■ Name change

☐ Initial return

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493083002108 OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 C Name of organization United Educators of San Francisco D Employer identification number B Check if applicable ☐ Address change 94-1455079 Doing business as ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return (415) 956-8373 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA  $\,$  94133  $\,$ **G** Gross receipts \$ 7.787.477 Name and address of principal officer H(a) Is this a group return for Alıta Blanc □Yes **V**No subordinates? 2310 Mason Street H(b) Are all subordinates San Francisco, CA 94133 ☐ Yes **☑**No included? Tax-exempt status 501(c)(3) **У** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www uesf org L Year of formation 1989 M State of legal domicile CA K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ 3 5 30 200 6 7a 0 7b **Current Year** 12,123 5,767,002 6,079,329 874 1,505

Summary 1 Briefly describe the organization's mission or most significant activities Collective bargaining representation Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,574,039 1,694,520 7,341,915 7,787,477 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 45,000 259,306 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 3,691 3,888 1,512,080 1,326,143 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 5,462,461 5,658,662 6,837,295 7,433,936 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 353,541 19 Revenue less expenses Subtract line 18 from line 12 . 504,620 Assets or d Balances **Beginning of Current Year End of Year** 3,701,589 20 Total assets (Part X, line 16) . 2,896,967 491,499 942,580 21 Total liabilities (Part X, line 26) . 2,759,009 2,405,468 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-03-24 Signature of officer

Sian Here Elaine Merriweather Treasurer Type or print name and title Date NTTQ

Print/Type preparer's name John K Pooley Preparer's signature John K Pooley Check | If P01229254 Paid self-employed Firm's name RITA C VILLA CPA Firm's EIN **Preparer** Firm's address ► 4353 COLFAX AVE 6 Phone no (818) 370-4613 Use Only STUDIO CITY, CA 91604 May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes □ No Form **990** (2016)

| Form  | 990 (2016)     |  |                                     |                         | Page <b>2</b>          |
|-------|----------------|--|-------------------------------------|-------------------------|------------------------|
| Par   | t IIII Sta     | tement of Program Service Ac   | complishments                       |                         |                        |
|       | Chec           | ck if Schedule O contains a response o   | r note to any line in this Part III |                         | 🗆                      |
| 1     |                | ribe the organization's mission  | •                                   |                         |                        |
| Colle | ctive bargaini | ng representation  |                                     |                         |                        |
|       |                |  |                                     |                         |                        |
| 2     | Did the orga   | anization undertake any significant pro  | gram services during the year w     | hich were not listed on |                        |
|       | the prior Fo   | rm 990 or 990-EZ?  |                                     |                         | 🗌 Yes 🛮 No             |
|       | If "Yes," des  | scribe these new services on Schedule  | 0                                   |                         |                        |
| 3     | Did the orga   | anization cease conducting, or make si   | gnificant changes in how it condi   | ucts, any program       |                        |
|       | services?      |  |                                     |                         | 🗌 Yes 🗹 No             |
|       | If "Yes," des  | scribe these changes on Schedule O   |                                     |                         |                        |
| 4     | Section 501    | e organization's program service accor<br>(c)(3) and 501(c)(4) organizations are<br>nd revenue, if any, for each program : | required to report the amount of    |                         |                        |
|       | (Code          | ) (Expenses \$   | ıncludıng grants of \$              | ) (Revenue \$           | )                      |
|       | See Additiona  | ll Data  |                                     |                         |                        |
| 4b    | (Code          | ) (Expenses \$   | including grants of \$              | ) (Revenue \$           | )                      |
|       | See Additiona  | ll Data  |                                     |                         |                        |
| 4c    | (Code          | ) (Expenses \$   | including grants of \$              | ) (Revenue \$           | )                      |
|       | See Additiona  | ıl Data  |                                     |                         |                        |
| 4d    | Other progr    | ram services (Describe in Schedule O )   |                                     |                         |                        |
|       | (Expenses 9    | including  | grants of \$                        | ) (Revenue \$           | )                      |
| 4e    | Total prog     | ram service expenses ▶   |                                     |                         |                        |
|       |                |  |                                     |                         | Form <b>990</b> (2016) |

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

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Form **990** (2016)

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

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

ın Part X, İne 16? If "Yes," complete Schedule D, Part IX 🕏 . . . . . . . . . . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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* . . . . . . . . . . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11f

12a

12b

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14a

14b

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Yes

Yes

Yes

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🥦 . . . . . . . . . . . . . . . . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 6

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Nο

Nο

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35a

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Yes

Yes

Yes

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Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's No 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 🕏

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

| Par | Tt V Statements Regarding Other IRS Filings and Tax Compliance   |                    |        |                 |
|-----|--|--------------------|--------|-----------------|
|     | Check if Schedule O contains a response or note to any line in this Part V   | <u> </u>           |        |                 |
|     |  |                    | Yes    | No              |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b  | 9                  |        |                 |
|     |  |                    |        |                 |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamil (gambling) winnings to prize winners?  | ng<br>1c           |        | No              |
| 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  | 30                 |        |                 |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                | 2b                 | Yes    |                 |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a                 |        | No              |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b                 |        | No              |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)? . |                    |        | No              |
| 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?  | 5a                 |        | No              |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b                 |        | No              |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |                    |        |                 |
|     |  | 5c                 |        |                 |
|     | 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?                                  |                    |        | No              |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?  | ere <b>6b</b>      |        |                 |
|     | 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 server provided to the payor?  |                    |        |                 |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b                 |        |                 |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?  | 7c                 |        |                 |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |                    |        |                 |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e                 |        |                 |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f                 |        |                 |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g                 |        |                 |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?  | m <b>7h</b>        |        |                 |
| 8   | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time dur the year?  | -                  |        |                 |
| _   |  | 8                  |        | No No           |
|     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a<br>9b           |        | No              |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter   | 90                 |        | No              |
|     | Initiation fees and capital contributions included on Part VIII, line 12   10a   |                    |        |                 |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  | -                  |        |                 |
| 11  | Section 501(c)(12) organizations. Enter  | $\neg$             |        |                 |
| а   | 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 )   |                    |        |                 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a                |        | No              |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  |                    |        |                 |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | $\dashv \mid \mid$ |        |                 |
| а   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a                |        | No              |
|     | 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                |        | No              |
| ь   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b                | orm OO | <b>0</b> (2016) |

