Form **990**

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

Department of the Treasury

foundations) ► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at ways IRS gov/form 900

Open to Public

Interna	l Reve	enue Service	P Information abo	out Form 990 and its mistructions is at v	WWW IKS GOV/1011	11990		Inspection
A F	or th	e 2016 c	alendar year, or tax year beg	inning 07-01-2016 $$, and ending 06	5-30-2017			
		pplicable	C Name of organization United Educators of San Francisco			D Employer i	dentıf	ication number
	dress me ch	change				94-145507	9	
	tial rei	_	Doing business as					
Fin		minated				E Telephone nu	ımher	
		d return	Number and street (or P O box if 2310 Mason Street	mail is not delivered to street address) Room	n/suite	· '		
□Ар	plicati	on pending	City or town state or province co	untry, and ZIP or foreign postal code		(415) 956-	83/3	
			San Francisco, CA 94133	ana /, ana 21. 0. 10. 51g., postar 5545		G Gross receip	ts \$ 7	.787.477
			F Name and address of princip	pal officer	H(a) Is this	a group returr		
			Alıta Blanc 2310 Mason Street			dınates?	. 10	□Yes ☑No
			San Francisco, CA 94133		H(b) Are al	ll subordinates		☐ Yes ☑ No
I Ta	x-exer	mpt status	501(c)(3) 5 01(c)(5)	◄ (insert no)		o," attach a list	(see	
J W	ebsit	te:▶ ww	w uesf org			exemption nu	mber	▶ 0787
					L Year of form	ation 1989 M	State	of legal domicile CA
K Forr	n of o	rganızatıon	☐ Corporation ☐ Trust ☑ As	sociation 🗀 Other 🟲	E real of forms	1909	Juice	or regar dofffiche "CA
Pa	rt I	Sum	mary		'			
		,	scribe the organization's mission bargaining representation	or most significant activities				
ıce	-	Conective	barganing representation					
nar	-							
, Ker	,	Check the	us how • 🗖 if the organization of	discontinued its operations or disposed o	of more than 25%	of its net asse	te	
<u>છે</u>				ning body (Part VI, line 1a)			3	75
> 5	4	Number o	of independent voting members	of the governing body (Part VI, line 1b)		•	4	0
Activities & Governance	5	Total nur		5	30			
cţ.	6	6	200					
ĕ	7a	7a	0					
	b	Net unrel	lated business taxable income fro	om Form 990-T, line 34		•	7b	
		6	I I O INTEL I		Pri	or Year		Current Year
랼	l		cions and grants (Part VIII, line 1	•		F 767 003		12,123
Rəvenue	l	_	•	2g)		5,767,002 874		6,079,329 1,505
æ	l		venue (Part VIII, column (A), line	•		1,574,039		1,694,520
	l		, , , , , , , , , , , , , , , , , , , ,	nust equal Part VIII, column (A), line 12	2)	7,341,915		7,787,477
	_		<u>-</u>	, 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
\$ 2	15	Salaries,	other compensation, employee I	benefits (Part IX, column (A), lines 5–10	0)	1,326,143		1,512,080
J)S(16a	Professio	onal fundraising fees (Part IX, co	lumn (A), line 11e)				0
Expenses	Ь	Total fund	raising expenses (Part IX, column (D)	, line 25) ▶0				
ш	17	Other exp	penses (Part IX, column (A), line	es 11a–11d, 11f–24e)		5,462,461		5,658,662
	ı	•	•	qual Part IX, column (A), line 25)		6,837,295		7,433,936
. 40	19	Revenue	less expenses Subtract line 18	from line 12		504,620		353,541
S G					Beginning	of Current Year		End of Year
see	1	Total acc						3,701,589
¥Ψ	20	Total ass	ets (Part X, line 16)			2,896,967	l	
# 2	l		ets (Part X, line 16)			2,896,967 491,499		942,580
Net Assets or Fund Balances	21	Total liab						942,580 2,759,009
Pai	21 22	Total liab Net asset	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>
Pa i Unde	21 22 t III	Total liab Net asset Sign alties of p	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>
Pa i Unde	21 22 t III penaledge	Total liab Net asset Sign alties of perand belie	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>
Par Under know	21 22 t III penaledge	Total liab Net asset Sign alties of perand belie	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>
Pal Under know any k	21 22 till penaledge nowle	Total liab Net asset Sign alties of p and belie edge	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>
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Pal Under know any k	21 22 t III penaledge nowle	Net asset Sign alties of p and belie edge ***** Signati	ulities (Part X, line 26)	21 from line 20		491,499		<u></u>

