total from continuation sheets to Part VII, Section A       5219,732.0.1       0.1       2.1         (28) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       3         (30) Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual       4         (40) Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization areceive or accrue compensation from any unrelated organization or individual for services       5         Section B. Independent Contractors		10.00			<u> </u>	^	-	+	105,424.		<u>.</u>
(25) ARNIE BRAADFLADT       40.00       X       183,375.       0.4         DEPUTY CHLEF COUNSEL       40.00       X       172,312.       0.4         (26) DENISE JENSEN       40.00       X       172,312.       0.4         TELD DIRECTOR, RANCHO CUCAMONGA       X       172,312.       0.4         Control (add lines 1b and 1c)       X       1.940,445.       0.4         Cotal (add lines 1b and 1c)       X       2.460,177.       0.4         Cotal (add lines 1b and 1c)       X       2.460,177.       0.4         Compensation from the organization       X       2.460,177.       0.4         Compensation from the organization       X       3       3       3       3       3       3       3       4       6       3       3       3       4       4       3		40.00				$\mathbf{v}$			163 719		n
DEPUTY CHIEF COUNSEL       40.00       X       183,375.       0.       1         (26) DENISE JENSEN       40.00       X       172,312.       0.       1         TID DIRECTOR, RANCHO CUCAMONGA       X       172,312.       0.       1         1b Sub-total       I.940,445.       0.       0.       2       1.940,445.       0.       2         c Total from continuation sheets to Part VII, Section A       I.940,445.       0.       2       2.460,177.       0.       2         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual       3       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual       4       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5         8 ection B. Independent Contractors       5       5         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organizatio		40.00	╞──		-+		+	+	105,715.		<u> </u>
(26) DENISE JENSEN       40.00       X       172,312.0.0.4         FIELD DIRECTOR, RANCHO CUCAMONGA       X       174,312.0.0.4         To b Sub-total       1,940,445.0.0.4         c Total from continuation sheets to Part VII, Section A       1,940,445.0.0.2         d Total (add lines to and 1c)       2,460,177.0.0.2         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization is revices       5         IAKESHORE       AUDIO VISUAL, 3250 W ALI BABA LN       PRESENTATION       5         IAKESHORE AUDIO VISUAL, 3250 W ALI BABA LN       PRESENTATION       5       5         CORN		10100	ł				x		183,375.		0.
FIELD DIRECTOR, RANCHO CUCAMONGA       X       172,312.       0.       1         1b Sub-total       1,940,445.       0.       2         c Total from continuation sheets to Part VII, Section A       519,732.       0.       2         d Total (add lines th and 1c)       2,460,177.       0.       2         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       3         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? /f 'Yes,' complete Schedule J to such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f 'Yes,' complete Schedule J for such individual       4         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f 'Yes,' complete Schedule J for such person       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization? If 'Yes,'' complete Schedule J for such person       5         Section B. Independent Contractors       (B)       Description of services       Complete this table for your five highest compensated independent contractors that received more than \$100,		40.00				-					-
1b       Sub-total       1,940,445.       0.         c       Total from continuation sheets to Part VII, Section A       519,732.       0.21         d       Total (add lines tb and tc)       2,460,177.       0.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       2         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         3       Out any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
c       Total from continuation sheets to Part VII, Section A       519,732.0.21         d       Total (add lines 1b and 1c)       2,460,177.0.0.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization? Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization of services       Comp         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       5	FIELD DIRECTOR, RANCHO CUCAMONGA		1				x		172,312.		0.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization? If any business address       Description of services       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization? Stax year.         (A)       (B)       Description of services       Complete Schedule J or such person         STE J , LAS VEGAS , NV 89118       SERVICES       5         CORNERSTONE PRINTING       3       Description of services       5         1       BLACKFIELD DR , TIBURON , CA 94920       OUTSIDE PRINTING							<u>x</u>	•			
compensation from the organization ▶         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual       3         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual       3         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes," complete Schedule J for such person       4         6 Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation the organization? If 'Yes," complete Schedule J for such person       5         5 Section B. Independent Contractors       1       1       1         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year.       (A)         (A)       (B)       Description of services       Complete Schedule J as Services       Complete Schedule J as Services       Services         1 LAS VEGAS, NV 89118       SERVICES       5       5         CORNERSTONE PRINTING       3       Services       5         1 BLACKFIELD DR, TIBURON, CA 94920       OUTSIDE PRINTING <td< td=""><td>1b Sub-total</td><td>/II, Section A</td><td></td><td></td><td></td><td>2</td><td></td><td>•</td><td>1,940,445. 519,732.</td><td></td><td>0.</td></td<>	1b Sub-total	/II, Section A				2		•	1,940,445. 519,732.		0.
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization of services does and business address       0         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization for the calendar year ending with or within the organization's tax year.       (a)         (A)       (B)       0       0         Name and business address       Description of services       Complete this table to print the organization of the calendar year ending with or within the organization's tax year.       (b)         (A)       (B)       0       0       0         SEE J , LAS VEGAS , NV 89118       SERVICES       5       5         CORNERSTONE PRINTING       3       3 <td>1b Sub-total c Total from continuation sheets to Part V</td> <td>/II, Section A</td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td>•</td> <td>1,940,445. 519,732.</td> <td></td> <td>0.</td>	1b Sub-total c Total from continuation sheets to Part V	/II, Section A				2		•	1,940,445. 519,732.		0.
Ine 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization of services       Comp         1       Name and business address       Description of services       Comp         LAKESHORE       AUDIO       VISUAL       3250       W ALI       BABA       LN       PRESENTATION       SERVICES       52         STE       J       LAS       VEGAS <td< td=""><td>1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)</td><td></td><td>l</td><td>liste</td><td>d ab</td><td></td><td></td><td>• • •</td><td>1,940,445. 519,732. 2,460,177.</td><td>),000 of reportable</td><td>0. 0. 0.</td></td<>	1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)		l	liste	d ab			• • •	1,940,445. 519,732. 2,460,177.	),000 of reportable	0. 0. 0.
Ine 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year.       (A)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization of services       Comp         1       Name and business address       Description of services       Comp         LAKESHORE       AUDIO       VISUAL       3250       W ALI       BABA       LN       PRESENTATION       SERVICES       52         STE       J       LAS       VEGAS <td< td=""><td>1b       Sub-total         c       Total from continuation sheets to Part V         d       Total (add lines 1b and 1c)         2       Total number of individuals (including but r</td><td></td><td>l</td><td>liste</td><td>d ab</td><td></td><td></td><td>• • • rec</td><td>1,940,445. 519,732. 2,460,177.</td><td>0,000 of reportable</td><td>0. 0. 0.</td></td<>	1b       Sub-total         c       Total from continuation sheets to Part V         d       Total (add lines 1b and 1c)         2       Total number of individuals (including but r		l	liste	d ab			• • • rec	1,940,445. 519,732. 2,460,177.	0,000 of reportable	0. 0. 0.