| orm 9 | 990 (2016)   |        |           | Page <b>6</b> |
|-------|--|--------|-----------|---------------|
| Part  | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions   | ·      | nse to li |               |
| Sec   | Check if Schedule O contains a response or note to any line in this Part VI  | • •    |           | <b>✓</b>      |
|       |  |        | Yes       | No            |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year  1a  75  |        |           |               |
|       | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |        |           |               |
| b     | Enter the number of voting members included in line 1a, above, who are independent  1b 0   |        |           |               |
|       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2      |           | No            |
|       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3      |           | No            |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4      |           | No            |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5      |           | No            |
| 6     | Did the organization have members or stockholders?   | 6      | Yes       |               |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a     | Yes       |               |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b     | Yes       |               |
|       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |        |           |               |
| а     | The governing body?  | 8a     | Yes       |               |
|       | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes       |               |
| 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      |           | No            |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue  | e Code |           |               |
|       |  |        | Yes       | No            |
|       | Did the organization have local chapters, branches, or affiliates?   | 10a    |           | No            |
|       | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b    |           |               |
|       | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    |           | No            |
|       | 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? If "No," go to line 13  | 12a    |           | No            |
|       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    |           | No            |
|       | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>  | 12c    |           | No            |
|       | Did the organization have a written whistleblower policy?  | 13     |           | No            |
|       | Did the organization have a written document retention and destruction policy?   | 14     |           | No            |
|       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |        |           |               |
|       | The organization's CEO, Executive Director, or top management official   | 15a    | Yes       |               |
|       | Other officers or key employees of the organization  | 15b    | Yes       |               |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |        |           |               |
|       | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a    |           | No            |
|       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 161    |           |               |
| Sec   | tion C. Disclosure   | 16b    |           |               |
|       | List the States with which a copy of this Form 990 is required to be filed   |        |           |               |
| 18    | CA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)   |        |           |               |
|       | available for public inspection Indicate how you made these available Check all that apply   |        |           |               |
|       | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  |        |           |               |
| 20    | policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  ►Elaine Merriweather 2310 Mason Street San Francisco, CA 94133 (415) 956-8373                  |        |           |               |
|       | Finance recommendated 2010 Proport Surect Satt Hallusco, CA 2010 (110) 200-007/3   |        |           | 0 (2015)      |

**( \( \)** 

Part VII

(F)

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

C

(D)

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

(R)

- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| <b>(A)</b><br>Name and Title         | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee)      |  |       |                          |  |  | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|--------------------------------------|--|---|--|-------|--------------------------|--|--|---|--|--|
|                                      | organizations<br>below dotted<br>line)                 | ganizations dighest compensated inployee  Institutional Trustee  Individual trustee  Individual trustee |  | MISC) | related<br>organizations |  |  |   |  |  |
| (1) Lisa Guzman<br>Secretary         | 5 00<br><br>0 00                                       |   |  | х     |                          |  |  | 10,035  | 0  | 0  |
| (2) AJ Frazier<br>Sergeant at Arm    | 5 00<br>0 00   |   |  | Х     |                          |  |  | 3,000   | 0  | 0  |
| (3) Carolyn Samoa<br>Vice President  | 40 00  |   |  | X     |                          |  |  | 56,252  | 0  | 0  |
| (4) Elaine Merriweather Treasurer    | 40 00  |   |  | Х     |                          |  |  | 11,697  | 0  | 0  |
| (5) Susan Solomon<br>Exec V-Presiden | 40 00<br>0 00  |   |  | Х     |                          |  |  | 37,037  | 0  | 0  |
| (6) Antonio Mankini<br>Ex-Treasurer  | 40 00  |   |  | х     |                          |  |  | 48,721  | 0  | 0  |
| (7) Liz Conley<br>Vice President     | 20 00  |   |  | Х     |                          |  |  | 34,648  | 0  | 0  |
| (8) Alita Blanc<br>President         | 60 00  |   |  | Х     |                          |  |  | 27,445  | 0  | 0  |
|                                      |  |   |  |       |                          |  |  |   |  |  |
|                                      |  |   |  |       |                          |  |  |   |  |  |
|                                      |  |   |  |       |                          |  |  |   |  |  |
|                                      |  |   |  |       |                          |  |  |   |  |  |
|                                      |  |   |  |       |                          |  |  |   |  |  |
|                                      |  |   |  |       |                          |  |  |   |  | Form <b>990</b> (2016)   |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

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Page 8

|     | <b>(A)</b><br>Name and Title  | hours per week (list any hours director/trustee) than one box, unless person compensation from the any hours director/trustee) compensation (W-organization (W |                                   |                       |           | Reportable<br>compensation<br>from related<br>organizations (V | v-                           | (F)<br>Estima<br>amount o<br>compens<br>from | ated<br>f other<br>sation<br>the |                      |              |         |                                 |       |  |
|-----|---|--|-----------------------------------|-----------------------|-----------|--|------------------------------|--|----------------------------------|----------------------|--------------|---------|---------------------------------|-------|--|
|     |   | for related<br>organizations<br>below dotted<br>line)  | Individual trustee<br>or director | Institutional Trustee | Officer   | key employee   | Highest compensated employee | Former                                       | 2/109                            | 9-MISC)              | 2/1099-MISC) | 0       | rganizati<br>relati<br>organiza | ed    |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              |         |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              | +       |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              |         |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              |         |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              |         |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              |         |                                 |       |  |
|     |   |  |                                   |                       |           |  |                              |  |                                  |                      |              | _       |                                 |       |  |
| 41  | Cl. T-1-1   |  |                                   |                       |           |  |                              |  |                                  |                      |              | $\perp$ |                                 |       |  |
| c · | Sub-Total   | •  |                                   | · ·                   | •         |  | <b>*</b>                     |  |                                  | 228,835              |              |         |                                 |       |  |
| 2   | Total number of individuals (including of reportable compensation from the                | but not limited  | to thos                           |                       |           | bove   | e) who                       | rece   | eived mo                         | re than \$1          | 00,000       | 1       |                                 |       |  |
|     | of reportable compensation from the   | organization P   |                                   |                       |           |  |                              |  |                                  |                      |              |         | Yes                             | No No |  |
| 3   | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2 |  |                                   | ee, k                 | ey e      | mplo   | oyee, d                      | or hi  | ghest cor                        | npensated            | employee on  |         |                                 |       |  |
| 4   | For any individual listed on line 1a, is  |  |                                   | •<br>comp             | •<br>ensa | •<br>atıor   | · ·                          | •<br>other                                   | compen:                          | • • •<br>sation from | the .        | 3       |                                 | No    |  |
|     | organization and related organization individual  | s greater than \$  | 150,00                            | 0? <i>If</i><br>•     | "Yes      | ," c   | omplet<br>• •                | te Sc  | hedule J                         | for such             |              | 4       |                                 | No    |  |
| 5   | Did any person listed on line 1a receivervices rendered to the organization               |  |                                   |                       |           |  |                              |  |                                  | tion or indi         | vidual for   | 5       |                                 | No    |  |
| S   | ection B. Independent Contract  |  |                                   |                       |           |  |                              |  |                                  |                      | <b>-</b>     |         | <u>'</u>                        |       |  |
| 1   | Complete this table for your five high from the organization Report competents            |  |                                   |                       |           |  |                              |  |                                  |                      |              | pens    | ation                           |       |  |
|     | (A) Name and business address  (B) Description of services                                |  |                                   |                       |           |  |                              |  |                                  |                      |              |         | (C)<br>Compensation             |       |  |