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

STUDIO CITY, CA 91604

Firm's name RITA C VILLA CPA

Firm's address ► 4353 COLFAX AVE 6

Paid

Preparer

Use Only

Form	990 (201	6)				Page 2
Par	tIIII S	tatement of	Program Service Ac	complishments		
	с	heck if Schedule	e O contains a response o	r note to any line in this Part III		🗆
1			inization's mission	·		
Colle	ctive barga	aining represent	tation			
2	Did the o	organization und	dertake any significant pro	ogram services during the year w	hich were not listed on	
	the prior	Form 990 or 99	90-EZ?			☐ Yes 🗹 No
	If "Yes,"	describe these	new services on Schedule	0		
3	•			ignificant changes in how it condi	ucts, any program	
	services?	,				☐ Yes ☑ No
	If "Yes."	describe these	changes on Schedule O			
4	Section 5	501(c)(3) and 5		e required to report the amount o	largest program services, as meast of grants and allocations to others, t	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtı	onal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtı	onal Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtı	onal Data				
4d	Other pr	ogram services	(Describe in Schedule O)		
	(Expense	es \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total pr	ogram service	e expenses 🟲			
						Form 990 (2016)

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

or X as applicable

Section 501(c)(3) organizations.

to provide advice on the distribution or investment of amounts in such funds or accounts?

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?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

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

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,"

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

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,

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🥦

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

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

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	0b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	1	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	:3		No
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 complete Schedule K If "No," go to line 25a	4a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24	4b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	4c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24	4d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	5a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	5b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	:6		No No

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Yes

Yes

Yes

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Nο

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

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

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

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

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

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 . . .

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

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)?

instructions for applicable filing thresholds, conditions, and exceptions)

If "Yes," complete Schedule L, Part II .

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
		30		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	the year.	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	12-		NI-
а	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
b c	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	14a		No

orm 9	99 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,	nse to l	
Coo	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	5	165	NO
	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			
	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?	^{'n} 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	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			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
-	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 Reven	<u>ie Code</u>		
0-	Did the every return have least charters by such as an efficience?	10-	Yes	No
ь :	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
l1a	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	110		110
	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	120		110
-	conflicts?	12b		No
	Schedule O how this was done	12c		No
L3	Did the organization have a written whistleblower policy?	13		No
L4	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	
Ь	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 participatior in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	tion C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	<u>CA</u>			
	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 policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Elaine Merriweather 2310 Mason Street San Francisco, CA 94133 (415) 956-8373			
			orm OO	0 (2016)

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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) Name and Title Position (do not check more Average Reportable Reportable

Name and Title	Average hours per week (list any hours for related	than one box, unless person st is both an officer and a director/trustee) organization organization organization organization organization organizations								Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Lisa Guzman	5 00			×				10,035	0	0
Secretary	0 00 5 00									_
(2) AJ Frazier Sergeant at Arm				х				3,000	0	0
(3) Carolyn Samoa	0 00 40 00			,,				56.252		0
Vice President	0 00			Х				56,252	0	0
(4) Elaine Merriweather	40 00			×				11,697	0	0
Treasurer (5) Susan Solomon	0 00 40 00									
Exec V-Presiden	0 00			x				37,037	0	0
(6) Antonio Mankini Ex-Treasurer	40 00			×				48,721	0	0
(7) Liz Conley Vice President	20 00			×				34,648	0	0
(8) Alita Blanc President	60 00 0 00			х				27,445	0	0
										Farm 000 (3015)
										Form 990 (2016)

Part VII

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne bo	ox, ι n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	table Reportable Estimated amount of oth the from related compensation (W- organizations (W- from the				
		organizations below dotted line)	below dotted 얼룩 숙제 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중 중)	organizati relate organiza	ed				
											+			
											+			
											+			
											+			
c	Sub-Total	 art VII, Sectio 			•		*		228,835					
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived more than \$	100,000				
												Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k				or hi	ghest compensate	d employee on	3		No No	
4	For any individual listed on line 1a, is organization and related organization individual									m the				
5	Did any person listed on line 1a receiver services rendered to the organization										5		No No	
S	ection B. Independent Contract	· ·											NO	
1	Complete this table for your five high from the organization Report compe	est compensate									npens	sation		
	•	(A) and business addre		,						(B) cription of services		(C Compen		
											\Rightarrow			
											\dashv			