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such person       5         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year.       68)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization Report compensation for the calendar year ending with or within the organization's tax year.       68)         1       Name and business address       Description of services       Complete Schedule J for Such PRIVIES         1       LAKESHORE AUDIO VISUAL, 3250 W ALII BABA LN       PRESENTATION       SERVICES       55         1       BLACKFIELD DR, TIBURON, CA 94920       OUTSIDE PRINTING       31         1       BLACKFIELD DR, TIBURON, CA 94920       OUTSIDE PRINTING       31         1       BLACKFIELD DR, TIBURON, CA 94952       CONSULTING       31         2       BAY AREA BUILDERS,	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization ►</li> </ul>	not limited to th				ove)	who		1,940,445. 519,732. 2,460,177. ceived more than \$100		0. 0. 0.
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STE 400, WESTLAKE, OH 44145-2450CONSULTING3:PROMOCO401 SEVENTH ST, PETALUMA, CA 94952MARKETING2'BAY AREA BUILDERS, INC000	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but recompensation from the organization)</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for stand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," comsection B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> </ul>	not limited to the such individual sum of reportab 50,000? If "Yes, accrue comper <u>mplete Schedul</u> compensated indi- the calendar y s address 3250 W 2 18	le co " <i>co</i> nsat depe ear o	e, ke mple mple on fi ende ende	y emp ensat ete So rom a <u>ech p</u> nt co ng wi	ploye ion a chea any t erso ntrac th or	who eee, o und c unrels	or hi othe J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>ir such individual</i> d organization or indivi- d organization or indivi- mat received more than the organization's tax y (B) Description of s RESENTATION ERVICES	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
PROMOCO 401 SEVENTH ST, PETALUMA, CA 94952 MARKETING 2' BAY AREA BUILDERS, INC	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but is compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i></li> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for s</i></li> <li>1 Complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>1 BLACKFIELD DR, TIBURON</li> </ul>	not limited to the such individual sum of reportab 50,000? <i>If</i> "Yes, accrue comper- mplete Schedul ompensated indi- the calendar y s address 3250 W 2 18	le cc le cc nsat depe ear c	e, ke mple on fr ende ender	y emp ensat te So rom a <u>uch p</u> nt co ng wr BAB.	ploy ion a ched any L erso ntrac th or <b>A</b>	who ee, o und c unrel: o tors: with	or hi othe J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>ir such individual</i> d organization or indivi- d organization or indivi- mat received more than the organization's tax y (B) Description of s RESENTATION ERVICES	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
401 SEVENTH ST, PETALUMA, CA 94952MARKETING2°BAY AREA BUILDERS, INC	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but is compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for stand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>BLACKFIELD DR, TIBURON THE SPYGLASS GROUP, LLC,</li> </ul>	not limited to the such individual sum of reportab 50,000? <i>If</i> "Yes, accrue competent ompensated individual the calendar y s address 3250 W 2 18 , CA 949	ustee le co " co nsat e J f depe ear o AL ]	e, ke mple on fr ende ender	y emp ensat te So rom a <u>uch p</u> nt co ng wr BAB.	ploy ion a ched any L erso ntrac th or <b>A</b>	who ee, o und c unrel: o tors: with	or hi othe J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>ir such individual</i> d organization or indivi- mat received more than the organization's tax (B) Description of s RESENTATION ERVICES UTSIDE PRIN	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
BAY AREA BUILDERS, INC	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but is compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for stand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>BLACKFIELD DR, TIBURON THE SPYGLASS GROUP, LLC, STE 400, WESTLAKE, OH 44</li> </ul>	not limited to the such individual sum of reportab 50,000? <i>If</i> "Yes, accrue competent ompensated individual the calendar y s address 3250 W 2 18 , CA 949	ustee le co " co nsat e J f depe ear o AL ]	e, ke mple on fr ende ender	y emp ensat te So rom a <u>uch p</u> nt co ng wr BAB.	ploy ion a ched any L erso ntrac th or <b>A</b>	who ee, o und c unrel: o tors: with	or hi othe J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>ir such individual</i> d organization or indivi- mat received more than the organization's tax (B) Description of s RESENTATION ERVICES UTSIDE PRIN	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but is compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>1 BLACKFIELD DR, TIBURON THE SPYGLASS GROUP, LLC, STE 400, WESTLAKE, OH 44</li> <li>PROMOCO</li> </ul>	not limited to the such individual sum of reportab 50,000? If "Yes, accrue competent ompensated indi- the calendar y s address 3250 W 2 18 , CA 949 25777 1 145-2450	le cc " co nsat e J f depe ear of ALJ	e, key mple mple on fi ende ender E E	y emp ensat te So rom a <u>uch p</u> nt co ng wr BAB.	ploy ion a ched any L erso ntrac th or <b>A</b>	who ee, o und c unrel: o tors: with	or hi J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>r such individual</i> d organization or indivi- mat received more than the organization's tax (B) Description of s RESENTATION ERVICES UTSIDE PRIN CONSULTING	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but is compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>1 BLACKFIELD DR, TIBURON THE SPYGLASS GROUP, LLC, STE 400, WESTLAKE, OH 44</li> <li>PROMOCO</li> <li>401 SEVENTH ST, PETALUMA</li> </ul>	not limited to the such individual sum of reportab 50,000? If "Yes, accrue competent ompensated indi- the calendar y s address 3250 W 2 18 , CA 949 25777 1 145-2450	le cc " co nsat e J f depe ear of ALJ	e, key mple mple on fi ende ender E E	y emp ensat te So rom a <u>uch p</u> nt co ng wr BAB.	ploy ion a ched any L erso ntrac th or <b>A</b>	who ee, o und c unrel: o tors: with	or hi J fo late	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from <i>r such individual</i> d organization or indivi- mat received more than the organization's tax (B) Description of s RESENTATION ERVICES UTSIDE PRIN CONSULTING	mployee on the organization idual for services \$100,000 of com year.	0. 0. 0. e
	<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization )</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization Report compensation for (A) Name and business</li> <li>LAKESHORE AUDIO VISUAL, STE J, LAS VEGAS, NV 891</li> <li>CORNERSTONE PRINTING</li> <li>1 BLACKFIELD DR, TIBURON THE SPYGLASS GROUP, LLC, STE 400, WESTLAKE, OH 44</li> <li>PROMOCO</li> <li>401 SEVENTH ST, PETALUMA</li> <li>BAY AREA BUILDERS, INC</li> </ul>	not limited to the such individual sum of reportab 50,000? If "Yes, accrue comper- mplete Schedul ompensated indi- the calendar y s address 3250 W 2 18 , CA 949 25777 1 145-2450 , CA 949	Listed le cc msat <u>e J f</u> depe ear ALJ	ender E E C E C E C E	y empensative Score a structure Score a structure point coordinate structure pointe structure point coordinate structure point co	ove) ploy( ion a ched any t erso ntrac th or <b>A</b> ] <b>R</b> ]	who ee, o und c unrel: wrth	or hi othe ate s th P S O C M 4B	1,940,445. 519,732. 2,460,177. ceived more than \$100 ighest compensated e er compensation from in such individual d organization or indivi- tat received more than the organization's tax (B) Description of s RESENTATION ERVICES UTSIDE PRIN CONSULTING CARKETING UILDING MAI	mployee on the organization idual for services \$100,000 of com year. ervices TING NTENANCE	0. 0. 0. e