Name and business address

compensation from the organization ▶ 0

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

| Part  | VΙ         | I Statement of  | Revenue       |            |                     |          |               |              |                               |   |                   | - rage 3   |
|---|------------|---|---------------|------------|---------------------|----------|---------------|--------------|-------------------------------|---|-------------------|--|
|   |            | Check if Schedul  | e O contains  | a respo    | onse or note to any |          |               |              |                               |   | <u> </u>          | <u> 🗆</u>  |
|   |            |   |               |            |                     |          | A)<br>revenue | Relai<br>exe | B)<br>ted or<br>empt<br>ction | <b>(C)</b><br>Unrelat<br>busine<br>reveni | ted<br>ess        | ( <b>D</b> ) Revenue excluded from ax under sections |
|   | 1:         | a Federated campaign  | ns            | 1a         |                     |          |               | rev          | enue                          |   |                   | 512-514  |
| ats<br>nts  |            | <b>b</b> Membership dues  |               | 1b         |                     |          |               |              |                               |   |                   |  |
| rat   |            | c Fundraising events  |               |            |                     |          |               |              |                               |   |                   |  |
| ê. G<br>Ama   |            | d Related organizatio   |               | 1c         |                     |          |               |              |                               |   |                   |  |
| ons, Gifts, Grants<br>Similar Amounts                     |            | e Government grants (co   |               | 1d         |                     |          |               |              |                               |   |                   |  |
| S, (  |            |   |               | 1e         |                     |          |               |              |                               |   |                   |  |
| ion   |            | <ul> <li>All other contributions,<br/>and similar amounts no<br/>above</li> </ul> |               | 1f         | 12,123              |          |               |              |                               |   |                   |  |
| t te  |            | g Noncash contribution  | ons included  |            |                     |          |               |              |                               |   |                   |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts |            | in lines 1a-1f \$   |               |            |                     |          |               |              |                               |   |                   |  |
| Co<br>a   | ŀ          | <b>Total.</b> Add lines 1a-1  | .f            |            | •                   |          | 12,123        |              |                               |   |                   |  |
| <u>a</u>  | _          |   |               |            | Business            | Code     |               |              |                               |   |                   |  |
| ¥.  | <b>2</b> a | Membership Dues & Ass   | essments      |            |                     | 611710   | 6,0           | 79,329       | 6,079                         | 9,329                                     |                   |  |
| a <sup>2</sup>  | b          | ,   |               | _          |                     |          |               |              |                               |   |                   |  |
| Š   | c          |   |               |            |                     |          |               |              |                               |   |                   |  |
| ₹   | d          |   |               |            |                     |          |               |              |                               |   |                   |  |
| ram   | e          | All other program se  |               |            |                     |          |               |              |                               |   |                   |  |
| Program Service Revenue                                   |            |   |               |            | 6,0                 | 079,329  |               |              |                               |   |                   |  |
|   |            | Total.Add lines 2a-2f<br><br>Investment income (ii                                |               |            | ptoroct and other   | 1        |               | Ι            |                               |   |                   |  |
|   |            | similar amounts) .  |               |            | nterest, and other  |          | 1,505         | 5            |                               |   |                   | 1,505  |
|   |            | Income from investme  |               | -          | ond proceeds        | •        | C             |              |                               |   |                   |  |
|   | 5          | Royalties   |               |            | · · · •             | <u> </u> | (             | )            |                               |   |                   |  |
|   | 6=         | Gross rents   | (ı) Rea       | I          | (II) Personal       | _        |               |              |                               |   |                   |  |
|   | -          |   |               |            |                     |          |               |              |                               |   |                   |  |
|   | Ŀ          | Less rental expenses  |               |            |                     |          |               |              |                               |   |                   |  |
|   | c          | : Rental income or  |               |            |                     | 1        |               |              |                               |   |                   |  |
|   |            | (loss)  |               |            |                     |          | C             |              |                               |   |                   |  |
|   | C          | Net rental income o   |               | •          | (II) Other          | +        |               | <u>'</u>     |                               |   | $\longrightarrow$ |  |
|   | 7a         | Gross amount  | (ı) Securit   | lies       | (II) Other          | $\dashv$ |               |              |                               |   |                   |  |
|   |            | from sales of<br>assets other   |               |            |                     |          |               |              |                               |   |                   |  |
|   |            | than inventory  |               |            |                     |          |               |              |                               |   |                   |  |
|   | Ŀ          | Less cost or other basis and  |               |            |                     |          |               |              |                               |   |                   |  |
|   | ,          | sales expenses<br>Gain or (loss)  |               |            |                     | -        |               |              |                               |   |                   |  |
|   |            | Net gain or (loss)  |               |            | •                   | -        | C             |              |                               |   |                   |  |
|   |            | Gross income from fi  | undraising ev |            |                     | 1        |               |              |                               |   |                   |  |
| a<br>E  |            | (not including \$<br>contributions reporte  |               | of         |                     |          |               |              |                               |   |                   |  |
| Fe ∣  |            | See Part IV, line 18  |               | a          |                     |          |               |              |                               |   |                   |  |
| æ   |            | Less direct expense   |               | b          |                     |          |               |              |                               |   |                   |  |
| Other Revenue   |            | : Net income or (loss)  |               |            | ents 🕨              |          | (             |              |                               |   |                   |  |
| 5   | Уa         | i Gross income from g<br>See Part IV, line 19                                     |               | ies        |                     |          |               |              |                               |   |                   |  |
|   |            |   |               | а          | 6,289               |          |               |              |                               |   |                   |  |
|   |            | Less direct expense   |               | b          |                     |          |               |              |                               |   |                   |  |
|   |            | : Net income or (loss)<br>aGross sales of invent                                  |               | activit    | ies •               |          | 6,289         | <u>' </u>    |                               |   |                   | 6,289  |
|   |            | returns and allowand  | ces           |            |                     |          |               |              |                               |   |                   |  |
|   |            |   |               | a          |                     | _        |               |              |                               |   |                   |  |
|   |            | Less cost of goods s  |               | b          |                     | J        | (             |              |                               |   |                   |  |
|   |            | Net income or (loss)  Miscellaneous   |               | invent     | Business Code       |          |               |              |                               |   |                   |  |
|   | 11         | ·aaffiliate financial ass   | SIS           |            | 61171               | 0        | 1,688,231     |              | 1,688,231                     |   |                   |  |
|   |            |   |               |            |                     |          |               |              |                               |   |                   |  |
|   | Ŀ          | ·   |               |            |                     |          |               |              |                               |   |                   |  |
|   |            |   |               |            |                     |          |               |              |                               |   |                   |  |
|   | C          | =   |               |            |                     |          |               |              |                               |   | Ţ                 |  |
|   |            |   |               |            |                     |          |               |              |                               |   |                   |  |
|   |            | All other revenue   |               |            |                     | 1        |               |              |                               |   |                   |  |
|   |            | e <b>Total.</b> Add lines 11a   |               |            | •                   |          | 1,688,231     |              |                               |   |                   |  |
|   | 12         | <b>Total revenue.</b> See   | Instructions  | <u>.</u> . | <u> </u>            |          | 7,787,477     | ,            | 7,767,560                     |   |                   | 7,794<br>Form <b>990</b> (2016)                      |
|   |            |   |               |            |                     |          |               |              |                               |   |                   | Form <b>990</b> (2016)                               |

| Part IX | Statement of | Functional | Expenses |
|---------|--------------|------------|----------|
|---------|--------------|------------|----------|

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|--|-----------------------|------------------------------------|---|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co  | olumns All other orga | anızatıons must comp               | olete column (A)                          |                            |
| Check if Schedule O contains a response or note to any   | line in this Part IX  | <u></u>                            |   | 🗆                          |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 204,500               |                                    |   |                            |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 54,806                |                                    |   |                            |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                    |   |                            |
| 4 Benefits paid to or for members  | 3,888                 |                                    |   |                            |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 228,835               |                                    |   |                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     |                                    |   |                            |
| 7 Other salaries and wages   | 729,069               |                                    |   |                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 195,006               |                                    |   |                            |
| 9 Other employee benefits  | 278,018               |                                    |   |                            |
| <b>10</b> Payroll taxes  | 81,152                |                                    |   |                            |
| 11 Fees for services (non-employees)   |                       |                                    |   |                            |
| a Management   | 0                     |                                    |   |                            |
| <b>b</b> Legal   | 168,133               |                                    |   |                            |
| c Accounting   | 22,540                |                                    |   |                            |
| d Lobbying   | 0                     |                                    |   |                            |
| e Professional fundraising services See Part IV, line 17   | 0                     |                                    |   |                            |
| f Investment management fees   | 0                     |                                    |   |                            |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 0                     |                                    |   |                            |
| 12 Advertising and promotion   | 0                     |                                    |   |                            |
| 13 Office expenses   | 117,204               |                                    |   |                            |
| 14 Information technology  | 110,811               |                                    |   |                            |
| 15 Royalties   | 0                     |                                    |   |                            |
| <b>16</b> Occupancy  | 212,485               |                                    |   |                            |
| 17 Travel  | 10,029                |                                    |   |                            |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                    |   |                            |
| 19 Conferences, conventions, and meetings  | 91,474                |                                    |   |                            |
| 20 Interest  | , 0                   |                                    |   |                            |
| 21 Payments to affiliates  | 4,356,585             |                                    |   |                            |
| 22 Depreciation, depletion, and amortization   | 5,442                 |                                    |   | _                          |
| 23 Insurance   | 0                     |                                    |   | _                          |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )                   |                       |                                    |   |                            |
| a Release Time from District   | 249,759               |                                    |   |                            |
| <b>b</b> Representation  | 166,152               |                                    |   |                            |
| c Good & welfare   | 57,891                |                                    |   |                            |
| d Workers compensation insurance   | 28,757                |                                    |   |                            |
| e All other expenses   | 61,400                |                                    |   |                            |
| 25 Total functional expenses. Add lines 1 through 24e  | 7,433,936             | 0                                  | 0   | 0                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) |                       |                                    |   |                            |

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|        | 2   | Savings and temporary cash investments .  |  |         | 82,906    | 2 | 53,015    |
|--------|-----|---|--|---------|-----------|---|-----------|
|        | 3   | Pledges and grants receivable, net  |  |         |           | 3 | 0         |
|        | 4   | Accounts receivable, net  |  |         | 1,211,042 | 4 | 1,082,145 |
|        | 5   | Loans and other receivables from current and for<br>trustees, key employees, and highest compensa<br>II of Schedule L   |  |         |           | 5 | 0         |
|        | 6   | Loans and other receivables from other disquali<br>section 4958(f)(1)), persons described in sectio<br>contributing employers and sponsoring organiza-<br>voluntary employees' beneficiary organizations<br>Part II of Schedule L | (c)(3)(B), and<br>of section 501(c)(9) |         | 6         | 0 |           |
| Assets | 7   | Notes and loans receivable, net   |  |         |           | 7 | 0         |
| SS     | 8   | Inventories for sale or use   |  |         |           | 8 | 0         |
| ⋖      | 9   | Prepaid expenses and deferred charges   |  |         | 30,333    | 9 | 35,613    |
|        | 10a | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D  | 10a                                    | 296,181 |           |   |           |
|        |     |   |  |         |           |   |           |

| ets  | 7   | Notes and loans receivable, net   |             |         |        | 7   |  |
|------|-----|---|-------------|---------|--------|-----|--|
| sset | 8   | Inventories for sale or use   |             |         |        | 8   |  |
| 4    | 9   | Prepaid expenses and deferred charges   | 30,333      | 9       |        |     |  |
|      | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a         | 296,181 |        |     |  |
|      | ь   | Less accumulated depreciation   | <b>10</b> b | 211,379 | 46,513 | 10c |  |
|      | 11  | Investments—publicly traded securities .  |             | 11      |        |     |  |
|      | 12  | Investments—other securities See Part IV, line                                    | 11 .        |         |        | 12  |  |
|      | 13  | Investments—program-related See Part IV, line                                     | e 11 .      |         |        | 13  |  |
|      | 14  | Intangible assets   |             |         |        | 14  |  |
|      | 15  | Other assets See Part IV, line 11   | 431,708     | 15      |        |     |  |
|      | 16  | Total assets.Add lines 1 through 15 (must equ                                     | 2,896,967   | 16      | 3      |     |  |
|      | 17  | Accounts payable and accrued expenses   | 437,074     | 17      |        |     |  |
|      | 18  | Grants payable  |             |         |        | 18  |  |
|      |     |   |             |         |        |     |  |

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33

34

Liabilities 22

Fund Balances

Assets or

Net

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here  $\blacktriangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

| ~ | 9   | Prepaid expenses and deferred charges  |   |         | 30,333    | 9   | 35,613    |  |  |
|---|-----|--|---|---------|-----------|-----|-----------|--|--|
|   | 10a | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D | 10a   | 296,181 |           |     |           |  |  |
|   | ь   | Less accumulated depreciation  | <b>10</b> b                                       | 211,379 | 46,513    | 10c | 84,802    |  |  |
|   | 11  | Investments—publicly traded securities .   |   |         |           | 11  | 0         |  |  |
|   | 12  | Investments—other securities See Part IV, line                                       | Investments—other securities See Part IV, line 11 |         |           |     |           |  |  |
|   | 13  | Investments—program-related See Part IV, line  |   | 13      | 0         |     |           |  |  |
|   | 14  | Intangible assets  |   |         |           | 14  | 0         |  |  |
|   | 15  | Other assets See Part IV, line 11  |   |         | 431,708   | 15  | 432,397   |  |  |
|   | 16  | Total assets.Add lines 1 through 15 (must equ  | al line   | 34)     | 2,896,967 | 16  | 3,701,589 |  |  |
|   | 17  | Accounts payable and accrued expenses  | 437,074   | 17      | 906,633   |     |           |  |  |
|   | 18  | Grants payable   |   |         |           | 18  |           |  |  |
|   | 19  | Deferred revenue   |   |         |           | 19  |           |  |  |

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35.947

942,580

2,699,905

59.104

2,759,009

3.701.589

Form **990** (2016)

54.425

491,499

2,326,690

78.778

2,405,468

2,896,967

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|------|---|--------|----|-----|---|
| Par  | t XI Reconcilliation of Net Assets  |        |    |     |   |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |        |    |     |   |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |    | 7   | ,787,477                                      |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    |     | ,433,936                                      |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3      |    |     | 353,541                                       |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    | 2   | ,405,468                                      |
| 5    | Net unrealized gains (losses) on investments  | 5      |    |     | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 6    | Donated services and use of facilities  | 6      |    |     |   |
| 7    | Investment expenses   | 7      |    |     |   |
| 8    | Prior period adjustments  | 8      |    |     |   |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9      |    |     |   |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10     |    | 2   | ,759,009                                      |
| Par  | t XIII 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  |        |    |     |   |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |     | No  |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both   | on a   |    |     |   |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |   |
| ь    | Were the organization's financial statements audited by an independent accountant?  |        | 2b | Yes |   |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  | basıs, |    |     |   |
|      | ☐ Separate basis ☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant? |        | 2c |     | No  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O |    |     |   |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si  | ngle   |    |     |   |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

No

Form **990** (2016)

Audit Act and OMB Circular A-133?