SEE PART VII, SECTION A CONTINUATION SHEETS 632008 11-11-16

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(A)       (B)       (C)       (D)       (E)       (F)         Name and ttile       Average hours       Position (check all that apply)       Position (check all that apply)       Reportable compensation from the organizations (W-2/1099-MISC)       Reportable compensation from related organizations (W-2/1099-MISC)       Estimated amount of other compensation from the organizations (W-2/1099-MISC)         27) SHARON FURLONG       40.00       X       172,979.       0.       98,667         28) JAI SOOKPRASERT 29) DEBRA COLE       40.00       X       174,4411.       0.       99,232	orm 990 CALIFO Part VII Section A. Officers, Directors	RNIA SCHOO				nd H			Compensated Employ		
week (list any hours for related organizations below line)       week (list any hours for related organizations below line)       boothours is is is is is is is is is is is is is	(A)	(B) Average hours			(C Pos	C) Ition	l		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of
IELD DIRECTOR, SACRAMENTO       X       172,979.       0.       98,66*         28) JAI SOOKPRASERT       40.00       X       174,441.       0.       99,232         29) DEBRA COLE       40.00       40.00       174,441.       0.       99,232		week (list any hours for related organizations below line)	Individual trustee or director	Inshitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensatio
28) JAI SOOKPRASERT         40.00         X         174,441.         0.99,232           29) DEBRA COLE         40.00         1		40.00					x		172.979.	0.	98,66
SSISTANT DIRECTOR, GR         X         174,441.         0.99,232           29) DEBRA COLE         40.00         1         1         1		40.00				-					
29) DEBRA COLE 40.00							х		174,441.	Ο.	99,232
IELD DIRECTOR, FRESHO       X       172,312.       0.92,01:         IELD DIRECTOR, FRESHO       IELD II       IELD II       IELD II         IELD DIRECTOR, FRESHO       IELD II       IELD II       IELD II         IELD II       IELD II       IELD II       IELD III         IELD III       IELD III       IELD III       IELD III         IELD III       IELD III       IELD IIII       IELD IIII         IELD IIII       IELD IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	29) DEBRA COLE	40.00									
	IELD DIRECTOR, FRESNO						X		172,312.	0.	92,01
									_		

L	rt VII							
<u> </u>		Check if Schedule O cont	ains a respons	e or note to any lir	(A)	(B)	(C)	(D) Revenue ex
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax u section 512 - 5
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
<u>S</u> Gra	b	Membership dues	<u>1b</u>					
Ę,		Fundraising events	1c					
ia i		Related organizations	1d					
Sig.		Government grants (contribut						
er i	f	All other contributions, gifts, gran						
é.		similar amounts not included abo	ve <u>If</u>	170,915.				
gg	g	Noncash contributions included in lines	1a-1f \$					
ũ đ	<u>h</u>	Total. Add lines 1a-1f		▶	170,915.			
				Business Code				
Program Service Revenue	2 a	MEMBERSHIP DUES		900099	69,686,403.	69,686,403.		+
ue v	b	CONFERENCE		900099	171,265.	154 564	· · · · · · · · · · · · · · · · · · ·	171
n S /en	C	TRAINING PROGRAMS		900099	154,764.	154,764.		
Rey	d							
jo,	е							
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>	70,012,432.			
	3	Investment income (including	dividends, inte	erest, and	100.045			1 100
		other similar amounts)			192,345.			192
	4	Income from investment of tax	x-exempt bond	proceeds	152 (52			153
	5	Royalties			153,652.			153
	_	-	(I) Real	(ii) Personal				
		Gross rents	ļ					
		Less: rental expenses						
		Rental income or (loss)						·
		Net rental income or (loss)					· · · · · · · · · · · · · · · · · · ·	
	7 a	Gross amount from sales of	(I) Securities					
		assets other than inventory	59,537	15,000.				
	D	Less cost or other basis		16 256		ι.		
		and sales expenses	59,53	, ,				
		Gain or (loss)		-1,256.				
		Net gain or (loss)			58,281.			58
ne	øа	Gross income from fundraising						
ver		including \$	of					
ъ		contributions reported on line Part IV, line 18	10/ 300					
Other Revenue	<b>F</b>	Less direct expenses		<u>ا</u>				
ō		Net income or (loss) from func		▶		-		
		Gross income from gaming ac	-	<b>P</b>				
	9 d	Part IV, line 19						
	<b>ь</b>	Less direct expenses		a b				
		Net income or (loss) from gam		۲L				
		Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·	·			+
	d	and allowances						
	h	Less: cost of goods sold		a				
			e of inventory	۲ <u>ـــــ</u>				
	<u>U</u>	Net income or (loss) from sale		Business Cade				+
	11 a	Miscellaneous Revenu OTHER REVENUE	e	Business Code 900099	511,352.	511,352.		
	n a b	ADMINISTRATIVE SERVICE		561000	213,333.		213,333,	<u> </u>
	с С	ADVERTISING REVENUE		541800	178,450.	I	178,450	+
				341000	1,0,450.			· <b> </b>
	<b>-</b>	All other revenue						
	d e	All other revenue <b>Total.</b> Add lines 11a-11d			903,135.			<u> </u>

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# Forn

## 301733 \_Page 10

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•					
		SCHOOL EMPLO	YEES ASSOCIA	<u>TION 94-1</u>	
_	t IX Statement of Functional Expense				_
Sect	on 501(c)(3) and 501(c)(4) organizations must corr			omplete column (A)	_
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	т
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,718.			
2	Grants and other assistance to domestic				t
	individuals. See Part IV, line 22	174,643.			ļ
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				ł
4	Benefits paid to or for members			·	╀
5	Compensation of current officers, directors, trustees, and key employees	2,427,686.			
6	Compensation not included above, to disqualified	2,427,000.			ł
Ū	persons (as defined under section 4958(f)(1)) and				ļ
	persons described in section 4958(c)(3)(B)				l
7	Other salaries and wages	24,191,302.			T
8	Pension plan accruals and contributions (include				F
	section 401(k) and 403(b) employer contributions)	7,757,212.			l
9	Other employee benefits				Ļ
10	Payroli taxes	1,992,281.			Ļ
11	Fees for services (non-employees):				
	Management	92,556.			╀
	Legal Accounting	52,550.			┢
	Lobbying		<u> </u>		t
	Professional fundraising services. See Part IV, line 17				t
f	Investment management fees				t
g	Other. (If line 11g amount exceeds 10% of line 25,				T
	column (A) amount, list line 11g expenses on Sch O.)	2,590,449.			
12	Advertising and promotion	367,285.			l
13	Office expenses	3,083,697.			l
14	Information technology	590,549.			ł
15	Royalties	1,875,093.			ł
16 17	Occupancy Travel	2,357,247.			ł
18	Payments of travel or entertainment expenses				ł
10	for any federal, state, or local public officials				l
19	Conferences, conventions, and meetings	1,326,246.			t
20	Interest	94,382.			t
21	Payments to affiliates				Γ
22	Depreciation, depletion, and amortization	1,262,041.			ſ
23	Insurance	738,845.			Ļ
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 0.)				
a	MEMBERSHIP DUES	1,446,457.			ł
b	ISSUES CONTRIBUTIONS	1,157,573.			ł
С				1	£

278,313. 60,395,067.