### **Additional Data**

**Software ID:** 16000303 Software Version: 2016v3.0

Collective bargaining representation, grievance handling, and monitoring of the legislative process for about 6,000 certificated and paraprofessional employees of the San

**EIN:** 94-1455079

Name: United Educators of San Francisco

#### Form 990 (2016)

Francisco Unified School District

Form 990, Part III, Line 4a:

#### Form 990, Part III, Line 4b: Printing & publication of the "San Francisco Educator" and other newsletters and flyers

#### Form 990, Part III, Line 4c: Administration of scholarship funds to benefit students in the San Francisco Unified School District

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493083002108

Open to Public Inspection

EZ) ▶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 Department of the Treasury www.irs.gov/form990.

SCHEDULE C (Form 990 or 990-

Internal Revenue Service 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 the organization **Employer identification number** United Educators of San Francisco 94-1455079 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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 fileForm 1120-POL for this year? V No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and directly delivered to a -0separate political organization If none, enter -0-3 5

| ,  | ear Averaging Period Under section 501(h)                   |          |            |
|--|---|----------|------------|
| If there is an amount other than zero on eithe section 4911 tax for this year? | r line 1h or line 1i, did the organization file Form 4720 r | eporting | ☐ Yes ☐ No |
| Subtract line 1f from line 1c If zero or less, er                              | nter -0-  |          |            |
| Subtract line 1g from line 1a If zero or less, e                               | enter -0-   |          |            |
| Grassroots nontaxable amount (enter 25% of                                     | line 1f)  |          |            |
| Over \$17,000,000  | \$1,000,000   |          |            |
| Over \$1,500,000 but not over \$17,000,000                                     | \$225,000 plus 5% of the excess over \$1,500,000            |          |            |
| Over \$1,000,000 but not over \$1,500,000                                      | \$175,000 plus 10% of the excess over \$1,000,000           |          |            |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000             |          |            |
|  | I   |          |            |

Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

(a) 2013

**(b)** 2014

(c) 2015

(d) 2016

Calendar year (or fiscal year

beginning in)

Grassroots lobbying expenditures

Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

(e) Total

activity

1

(b)

**Amount** 

(a)

Yes

No

#### Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

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 list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

**Supplemental Financial Statements** 

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

Attach to Form 990. OMB No 1545-0047

DLN: 93493083002108

Open to Public

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

| Naı      | me of the organization<br>red Educators of San Francisco   | ,                                     |                         | 94-1455079           | entification i                 | number     |   |
|----------|--|---------------------------------------|-------------------------|----------------------|--------------------------------|------------|---|
| Pa       | rt I Organizations Maintaining Donor Complete if the organization answere  |                                       |                         |                      |                                |            | _ |
|          |  | (a) Donor advised                     | ·                       | (b)Funds and         | d other accou                  | ints       | _ |
|          | Total number at end of year  |                                       |                         |                      |                                |            |   |
| 2        | Aggregate value of contributions to (during year)  |                                       |                         |                      |                                |            |   |
| 3        | Aggregate value of grants from (during year)   |                                       |                         |                      |                                |            |   |
| 1        | Aggregate value at end of year   |                                       |                         |                      |                                |            |   |
| 5        | Did the organization inform all donors and donor funds are the organization's property, subject to   |                                       |                         | advised              | □ <b>y</b>                     | es 🗆 No    | o |
| 5        | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?                  |                                       |                         |                      | □ Y                            | es 🗌 No    | 0 |
| Pai      | rt III Conservation Easements. Complet   | e if the organization a               | nswered "Yes" on Fo     | orm 990, Part IV     | , lıne 7.                      |            | _ |
| L        | Purpose(s) of conservation easements held by the   | e organization (check all t           | hat apply)              |                      |                                |            |   |
|          | Preservation of land for public use (e g , rec   | reation or education)                 | Preservation of         | an historically imp  | ortant land ar                 | rea        |   |
|          | Protection of natural habitat  |                                       | Preservation of         | a certified historic | structure                      |            |   |
|          | Preservation of open space   |                                       |                         |                      |                                |            |   |
| 2        | Complete lines 2a through 2d if the organization easement on the last day of the tax year  | held a qualified conservat            | on contribution in the  |                      | ition<br>I <b>t the End of</b> | the Year   | ] |
| а        | Total number of conservation easements   |                                       |                         | 2a                   |                                |            |   |
| b        | Total acreage restricted by conservation easemen   |                                       |                         | 2b                   |                                |            | l |
| С        | Number of conservation easements on a certified  |                                       |                         | 2c                   |                                |            | ļ |
| d        | Number of conservation easements included in (c) structure listed in the National Register   | ) acquired after 8/17/06,             | and not on a historic   | 2d                   |                                |            |   |
| 3        | Number of conservation easements modified, traitax year ▶  | nsferred, released, exting            | uished, or terminated b | by the organization  | during the                     |            |   |
| 1        | Number of states where property subject to conse   | ervation easement is loca             | ted ▶                   | -                    |                                |            |   |
| 5        | Does the organization have a written policy regar<br>and enforcement of the conservation easements i   |                                       | ng, inspection, handlin | g of violations,     | ☐ Yes                          | □ No       |   |
| 5        | Staff and volunteer hours devoted to monitoring,  •  | inspecting, handling of vi            | olations, and enforcing | conservation ease    | ements during                  | g the year |   |
| 7        | Amount of expenses incurred in monitoring, insper  | ecting, handling of violatio          | ns, and enforcing cons  | ervation easement    | s during the                   | year       |   |
| 3        | Does each conservation easement reported on lin and section $170(h)(4)(B)(ii)$ ?   | ne 2(d) above satisfy the r           | equirements of section  | 170(h)(4)(B)(ı)      | ☐ Yes                          | □ No       |   |
| Ð        | In Part XIII, describe how the organization report<br>balance sheet, and include, if applicable, the text  | of the footnote to the org            |                         |                      | and                            | _ NO       |   |
| )ar      | the organization's accounting for conservation ea: t III Organizations Maintaining Collect   |                                       | al Treasures or O       | ther Similar As      | cetc                           |            | _ |
| <u> </u> | Complete if the organization answere   | · · · · · · · · · · · · · · · · · · · | •                       | cher ommar Ad        | .50151                         |            |   |
| La       | If the organization elected, as permitted under SI art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it | eld for public exhibition, e          | ducation, or research i | n furtherance of pu  |                                | orks of    |   |
| b        | If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items            |                                       |                         |                      |                                |            |   |
| (        | i) Revenue included on Form 990, Part VIII, line 1   |                                       |                         | ▶ \$                 |                                |            |   |
| (i       | i)Assets included in Form 990, Part X  |                                       |                         | <b>▶</b> \$          |                                |            |   |
| 2        | If the organization received or held works of art, following amounts required to be reported under   |                                       |                         | nancıal gaın, provi  | de the                         |            |   |
| а        | Revenue included on Form 990, Part VIII, line 1  | ·                                     |                         | <b>▶</b> \$          |                                |            |   |
| b        | Assets included in Form 990, Part X  |                                       |                         | <u> </u>             |                                |            |   |
|          |  |                                       |                         |                      |                                |            | _ |

| Par  | t III            | Organizations Ma                                      | aintaining Col               | lections o         | of Art, Hi                            | storica          | Treas      | ures, or   | Other       | Similar A    | ssets (c   | ontinued          | )            |
|------|------------------|---|------------------------------|--------------------|---------------------------------------|------------------|------------|------------|-------------|--------------|------------|-------------------|--------------|
| 3    |                  | the organization's acq<br>(check all that apply)      | uisition, accessioi          | n, and other       | records, c                            | heck any         | of the f   | ollowing t | hat are a   | sıgnıfıcant  | use of its | collection        | n            |
| а    |                  | Public exhibition                                     |                              |                    |                                       | d [              | ] Loa      | n or excha | ange prog   | ırams        |            |                   |              |
| b    |                  | Scholarly research                                    |                              |                    |                                       | е [              | Oth        | er         |             |              |            |                   |              |
| c    |                  | Preservation for future                               | e generations                |                    |                                       |                  |            |            |             |              |            |                   |              |
| 4    | Provid<br>Part X | de a description of the                               |                              | lections and       | explain ho                            | ow they f        | urther t   | ne organiz | ation's ex  | kempt purpo  | ose in     |                   |              |
| 5    | Durin            | g the year, did the orga<br>s to be sold to raise fur |                              |                    |                                       |                  |            |            |             | ular         | ☐ Ye       | <b>.</b> П        | No           |
| Pa   | rt IV            | Escrow and Cust<br>Complete if the ord<br>X, line 21. |                              |                    | " on Form                             | າ 990, P         | art IV,    | line 9, oi | r reporte   | ed an amo    |            |                   |              |
| 1a   |                  | e organization an agent<br>ded on Form 990, Part )    |                              | an or other        | ıntermedia                            | ry for co        | ntributio  | ns or othe | er assets   | not          | ☐ Ye       | s 🗆               | No           |
| b    | If "Ye           | es," explain the arrange                              | ement in Part XIII           | and comple         | ete the follo                         | owing tab        | ole        | -          |             |              | Mount      |                   |              |
| С    |                  | ning balance  |                              | '                  |                                       | _                |            | l          | 1c          |              |            |                   |              |
| d    | Addıtı           | ions during the year                                  |                              |                    |                                       |                  |            |            | 1d          |              |            |                   |              |
| е    | Distri           | butions during the year                               | r                            |                    |                                       |                  |            |            | 1e          |              |            |                   |              |
| f    | Endın            | g balance   |                              |                    |                                       |                  |            |            | 1f          |              |            |                   | _            |
| 2a   | Did th           | ne organization include                               | an amount on Fo              | rm 990, Pai        | t X, line 2                           | 1, for esc       | row or c   | ustodial a | ccount lia  | ability?     | ☐ Ye       | <u> </u>          | —<br>No      |
| b    | If "Ye           | s," explain the arrange                               | ment in Part XIII            | Check here         | e if the exp                          | lanation         | has bee    | n provideo | d in Part ) | XIII         |            | _                 | ]            |
| Pa   | rt V             | Endowment Fund  | <b>ds.</b> Complete ıf       | the organ          | ızatıon ar                            | swered           | "Yes" (    | n Form     | 990, Par    | t IV, line : | 10.        |                   |              |
|      |                  |   |                              | (a)Currer          | nt year                               | <b>(b)</b> Prior | year       | (c)Two ye  | ears back   | (d)Three ye  | ars back   | (e)Four y         | ears back    |
| 1a   | Beginn           | ing of year balance .                                 |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| b    | Contrib          | outions   |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| С    | Net inv          | estment earnings, gair                                | ns, and losses               |                    |                                       |                  |            |            |             |              |            |                   |              |
| d    | Grants           | or scholarships                                       | •                            |                    |                                       |                  |            |            |             |              |            |                   |              |
| е    |                  | expenditures for facilitie<br>ograms                  | es                           |                    |                                       |                  |            |            |             |              |            |                   |              |
| f    | Admını           | strative expenses .                                   |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| g    | End of           | year balance  |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| 2    | Provid           | de the estimated percei                               | ntage of the curre           | ent year end       | l balance (                           | line 1g, c       | olumn (    | a)) held a | s           |              |            |                   |              |
| а    | Board            | d designated or quasi-e                               | ndowment 🟲                   |                    |                                       |                  |            |            |             |              |            |                   |              |
| b    | Perma            | anent endowment 🕨                                     |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| С    | Temp             | orarily restricted endov                              | wment ▶                      |                    |                                       |                  |            |            |             |              |            |                   |              |
|      | The p            | ercentages on lines 2a,                               | , 2b, and 2c shou            | ld equal 100       | 0%                                    |                  |            |            |             |              |            |                   |              |
| 3а   |                  | nere endowment funds<br>nization by                   | not in the posses            | sion of the        | organızatıc                           | n that ar        | e held a   | nd admını  | stered fo   | r the        |            | Yes               | s No         |
|      | (i) ur           | nrelated organizations                                |                              |                    |                                       |                  |            |            |             |              |            | ı(i)              |              |
| b    |                  | elated organizations .es" on 3a(ii), are the rel      |                              | <br>ns listed as i | · · · · · · · · · · · · · · · · · · · | <br>Schedul      | eR?.       | • •        |             |              |            | (ii)<br>Bb        | <del> </del> |
| 4    | Descr            | ribe in Part XIII the inte                            | ended uses of the            | organizatio        | n's endowr                            | ment fun         | ds         |            |             |              |            | •                 |              |
| Pai  | rt VI            | Land, Buildings,                                      | • •                          |                    |                                       |                  |            |            |             |              |            |                   |              |
|      |                  | Complete if the or                                    |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
|      | Descri           | ption of property                                     | (a) Cost or oth<br>(Investme |                    | ( <b>b)</b> Cost or                   | other bas        | is (otner) | (c)Acci    | umulated d  | epreciation  | (          | <b>d)</b> Book va | lue          |
| 1a   | Land             |   |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| b    | Buildin          | gs  |                              |                    |                                       |                  |            |            |             |              |            |                   |              |
| c    | Leaseh           | old improvements                                      |                              |                    |                                       |                  | 99,00      | 3          |             | 22,327       |            |                   | 76,676       |
| d    | Equipm           | nent  |                              |                    |                                       |                  | 107,20     | 9          |             | 99,083       |            |                   | 8,126        |
| e    | Other            |   |                              |                    |                                       |                  | 89,96      | 9          |             | 89,969       |            |                   |              |
| Tata |                  | lines 12 through 10 /Ce                               | olumn (d) must o             | aual Form O        | OO Dart V                             | column           | (D) line   | 10(a)      |             |              |            |                   | 04.002       |