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**(D)** Fundraising expenses

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d

25

26

e All other expenses

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

#### CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

94-1301733 Page 11

Form 990 (	2016)		CZ
Part X	Balance	Sheet	

Pa					
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,822,246.	1	19,410,876.
	2	Savings and temporary cash investments	9,148,354.	2	9,731,412.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,600.	4	46,353.
	5	Loans and other receivables from current and former officers, directors,			-
	1	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			- 1
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	(	- (	
ts		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7_	
ά	8	Inventories for sale or use	1,447,464.	8	<u>467,740.</u> 431,286.
	9	Prepaid expenses and deferred charges	358,282.	9	431,286.
	10a	Land, buildings, and equipment cost or other		ĺ	
		basis Complete Part VI of Schedule D 10a 31,650,073.			
	Ь	Less accumulated depreciation 10b 18,081,380.	14,228,336.	10c	13,568,693.
	11	Investments - publicly traded securities	7,756,050.	11	8,702,437.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	109,222.	15	122,487.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	45,900,554.	16	52,481,284.
	17	Accounts payable and accrued expenses	2,337,108.	17	2,506,518.
	18	Grants payable		18	127 270
	19	Deferred revenue	232,531.	19	137,279.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	- <u> </u>	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Piliq	1	key employees, highest compensated employees, and disqualified persons			
Lia		Complete Part II of Schedule L	733,395.	22 23	604,694.
	23 24	Secured mortgages and notes payable to unrelated third parties	155,555.	23	004,004.
	24	Unsecured notes and loans payable to unrelated third parties			
	20	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	66,040,598.	25	36,037,213.
	26	Total liabilities. Add lines 17 through 25	69,343,632.	26	39,285,704.
	<u> </u>	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ş		complete lines 27 through 29, and lines 33 and 34.		ł	
ñ	27	Unrestricted net assets	-23,443,078.	27	13,195,580.
ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
٦.	ļ	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
15S	31	Paid in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	-23,443,078.	33	13,195,580.
_	34	Total liabilities and net assets/fund balances	45,900,554.	34	52,481,284.

Form 990 (2016)

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Form	990 (2016) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	94-	-1 <u>301</u>	733	Pa	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets					_		
	Check if Schedule O contains a response or note to any line in this Part XI					X		
					• -			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,49</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	60	, 39	5,0	<u>67.</u>		
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	,44				
5	Net unrealized gains (losses) on investments	_5		75	7,8	32.		
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	24	<u>,78</u>	<u>5,1</u>	33.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	13	,19	<u>5,5</u>	<u>80.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990 <sup>.</sup> Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2a</u>		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis					<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<b> </b>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,					
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Au	dıt					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured au	dıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b		L		

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#### SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form	990	or	990	)-EZ)
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# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. омв № 1545-0047 **2016** 

Open to Public

. Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employe	ridentificatio	n number
CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	9	4-13017	733
Part I-A Complete if the organization is exempt under section 501(c) or is a sect	ion 527 orga	nization.	
<ol> <li>Provide a description of the organization's direct and indirect political campaign activities in Part IV</li> <li>Political campaign activity expenditures</li> <li>Volunteer hours for political campaign activities</li> </ol>	▶\$	1,600	5,760. 3,600.
Part I-B Complete if the organization is exempt under section 501(c)(3).			
1 Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$		
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$		
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No No
4a Was a correction made?		🔲 Yes	🗌 No
b If "Yes," describe in Part IV			
Part I-C Complete if the organization is exempt under section 501(c), except see	tion 501(c)(3	s).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶\$		
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527			
exempt function activities	►\$		
3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL,			
line 17b	►\$		
4 Did the filing organization file Form 1120-POL for this year?		Yes	l No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organiza	ions to which th	e filing organi	zation
made payments. For each organization listed, enter the amount paid from the filing organization's funds	Also enter the ar	nount of polit	cal

made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and clirectly delivered to a separate political organization If none, enter -0-
<u></u>	SACRAMENTO, CA			
PACE OF CSEA PAC	95814	68-0236443	0.	1,131,034.
PACE OF CSEA LOCAL	SACRAMENTO, CA			
STATE FEDERAL CA	95814	27-2195724	0.	475,726.
				۶, ۶

For Paperwork Reduction Act Notice, see th	e Instru	ctions for	Form	990 or 9	990-EZ.	Schedule C (Form 990 or 990-EZ) 2016
LHA	SEE	PART	IV	FOR	CONTINUATION	<b>~</b> `
632041 11-10-16						

Schedule C (Form 990 or 990 EZ) 2016	CALIF(	RNIA	SCHOOL EMPL	OYEES ASSOC	IATION 94-	1301733 Page 2
Part II-A Complete if the org	anizatio	n is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).				_ <u></u>		
				n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and shar			• •			
B Check F If the filing organizat	tion checke	ed box A a	nd "limited control" pre	ovisions apply.		T
	ts on Lobb litures" me		enditures unts paid or incurred.	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence publ	ic opinion	(grass roots lobbying)			+
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lii	-					
d Other exempt purpose expenditure	es	•				
e Total exempt purpose expenditures		1c and 1	d)			
f Lobbying nontaxable amount. Ente	er the amou	int from th	e following table in bot	th columns		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,0	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000	\$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000	,000			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero	or less, er	ter -0-				
j If there is an amount other than zer	ro on eithei	line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	year?					Yes No
(Some organizations th	nat made a	section 5	eraging Period Under 601(h) election do not rate instructions for li	have to complete all	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) ⊺otal
2a Lobbying nontaxable amount						
b Lobbying ceiling amount					· · · · · · · · · · · · · · · · · · ·	
(150% of line 2a, column(e))						
c Total lobbying expenditures					_	
d Grassroots nontaxable amount						<u> </u>
e Grassroots ceiling amount						
(150% of line 2d, column (e))						<b> </b>
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2016