| Part VII Investments—Other Securities. Co<br>See Form 990, Part X, line 12.                              |                         |                          |                        |                                      |
|--|-------------------------|--------------------------|------------------------|--------------------------------------|
| <ul><li>(a) Description of security or cated<br/>(including name of security)</li></ul>                  | gory                    | <b>(b)</b> Book<br>value |                        | d of valuation<br>-year market value |
| (1)Financial derivatives   |                         |                          |                        |                                      |
| (2)Closely-held equity interests (3)Other  | · · · · · ·             |                          |                        |                                      |
| A)   |                         |                          |                        |                                      |
| (B)  |                         |                          |                        |                                      |
| (C)  |                         |                          |                        |                                      |
| (D)  |                         |                          |                        |                                      |
| (E)  |                         |                          |                        |                                      |
| (F)  |                         |                          |                        |                                      |
| (G)  |                         |                          |                        |                                      |
|  |                         |                          |                        |                                      |
| (H)  |                         |                          |                        |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 part VIII Investments—Program Related. C |                         | ation answei             | red 'Yes' on Form 99   | 90. Part IV. line 11c.               |
| See Form 990, Part X, line 13.   |                         |                          |                        |                                      |
| (a) Description of investment  | <b>(b)</b> Bo           | ok value                 |                        | d of valuation<br>-year market value |
| (1)  |                         |                          |                        |                                      |
| (2)  |                         |                          |                        |                                      |
| (3)  |                         |                          |                        |                                      |
| (4)  |                         |                          |                        |                                      |
| (5)  |                         |                          |                        |                                      |
| (6)  |                         |                          |                        |                                      |
| (7)  |                         |                          |                        |                                      |
| (8)  |                         |                          |                        |                                      |
| (9)  |                         |                          |                        |                                      |
|  |                         |                          |                        |                                      |
| <b>Part IX</b> Other Assets. Complete if the organization  |                         | n 990, Part I\           | /, line 11d See Form 9 | 90, Part X, line 15                  |
| (a) [(1) Utility Deposits  | Description             |                          |                        | <b>(b)</b> Book value 2,420          |
| (2) Workers Compensation Deposit   |                         |                          |                        | 2,492                                |
| (2)  |                         |                          |                        |                                      |
| (3)  |                         |                          |                        |                                      |
| (4)  |                         |                          |                        |                                      |
| (5)  |                         |                          |                        |                                      |
| (6)  |                         |                          |                        |                                      |
| (7)  |                         |                          |                        |                                      |
| (8)  |                         |                          |                        |                                      |
| (9)  |                         |                          |                        |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B)  | ) line 15 )             |                          |                        | 432,397                              |
| <b>Other Liabilities.</b> Complete if the org<br>See Form 990, Part X, line 25.                          | ganızatıon answered 'Ye | s' on Form               | 990, Part IV, line 11  | .e or 11f.                           |
| 1. (a) Description of liability  |                         | (b) Book                 | value                  |                                      |
| (1) Federal Income taxes   |                         |                          |                        |                                      |
|  |                         |                          | 25.047                 |                                      |
| Vacation accrual (2)   |                         |                          | 35,947                 |                                      |
| (3)  |                         |                          |                        |                                      |
| (4)  |                         |                          |                        |                                      |
|  |                         |                          |                        |                                      |
| (5)  |                         |                          |                        |                                      |
| (6)  |                         |                          |                        |                                      |
| 7)   |                         |                          |                        |                                      |
| (8)  | <u> </u>                |                          |                        |                                      |
| (9)  |                         |                          |                        |                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  | <u> </u>                |                          | 35,947                 |                                      |
| 2. Liability for uncertain tax positions. In Part XIII, provi  |                         |                          |                        |                                      |

Explanation

2b 2c

2d

4a

4b

## b Prior year adjustments . Other losses . . .

Other (Describe in Part XIII ) . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . .

Add lines 4a and 4b .

Return Reference

e 3

4

5

Part XIII

Schedule D (Form 990) 2015

| 2e |  |
|----|--|
| 3  |  |
|    |  |
|    |  |
|    |  |
| 4c |  |
| 5  |  |

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

| <u> </u> | orm 990) 2015<br>Supplemental Info | Page <b>5</b> |                            |
|----------|------------------------------------|---------------|----------------------------|
|          | urn Reference                      | Explanation   |                            |
|          |                                    |               | Schedule D (Form 990) 2016 |

| efile GRAPHIC print -  | DO NOT PROCESS                                       | As Filed Data -                            |  |  |   |                      | DLN             | N: 934930830                  | 02108    |
|--|--|--|--|--|---|----------------------|-----------------|-------------------------------|----------|
| Schedule I (Form 990)  Department of the Treasury Internal Revenue Service     | Co   | Governments mplete if the organize         | Other Assistand<br>and Individuals<br>ation answered "Yes," o<br>Attach to Form<br>le I (Form 990) and its i |  | OMB No 1545-0047  2016  Open to Public Inspection           |                      |                 |                               |          |
| Name of the organization United Educators of San Fran                          |  |  |  |  |   | Empl                 | oyer identifica | ation number                  |          |
| United Educators of San Fran   | ICISCO   |  |  |  |   | 94-1                 | 455079          |                               |          |
| Part I General Info  | ormation on Grants                                   | and Assistance                             |  |  |   |                      |                 |                               |          |
| the selection criteria u  Describe in Part IV the                              | sed to award the grants<br>e organization's procedur | or assistance?<br>es for monitoring the us | the grants or assistance, t  | ited States                              |   | ·                    | Part IV, line   | ✓ Yes  21, for any recip      | □ No     |
|  | ore than \$5,000 Part II                             |  |  | ·<br>•                                   | 1   |                      |                 | 1                             |          |
| (a) Name and address of organization or government                             | of (b) EIN   | (c) IRC section<br>if applicable           | (d) Amount of cash<br>grant  | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Desc<br>non-cash |                 | (h) Purpose of or assistance  | of grant |
| (1)<br>SF Teacher Residency Prog<br>750 25th Avenue<br>San Francisco, CA 94121 | gram   |  | 204,500  | 0  |   |                      |                 | social action<br>contribution |          |
| 2 Enter total number of  | section 501(c)(3) and go                             | overnment organizations                    | s listed in the line 1 table .   |  |   |                      | <b>•</b>        |                               | 0        |
| 3 Enter total number of  | other organizations lister                           | d in the line 1 table .                    |  | <u></u>                                  | <u> </u>  | <u>.</u>             | . ▶             |                               | 1        |
| For Paperwork Reduction Act  | Notice, see the Instruction                          | ns for Form 990.                           |  | Cat No 50055                             | P   | -                    | Sche            | edule I (Form 990             | ) 2016   |

| Schedule I (Form 990) 2016  |                              |                           |                                   |   | Page <b>2</b>                          |
|---|------------------------------|---------------------------|-----------------------------------|---|--|
| Part III Grants and Other Assistance to<br>Part III can be duplicated if additi |                              | als. Complete If the orga | inization answered "Yes"          | on Form 990, Part IV, line 22                         |  |
| (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 non-cash assistance |
| (1) Scholarships under \$5,000 each   | 8                            | 25,494                    |                                   |   |  |
| (2) Health & Welfare Grants \$5,000 ea  | 28                           | 27,812                    |                                   |   |  |
| (3) Twomey Scholarship under \$5,000  | 1                            | 1,500                     |                                   |   |  |
| (3)   |                              |                           |                                   |   |  |
| (4)   |                              |                           |                                   |   |  |
| (5)   |                              |                           |                                   |   |  |
| (6)   |                              |                           |                                   |   |  |
| (7)   |                              |                           |                                   |   |  |
| Part IV Supplemental Informati  | i <b>on.</b> Provide the inf | ormation required in F    | Part I, line 2, Part III,         | , column (b), and any other ac                        | lditional information.                 |

| efile GRAPH  | IC print      | - DO NOT PROCESS            | As Filed Data -  |                    | DLN                         | N: 93493083002108              |  |
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| SCHEDUL  | ΕΩ            | Sunnlemen                   | tal Information  | 1 to Form 990 or 9 | 90-F7                       | OMB No 1545-0047               |  |
| (Form 990 or 990-<br>EZ) Department of the Treasury  |               | Complete to pro<br>Form 990 | pplemental Information to Form 990 or 990-EZ  mplete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  mation about Schedule O (Form 990 or 990-EZ) and its instructions is a  www.irs.gov/form990. |                    |                             | 2016 Open to Public Inspection |  |
| Name of the org<br>United Educators o  | f San Francis | olemental Informatio        | on   |                    | Employer iden<br>94-1455079 | tification number              |  |
| Return<br>Reference  |               |                             | 1  | Explanation        |                             |                                |  |
| Form 990,<br>Part VI, Line<br>6<br>Explanation<br>of Classes of<br>Members or<br>Shareholder | Union has     | s members who sign a me     | mbership card  |                    |                             |                                |  |