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#### Schedule C (Form 990 or 990-EZ) 2016 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For eac	h 'Yes,' response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lo	bbying activity	Yes	No	Amo	ount
1 D	uring the year, did the filing organization attempt to influence foreign, national, state or				
lo	cal legislation, including any attempt to influence public opinion on a legislative matter				
0	r referendum, through the use of				
a V	plunteers?		ļ		
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	L	ļ		
сМ	edia advertisements?	L	<u> </u>		
dM	ailings to members, legislators, or the public?				
e P	ublications, or published or broadcast statements?				
f G	rants to other organizations for lobbying purposes?		L		
g D	rect contact with legislators, their staffs, government officials, or a legislative body?				
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
iΟ	ther activities?				
j To	otal Add lines 1c through 1i				
<b>2a</b> D	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b lf	"Yes," enter the amount of any tax incurred under section 4912	]	ļ		
c lf	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part I		on 501(c	:)(5), or se	ection	
	<u>501(c)(6).</u>			_	
				Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?		1	X	
<b>2</b> Di	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	d the organization agree to carry over lobbying and political campaign activity expenditures from t				X
Part I		•			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," C	R (b) Par	t III-A, lir	ne 3, is
1 D	ues, assessments and similar amounts from members		1	_	
<b>2</b> Se	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
e	penses for which the section 527(f) tax was paid).				
a C	urrent year		2a		
b Ca	arryover from last year		2b		
с Та	otal		2c		
3 Ag	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 lf	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exi	cess			
do	pes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
e>	penditure next year?		4		
_ <b>5</b> Ta	exable amount of lobbying and political expenditures (see instructions)		5		
Part I					
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	b list), Part	II-A, lines 1	and 2 (see	
Instructi	ons); and Part II-B, line 1. Also, complete this part for any additional information				
 WORK		ETURN	CALIF	ORNIA	

#### FROM THE BOTTOM 5 TO THE TOP 10 IN EDUCATION FUNDING.

#### PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

#### PACE OF CSEA PAC

Schedule C (Form 990 or 990 EZ) 2016 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 4

555 CAPITOL MALL, SUITE 1425 SACRAMENTO, CA 95814

PACE OF CSEA LOCAL STATE FEDERAL CANDIDATES

555 CAPITOL MALL, SUITE 1425 SACRAMENTO, CA 95814

Schedule C (Form 990 or 990-EZ) 2016

632044 11-10-16

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SC	HEDULE D	Supplement	al Financial Statements	S		OMB No 154	5-0047	
(For	n 990)	Complete if the org	anization answered "Yes" on Form 990	),			0	
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	2 <b>D</b> .		Open to I		
	Revenue Service	Information about Schedule D (Formation about Schedule D)	rm 990) and its instructions is at www.li			Inspectio		
Nam	e of the organizati		ENDLOYEEG AGOGTATION			er identification		
		ations Maintaining Donor Advise	EMPLOYEES ASSOCIATION			94-13017		
Pa				S OF AC	counts	Complete if the	•	
	organizatio	n answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b)	b) Funds and other accounts			
1	Total number at e	ad of year		(0)				
2		f contributions to (during year)						
3	•• •	f grants from (during year)						
4	Aggregate value a							
5		on inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	;			
	•	on's property, subject to the organization's	•			🗌 Yes		
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used on	ly			
	for charitable purp	oses and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferrir	g			
	Impermissible priv					Yes		
Pa	tli Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, III	ne 7.			
1		servation easements held by the organizat						
		of land for public use (e.g., recreation or e		•	•			
		f natural habitat	Preservation of a cert	tified hist	oric struc	cture		
-		of open space						
2	-	through 2d if the organization held a quali	fied conservation contribution in the form	of a cons				
	day of the tax yea			H		d at the End of the	lax year	
a		onservation easements			2a	-		
D	-	ricted by conservation easements		- F	2b	<u>-</u> ··		
ر س		vation easements on a certified historic str			2c			
a		vation easements included in (c) acquired	after 8/17/06, and not on a historic struct		2d			
3	listed in the Nation	vation easements modified, transferred, re	lossed extinguished or terminated by th			ing the tax		
3	year ►	vation easements modified, transferred, re	reased, extinguished, or terminated by the	e organiz	ation our	ing the tax		
4		where property subject to conservation ea	sement is located					
5		tion have a written policy regarding the pe	·					
	-	orcement of the conservation easements	• • •			Yes	No No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation	easeme	nts during the ye	∋ar	
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ease	ements d	uring the year		
	▶\$							
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	)(h)(4)(B)(i	)		<b></b>	
	and section 170(h)	)(4)(B)(II)?				Yes	No No	
9	In Part XIII, descrit	be how the organization reports conservat	ion easements in its revenue and expense	e stateme	ent, and t	balance sheet, a	nd	
		ole, the text of the footnote to the organiza	tion's financial statements that describes	the orga	nization's	s accounting for		
Dec	conservation ease							
Pa		ations Maintaining Collections o		ittner Si	milar A	Assets.		
		the organization answered "Yes" on Form						
1a	-	elected, as permitted under SFAS 116 (AS	<i>I</i> . 1					
		s, or other similar assets held for public ex		ance of pu	JDIIC Serv	lice, provide, in F	Part XIII,	
<b>F</b>		note to its financial statements that descr						
D		elected, as permitted under SFAS 116 (As						
		similar assets held for public exhibition, e	usuation, or research in furtherance of pu	JUIC SERVE	ce, provi	ae me ionowing	amounts	
	relating to these ite	ded on Form 990, Part VIII, line 1			e c			
		ed in Form 990, Part VIII, line 1			► °_			
2		received or held works of art, historical tre	asuras or other similar assats for financia	al aavo ing	rovido	<u> </u>	<u> </u>	
-		Ints required to be reported under SFAS 1		a gan, pi	<b>UNICE</b>			
а		on Form 990, Part VIII, line 1			▶ \$			
	Assets included in				► °_			
		eduction Act Notice, see the Instruction	s for Form 990.	-		edule D (Form S	90) 2016	
	08-29-16				0011			

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		RNIA SCHOO							301733	
Pa	t III Organizations Maintaining			·						
3	Using the organization's acquisition, access	sion, and other reco	ords, chec	k any of the	following tha	it are a si	gnificant u	use of its	collection i	tems
	(check all that apply):		<b></b> _							
а	Public exhibition			Loan or excl	nange progra	ams				
b	Scholarly research		e 📖	Other					<u></u>	
С	Preservation for future generations							_		
4	Provide a description of the organization's			•	+			se in Pa	rt XIII.	
5	During the year, did the organization solicit		-		-	er sımılar	assets		7	
Par	to be sold to raise funds rather than to be r t IV Escrow and Custodial Arra					"Vos" on	Form 000			
	reported an amount on Form 990, P		pieten un	e organizatioi	ranswered	Tes Un	F0111 990	, ran iv,	1116 9, 01	
 1a	Is the organization an agent, trustee, custo		eduary for	r contribution	s or other as	sets not	included			
	on Form 990, Part X?				:: -: -:				] Yes	
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	following	table:						
-			J						Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990, Part X, III	ne 21, for	escrow or cu	istodial acco	ount liabil	rty?	L	_ Yes	
	If "Yes," explain the arrangement in Part XII									
Pa	t V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
Ь	Contributions		+							
c	Net investment earnings, gains, and losses		+							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t a	Administrative expenses End of year balance									
9 2	Provide the estimated percentage of the cu	rrent year end bala	nce (line 1	1 a. colump (a	)) held as					
a	Board designated or quasi-endowment	itent year end bala	%	rg, column (a	jj neid as.					
b	Permanent endowment	%	/0							
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%								
3a	Are there endowment funds not in the poss	ession of the organ	ization th	at are held a	nd administe	ered for th	ne organiz	ation		
	by								Ye	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as req	uired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of th		dowment	funds.						
Pai	t VI Land, Buildings, and Equip									
	Complete if the organization answer			<u> </u>				<del></del>		
	Description of property	(a) Cost of basis (investigation)		(b) Cost basis (			ccumulate		<b>(d)</b> Book v	alue
	Land	Dasis (inves			5,960.				3,655	960
	Land				1,055.	14	772,92	27	<u>5,855</u>	
b	Buildings Leasehold improvements				5,086.	<u> </u>	45,08		<u> </u>	0.
с н	Equipment		·		7,972.	3.2	$\frac{1}{263,36}$		3,014	
e	Other								5,021	
_	Add lines 1a through 1e. (Column (d) must	equal Form 990. Pa	rt X. colu	mn (B). line 1	 0c)			▶ 1	3,568,	,693.
									e D (Form 9	

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Schedule D (Form 990) 2016 CALIFO	RNIA SCHOOL	EMPLOYEES	ASSOCI	ATION S	94-1301733	Page 3
Complete if the organization answer		Part IV line 11b 9	See Form 990	Part X line 12		
(a) Description of security or category (including name of					end-of-year market v	value
(1) Financial derivatives						
(2) Closely-held equity interests			·			
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(H)</u>						
Total. (Col. (b) must equal Form 990, Part X, col. (B) lin						
Part VIII Investments - Program Rel	ated.					
Complete if the organization answer						
(a) Description of investment	(b) Boo	k value (	c) Method of v	aluation Cost or	end-of-year market v	alue
(1)				<u> </u>		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						,
Total. (Col. (b) must equal Form 990, Part X, col. (B) lin	e 13.) 🕨	l				
Part IX Other Assets.						
Complete if the organization answer		, Part IV, line 11d S	See Form 990,	Part X, line 15	(h) Book ye	
	(a) Description				(b) Book va	
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)(9)			·· · ·			
	ol (B) line 15.)					
Part X Other Liabilities.						
Complete if the organization answer	ed "Yes" on Form 990	Part IV line 11e o	11f See Forn	000 Part X line	25	
1. (a) Description of liabil			ok value	1330, 1 att X, inte	. 20	·,
(1) Federal income taxes		(3) 23				,
(2) CAPITAL LEASE OBLIGAT	TONS	21	32,894.			
(3) ACCRUED PENSION COST			81,421.			,
(4) ACCRUED POSTRETIREMEN	T BENEFTT		01,1210			,
(5) COST		3.6	15,104.			
(6) DUE TO PACE			07,794.			
(7)		· · · · · · · · · · · · · · · · · · ·				
(8)		<u> </u>				
(9)						1
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 25 1	► <u>36</u> 0	37,213.			
<ol> <li>Liability for uncertain tax positions. In Part XII</li> </ol>				inancial statemer	ts that reports the	
organization's liability for uncertain tax position						XIII 🔀

Schedule D (Form 990) 2016

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, Sche	edule D (Form 990) 2016 CA	LIFORNIA SCHOOL	EMPLOYEES	ASSOCIATION	94-13	01733	Page 4
		evenue per Audited Fina	incial Statement	ts With Revenue pe	r Return.		
	Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 12a				
1	Total revenue, gains, and other su	upport per audited financial stat	tements		1		
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 1:	2.			_	
а	Net unrealized gains (losses) on ir	nvestments		2a			
b	Donated services and use of facil	ities	[	2b			
с	Recoveries of prior year grants			<u>2</u> c			
d	Other (Describe in Part XIII)		[	<u>2d</u>			
е	Add lines 2a through 2d		_		2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line	1 .				
а	Investment expenses not include	d on Form 990, Part VIII, line 7t		<u>4a</u>			
b	Other (Describe in Part XIII)		Ĺ	<u>4</u> b			
с	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Pa	art I, line 12)		5		
Pa	rt XII Reconciliation of Ex	penses per Audited Fin	ancial Statemer	nts With Expenses p	per Return	•	
	Complete if the organization	on answered "Yes" on Form 99	), Part IV, line 12a				
1	Total expenses and losses per au	dited financial statements					
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25	:	1			
а	Donated services and use of facil	ities	Ļ	2a			
ь	Prior year adjustments		ļ	2b			
с	Other losses		1	2c			
d	Other (Describe in Part XIII)		L	2d			
е	Add lines <b>2a</b> through <b>2d</b>				2e		
3	Subtract line <b>2e</b> from line <b>1</b>				3		
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1	•				
а	Investment expenses not include	d on Form 990, Part VIII, line 7t		4a			
b	Other (Describe in Part XIII.)		L	_4b			
С	Add lines 4a and 4b				4c		
_5_	Total expenses. Add lines 3 and 4		Part I, line 18 )		5		
Pa	rt XIII Supplemental Inform	nation.					
Prov	ide the descriptions required for Pa	art II, lines 3, 5, and 9, Part III, li	nes 1a and 4: Part IV	lines 1b and 2b; Part V. I	ine 4: Part X.	ine 2. Part )	KI.

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.

PART X, LINE 2:

THE ASSOCIATION HAS APPLIED THE AMENDED ACCOUNTING PRINCIPLES RELATED TO

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE

IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS,

THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2013.