Return Reference
Form 990, Part VI, Line
Officers are elected by the membership

7a How
Members or
Shareholders
Elect
Governing
Body

Return Explanation
Reference

| Form 990,     | Significant changes to the collective bargaining contract must be ratified by the membership |
|---------------|--|
| Part VI, Line |  |
| 7b Describe   |  |
| Decisions of  |  |
| Governing     |  |
| Body          |  |
| Approval by   |  |
| Members or    |  |
| Shareholders  |  |

Return Explanation
Reference

Process

Form 990, Part VI, Line
11b Form
990 Review

The Form 990 is prepared by an independent CPA and reviewed by the union's treasurer before signature and mailing
990 Review

| Reference   |   |
|---|---|
| Form 990,<br>Part VI, Line<br>15b<br>Compensation | Officer compensation is discussed and approved at the executive council. No independent review or approval is obtained. Salaries and employee benefits are subject to collective bar gaining contracts. |

Explanation

Review and
Approval
Process for
Officers and
Key
Employees

Return

Return Reference Explanation

Form 990, Part VI. Line

Explanation

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493083002108 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** United Educators of San Francisco 94-1455079 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | <b>ns</b> Complete if the org | ganization answered                                 | "Yes" on Form 990          | , Part IV, line 34 be                            | ecause it had one or                       | more                        |                    |
|---|-------------------------------|---|----------------------------|--|--|-----------------------------|--------------------|
| (a)  Name, address, and EIN of related organization   | <b>(b)</b> Primary activity   | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | Section<br>(13) cor<br>enti | 512(b)<br>ntrolled |
|   |                               |   |                            |  |  | Yes                         | No                 |
| (1)UESF & NALC<br>2310 MASON STREET   | REAL ESTATE RENTAL            | CA  | 501(C)(2)                  |  |  | Yes                         |                    |
| SAN FRANCISCO, CA 94133<br>14-1851185   |                               |   |                            |  | N/A  |                             |                    |
|   |                               |   |                            |  |  |                             |                    |
|   |                               |   |                            |  |  |                             |                    |
|   |                               |   |                            |  |  |                             |                    |
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|   |                               |   |                            |  |  |                             |                    |
|   |                               |   |                            |  |  |                             |                    |
| For Paperwork Reduction Act Notice, see the Instructions for Form   | 990.                          | Cat No 501  | 35Y                        | •  | Schedule R (Form                           | 990) 20                     | 16                 |

| (a)<br>Name, address, and EIN of<br>related organization            |                         | <b>(b)</b> Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of<br>total income                | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |                                    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j<br>Gener<br>mana<br>partr | alor Per<br>ging ov | <b>(k)</b><br>ercentag<br>wnershij |
|---|-------------------------|-----------------------------|---|--|--|--|--|--|------------------------------------|--|------------------------------|---------------------|------------------------------------|
|   |                         |                             |   |  | 51.,   |  |  | Yes                                    | No                                 |  | Yes                          | No                  |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
| Identification of Related Orga<br>because it had one or more relate |                         |                             |   |  |  | zation ansv                                    | vered "Yes                               | " on Fo                                | orm 99                             | 90, Part IV,   | line :                       | 34                  |                                    |
| (a) Name, address, and EIN of related organization                  | (b)<br>Primary activity | do<br>(state                | (c)<br>egal<br>micile<br>or foreign<br>untry) |  | entity (Cico   | (e)<br>e of entity<br>orp, S corp,<br>r trust) | (f)<br>Share of total<br>Income          |  | (g)<br>e of end-<br>year<br>assets | of- Percel owne  | ntage                        | <u> </u>            | cont                               |
|   |                         |                             | unici y)                                      |  |  |  |  |  |                                    |  |                              | Yes                 | 5                                  |
|   |                         |                             |   |  |  | <b>I</b>                                       |  |  |                                    |  |                              |                     | 4                                  |
| _   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     | - 1                                |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
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|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     |                                    |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     | <del> </del>                       |
|   |                         |                             |   |  |  |  |  |  |                                    |  |                              |                     | <u> </u>                           |

| Schedule R (Form 990) 2016   |                            |                        |                                |              | Page <b>3</b> |
|--|----------------------------|------------------------|--------------------------------|--------------|---------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Y                          | es" on Form 990, Pa        | rt IV, line 34, 35b    | , or 36.                       |              |               |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule                           |                            |                        |                                | Ye           | s No          |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related | ed organizations listed ir | n Parts II-IV?         |                                |              |               |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity                 |                            |                        |                                | 1a           | No            |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |                            |                        |                                | 1b           | No            |
| f c Gift, grant, or capital contribution from related organization(s)  |                            |                        |                                | 1c           | No            |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |                            |                        |                                | 1d           | No            |
| e Loans or loan guarantees by related organization(s)  |                            |                        |                                | 1e           | No            |
| f Dividends from related organization(s)   |                            |                        |                                | 1f           | No            |
| g Sale of assets to related organization(s)  |                            |                        |                                | 1g           | No            |
| <b>h</b> Purchase of assets from related organization(s)   |                            |                        |                                | 1h           | No            |
| i Exchange of assets with related organization(s)  |                            |                        |                                | 1i           | No            |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s)                               |                            |                        |                                | 1j           | No            |
| ${f k}$ Lease of facilities, equipment, or other assets from related organization(s)                             |                            |                        |                                | 1k Ye        | s             |
| I Performance of services or membership or fundraising solicitations for related organization(s)                 |                            |                        |                                | 11           | No            |
| m Performance of services or membership or fundraising solicitations by related organization(s)                  |                            |                        |                                | 1m           | No            |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                  |                            |                        |                                | 1n           | No            |
| o Sharing of paid employees with related organization(s)   |                            |                        |                                | 10           | No            |
| p Reimbursement paid to related organization(s) for expenses   |                            |                        |                                | 1p           | No            |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |                            |                        |                                | <b>1</b> q   | No            |
| r Other transfer of cash or property to related organization(s)  |                            |                        |                                | 1r           | No            |
| f s Other transfer of cash or property from related organization(s)  |                            |                        |                                | 1s           | No            |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this     | line, including covered i  | relationships and tra  | nsaction thresholds            |              |               |
| (a)<br>Name of related organization  | (b)<br>Transaction         | (c)<br>Amount involved | (d)<br>Method of determining a | nount involv | ed            |

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

| - See instructions regarding exclusion  |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|---|--------------------------------|---|--|--|----|------------------------------------|-------------|----------------------------------|----|---|---|-----|--------------------------------|--|
| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total<br>income | end-of-year | (h) Disproprtionate allocations? |    | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |     | (k)<br>Percentage<br>ownership |  |
|   | 1                              |   | 514)   | Yes                                    | No |                                    |             | Yes                              | No |   | Yes                                       | No  |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
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|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    |   |   |     |                                |  |
|   |                                |   |  |  |    |                                    |             |                                  |    | Schedul   | e R (Form                                 | 990 | 0) 2016                        |  |

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016