632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an olete if the organization	nd Individual	ls in the Ŭni	ted States		омв № 1545-0047 <b>2016</b>
Department of the Treasury Internal Revenue Service	<b>N</b> Informa	Non about Cabadula I	Attach to For				Open to Public Inspection
Name of the organization CALIFORNI	A SCHOOL	tion about Schedule I EMPLOYEES 7	<u></u>		t www.irs.gov/torm95		Employer identification num 94-130173
Part I         General Information on Grants at 1           1         Does the organization maintain records criteria used to award the grants or assi           2         Describe in Part IV the organization's pro- Part II           Grants and Other Assistance to	to substantiate th stance? ocedures for mon Domestic Orgar	itoring the use of grani izations and Domest	t funds in the Unite ic Governments. C	d States omplete if the orga			X Yes
1 (a) Name and address of organization or government	\$5,000. Part II ca (b) EIN	n be duplicated if addir (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CA TAX REFORM ASSOCIATION 717 K STREET, SUITE 510 SACRAMENTO, CA 95814	94-2386938	501(C)(4)	10,000.	0.			GENERAL ASSISTANCE
LABOR CAMPAIGN FOR SINGLE-PAYER HEALTHCARE - 9749 SUMMER PARK CT - COLUMBIA, MD 21046	80-0286238	501(C)(4)	10,000.	0.			GENERAL ASSISTANCE
LOS ANGELES COUNTY FEDERATION OF LABOR - 2130 W JAMES M WOOD BLVD - LOS ANGELES , CA 90006	95-2019312	501(C)(5)	25,000.	0.			GENERAL ASSISTANCE
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	•	•	he line 1 table				<u>►</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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Schedule | (Form 990) (2016) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

94-1301733

Page 2

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

(a) Type of grant or assistance	(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 noncash assistance
SCHOLARSHIPS	105	96,094.	0.		
HUMANITARIAN ASSISTANCE	65	30,499.	0.		
DISASTER ASSISTANCE	72	48,050.	0.		
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2, Part III, column	(b); and any other a	dditional information	
PART I, LINE 2:					

TYPICALLY GRANTS TO ORGANIZATIONS ARE MADE TO SPONSOR A CERTAIN EVENT OR

PROGRAM. DOCUMENTATION IS PROVIDED BY THE ORGANIZATION. THE BOARD OF

DIRECTORS MUST APPROVE A GRANT BEFORE FUNDS ARE PROVIDED. IN THE CASE OF

INDIVIDUALS, SCHOLARSHIPS ARE MADE TO INDIVIDUALS BY WAY OF RECOMMENDATIONS

MADE BY THE SCHOLARSHIP COMMITTEE. SCHOLARSHIP COMMITTEE RECOMMENDATIONS

ARE BROUGHT TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FUNDS ARE

PROVIDED.

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Schedule I (Form 990) (2016)

•							
'en	HEDULE J	Compensation Information	ł		545-00	47	
	neDOLE J orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	- F				
(		Compensated Employees		20	10	)	
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic	
	rtment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fc	rm990.	Inspe			
Nan	ne of the organizatio		Employer id			nber	
		CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	94-1	30173	3		
Pa	art I Question	s Regarding Compensation			N.		
4.		into hav/aa) if the arganization provided any of the following to as fax a namen listed on Fag	- 000	[	Yes	No	
Hd.		iate box(es) if the organization provided any of the following to or for a person listed on Forr , line 1a. Complete Part III to provide any relevant information regarding these items	1990,			1	
	First-class or (		nal use			ł	
		Travel for companions					
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as, maid, chauff					
			,,				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X		
						. 1	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's				
		ector Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
						, }	
		compensation consultant					
	└── Form 990 of c	other organizations	committee			1	
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	elated organization.					
а	Receive a severan	ce payment or change-of-control payment?		4a		<u> </u>	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X	
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		<u>4c</u>		X	
	If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	0						
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat					
5			юп				
а	contingent on the r The organization?			5a			
	Any related organiz	zation?		5b			
2	, 0	or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
-	contingent on the r	· · · · · · · · ·					
а	The organization?	<b>v</b>		6a			
	Any related organiz	zation?		6b			
	If "Yes" on line 6a	or 6b, describe in Part III					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	ts			]	
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7			
8	Were any amounts	the			لـــــــا		
	initial contract exce	eption described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		,	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section		9				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule J (Form 990) 2016

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#### Schedule J (Form 990) 2016

#### CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733

Partell 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	In column (B) reported as deferred on prior Form 990		
(1) DAVID LOW	T (i)	287,549.	0.	0.	122,468.	18,291.	428,308.	0.		
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) STEVE BRASHEAR	(i)	183,313.	0.	0.	78,399.	18,291.	280,003.	0.		
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) MICHAEL CLANCY	(i)	180,743.	0.	0.	77,482.	21,081.	279,306.	0.		
CHIEF COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) ROY RAMOS	(i)	174,790.	0.	0.	74,710.	24,660.	274,160.	0.		
DIRECTOR OFFICE SERVICES	(ii)	0.	0.	0.	0.	0.		0.		
(5) JODY BELL	(i)	165,495.	0.	0.	70,765.	18,291.	254,551.	0.		
DIRECTOR OF MEMBER BENEFITS	(ii)	0.	0.	0.	0.	0.		0.		
(6) KEITH PACE	(i)	228,149.	0.	0.	97,686.	24,660.	350,495.	0.		
DIRECTOR FIELD OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(7) TINA WAGNER	(i)	165,424.	0.	0.	70,965.	18,291.	254,680.	0.		
DIRECTOR INFORMATION SYSTEMS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(8) FRANK POLITO	(i)	163,719.	0.	0.	70,324.	23,076.	257,119.	0.		
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(9) ARNIE BRAADFLADT	(i)	183,375.	0.	0.	78,637.	10,632.	272,644.	0.		
DEPUTY CHIEF COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.		
(10) DENISE JENSEN	(i)	172,312.	0.	0.	73,721.	10,632.	256,665.	0.		
FIELD DIRECTOR, RANCHO CUCAMONGA	(ii)	0.	0.	0.	0.	0.	0.	0.		
(11) SHARON FURLONG	(i)	172,979.	0.	0.	74,007.	24,660.	271,646.	0.		
FIELD DIRECTOR, SACRAMENTO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(12) JAI SOOKPRASERT	(i)	174,441.	0.	0.	74,572.	24,660.	273,673.	0.		
ASSISTANT DIRECTOR, GR	(ii)	0.	0.	0.	0.	0.	0.	0.		
(13) DEBRA COLE	(i)	172,312.	0.	0.	73,721.	18,291.	264,324.	0.		
FIELD DIRECTOR, FRESNO	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
,	(ii)									

Page 2

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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016	CALIFORNIA	SCHOOL	EMPLOYEES	ASSOCIATION	 94-2
Part III Supplemental Information					

Page 3

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

PART I, LINE 1A:

CSEA OWNS A TOWNHOME WHERE THE CSEA PRESIDENT RESIDES. THIS IS NOT TAXABLE

#### COMPENSATION TO THE PRESIDENT.

Schedule J (Form 990) 2016

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OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Employer identification number Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: -COLLECTIVE BARGAINING FOR MORE THAN 750 SCHOOL AND COLLEGE DISTRICTS.

-LOBBYING STATEWIDE FOR EDUCATION FUNDING AS WELL AS HEALTH CARE

REFORM, RETIREMENT SECURITY AND PROTECTION OF ALL WORKERS' RIGHTS.

-DISCOUNTED TICKET PRICING ON MANY EVERYDAY GOODS AND SERVICES AS WELL

AS ATTRACTIONS AND ENTERTAINMENT STATEWIDE.

-ROBUST COMMUNICATIONS PROGRAM.

-SUPERIOR LEGAL SERVICES AS WELL AS A LEGAL REFERRAL SERVICE.

-MEMBER GRANTS AND SCHOLARSHIP PROGRAM.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT MEMBERS OF THE

GOVERNING BODY AND THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL REGULAR MEMBERS HAVE A RIGHT TO VOTE FOR EXECUTIVE BOARD MEMBERS

(ASSOCIATION PRESIDENT, FIRST VICE PRESIDENT, SECOND VP AND SECRETARY).

LIKEWISE, REGULAR MEMBERS MAY VOTE FOR AREA DIRECTORS IN THEIR RESPECTIVE

AREA.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY CHANGES TO THE CONSTITUTION AND BYLAWS AND THE ANNUAL BUDGET ARE

APPROVED BY THE BOARD AND THEN BROUGHT TO THE MEMBERSHIP FOR APPROVAL

BEFORE THEY ARE IMPLEMENTED.

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	94-1301733

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. HOWEVER, ALL OF THE ORGANIZATION'S COMMITTEES DOCUMENT THEIR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WILL BE REVIEWED BY THE CHIEF FINANCIAL OFFICER BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS A CONFLICT OF INTEREST POLICY IN PLACE. LIKEWISE, ALL

EMPLOYEES ARE COVERED BY A CONFLICT OF INTEREST OPERATING PROCEDURE.

WHILE ALL EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST, EACH DEPARTMENT HEAD (KEY EMPLOYEE) IS REQUIRED TO SIGN ANNUALLY A FORM WHICH: (1) AFFIRMS THAT THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND HAS AGREED TO COMPLY WITH IT AND (2) DISCLOSES INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO REQUIRED TO SIGN A FORM ANNUALLY WHICH STATES

SIMILAR AFFIRMATIONS AS THE DEPARTMENT HEADS.

DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE AT THE BOARD LEVEL FOR BOARD MEMBERS AND BY THE EXECUTIVE DIRECTOR FOR STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR ALL MANAGEMENT POSITIONS WAS LAST REVIEWED IN 2006. AN INDEPENDENT CONSULTING FIRM WAS CONTRACTED TO REVIEW THE POSITIONS AND JOB DESCRIPTIONS, MEET WITH INCUMBENTS AND SENIOR MANAGEMENT. THEY UTILIZED 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	94-1301733

COMPARABLES RELATIVE TO GEOGRAPHY, EMPLOYER SIZE, NATURE OF SERVICES

PROVIDED, LABOR MARKET POSITION AND OTHER FACTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COSTS

24,785,133.

FORM 990, PART XII, LINE 2C:

NEITHER THE PROCESS OF OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT NOR

THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT CHANGED FROM THE

PRIOR YEAR.

SCHEDULE R (Form 990)	► Comp	Related Organizations	"Yes" on Form 990, Part IV,		6, or 37.		омв № 154 <b>201</b>	
Department of the Treasury	<b>.</b>	•	ach to Form 990.				Open to F	ublic
Internal Revenue Service Name of the organization	วท	rmation about Schedule R (Form S IOOL EMPLOYEES ASS		it www.irs.gov/form	1990	Employer ide		
Part I Identificatio	on of Disregarded Entities. Complete	<u> </u>		3.			01/00	
	(a)	(b)	(c) Legal domicile (state c	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	or Total inco	me End-of-year a	ssets Di	rect controllır entıty	g	
								_
				·				
		{						
	on of Related Tax-Exempt Organiza is during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one or	r more related ta	x-exempt	
	(a) e, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlli entity	ing <sub>con</sub>	( <b>g)</b> 512(b)(13) trolled htty?
or re	Sated organization		foreign country)	3001011	501(c)(3))	onacy	Yes	No
PACE OF CSEA PAC	- 68-0236443	TO PARTICIPATE IN STATE						
555 CAPITOL MALL,	SUITE 1425	AND/OR LOCAL CANDIDATE						
SACRAMENTO, CA 9		ELECTIONS	CALIFORNIA	527	N/	/A		X
	L STATE FEDERAL CANDIDATES	TO PARTICIPATE IN LOCAL,		ļ				
	CAPITOL MALL, SUITE 1425,	STATE AND FEDERAL						
SACRAMENTO, CA 9	5814	CANDIDATE ELECTIONS	CALIFORNIA	527	N,	/A		X
		-						
		1			ll			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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### Schedule R (Form 990) 2016 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

#### <u>94-1301733</u> Page 2.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	<b>(d)</b> Direct controlling entity	Predomin	(e) nant income uprelated	Share	(f) of total come	Sha	<b>g)</b> .re of of-year		ortionate	(i) Code V-UE amount in b 20 of Sched	31 G	(j) ieneral or nanaging	(k Percei owne	ntag
or related organization		(state or foreign country)	entity	excluded fr sections	unrelated, om tax under 512-514)		Joine		sets	aliocal Yes		20 of Sched K-1 (Form 10	ule F )65) <b>Y</b>	oartner?		1511
	_															
								I								
<del>_</del> <del>_</del>	-															
	_															
	-1			1									Ì			
				-												
	-													i i		
IV Identification of Related Corganizations treated as a construction of Related Construction of Relat	Organizations Taxable	as a Corpo	oration or Trust. C	omplete if t	he organizat	ion ansv	wered "Yes	s" on Foi	m 990, P	art IV,	line 34	4 because it h	ad on	e or m	ore rela	ate
(a)		ig the tax	(b)	(c)	(d)		(e)		(f	)		(g)	<u> </u>	(h)	(i Sec	—- i)
Name, address, and of related organizat		Prim		Legal domicile (state or	Direct con entit		Type of (C corp, S	entity	Share o	of total		Share of end-of-year	Perce	entage ership	512(b contr	b)(1: rolle
				foreign country)			or tru	ist)				assets			ent Yes	<u> </u>
				ŀ												
						_							+			-
													<u> </u>		<u> </u>	┡
																t

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#### Schedule R (Form 990) 2016 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

#### 94-1301733 Page 3

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	elated organizations listed	In Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b Gift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)				10		2			
d Loans or loan guarantees to or for related organization(s)				1d	_	Z			
e Loans or loan guarantees by related organization(s)				1e		2			
f Dividends from related organization(s)				1f		2			
g Sale of assets to related organization(s)				_1g		2			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)				1k		2			
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	X				
p Reimbursement paid to related organization(s) for expenses				1p		X			
q Reimbursement paid by related organization(s) for expenses				1q		2			
r Other transfer of cash or property to related organization(s)				1r		2			
s Other transfer of cash or property from related organization(s)				1s		2			
If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds.						
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved					
)									
a									
L									
			·····						

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#### Schedule R (Form 990) 2016 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

#### 94-1301733 Page 4

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs	) all s sec )(3) ?	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	Dispitio	<b>h)</b> ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No	income			No	(Form 1065)	Yes NO	
					_				1			
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