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

compensation from the organization \blacktriangleright 0

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

Part			Revenue								rage 3
I WIL	_			a respo	onse or note to any	/ line in th	nıs Part VIII				🗆
		Check if Schedule O contains a Check if Schedule O contains a La Federated campaigns	<u> </u>		(,	A) revenue	(E Relate exer func	ed or mpt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections	
	1	a Federated campaig	ns	1a				reve	nue		512-514
ons, Gifts, Grants Similar Amounts				1b	<u> </u>						
irai 10 u		·		1c	<u> </u>						
s, C An		_		1d	<u> </u>						
Gift		_		1e	<u> </u>						
S. E					<u> </u>						
tior or S		and similar amounts n		1f	12,123						
tributio Other			ons included								
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$									
<u>ت</u> ت		h Total. Add lines 1a-1	.f		<u> </u>		12,123				
1					Busines	s Code					
٧٠	2	a Membership Dues & Ass	essments			611710	6,0	79,329	6,079	,329	
Seruce Revenue	ı	D —			-						
ي ج	١ ،	C —									
₹	•	•									
ran		_									
Program					6,	079,329					
	_				Interest and other	1					
		sımılar amounts) .		•	1	<u> </u>	1,505				1,505
				-		<u> </u>	C				
	5	Royalties			(II) Personal	<u> </u>		<u>'</u>			
	6	a Gross rents	(I) Kea	'	(II) Personal	-					
		b Less rental expenses									
						_					
			r (loss)			4	C	,			
		d Net rental income of			(II) Other	+					+
	7.	from sales of assets other	(i) Securit		(II) Octici						
		other basis and sales expenses									
	ı	C Gain or (loss)d Net gain or (loss) .				_	C	,			
		a Gross income from fi			<u> </u>	+					
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of							
Re		b Less direct expenses		b			-				
her		 c Net income or (loss) a Gross income from g 		-	ents 🕨		С	'			
ŏ	, J	See Part IV, line 19		ies							
				а	6,289	9					
	ı	b Less direct expenses		b			6 200				6 200
		c Net income or (loss) Gross sales of invent		activit	les >		6,289	1			6,289
		returns and allowand	ces	а							
		b Less cost of goods s		Ь			C	,			
		Net income or (loss) Miscellaneous		' invent	Business Code						
	1	1aaffiliate financial ass	SIS		61171	10	1,688,231		1,688,231		
		b									
		с									
								<u>L</u>			
		d All other revenue .									
		e Total. Add lines 11a	-11d		•		1,688,231				
	1	2 Total revenue. See	Instructions		• • • •		7,787,477	,	7,767,560		7,794
											Form 990 (2016)

orm	990 (2016)				Page 10
	TIX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must com	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> 🗆</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	204,500			
	Grants and other assistance to domestic individuals See Part IV, line 22	54,806			
	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			
	Compensation of current officers, directors, trustees, and key employees	228,835			
	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			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	195,006			
9	Other employee benefits	278,018			
	Payroll taxes	81,152			
	Fees for services (non-employees)				
	Management	0			
_	-	168,133			
	Legal				
	Accounting	22,540			
	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
	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			
16	Occupancy	212,485			
	Travel	10,029			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	91,474			
	, , , , , , , , , , , , , , , , , , ,	0			
	Interest				
	Payments to affiliates	4,356,585			
22	Depreciation, depletion, and amortization	5,442			
23	Insurance	0			
	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	Representation	166,152			
c	Good & welfare	57,891			
d	Workers compensation insurance	28,757			
e e	All other expenses	61,400			
-	Total functional expenses. Add lines 1 through 24e	7,433,936	0	C	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 Tuf following SOP 98-2 (ASC 958-720)				

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 former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete		6	0

0

0

35,613

84,802

0

0

0

0

432.397

3.701.589

906,633

59.104

2,759,009

3.701.589 Form **990** (2016)

11

12

13

14

15

16

17

18

19

20

431,708

437.074

78.778

2,405,468

2.896.967

29

30

31

32

33

34

2.896.967

Part II of Schedule L Assets Notes and loans receivable, net . 7 Inventories for sale or use 8 30,333 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a 296,181 basis Complete Part VI of Schedule D 211,379 46.513 10b 10c **b** Less accumulated depreciation

11

12

13

14

15

16

17

18

19

20

29

30

31

32

33

34

Assets or

Net

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Intangible assets

Grants payable . .

Deferred revenue . . .

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

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

check here ▶ 🔲 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

Investments-program-related See Part IV, line 11

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 54.425 25

Other liabilities (including federal income tax, payables to related third parties, 35.947 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 491,499 942,580 26 **Total liabilities.**Add lines 17 through 25 . 26

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

Fund Balances complete lines 27 through 29, and lines 33 and 34. 2.326.690 Unrestricted net assets 27 2.699.905 27 28 Temporarily restricted net assets 28

Form	990 (2016)						Page 12
Par	t XI Reconcilliation of N	let Assets					
	Check if Schedule O cor	tains a response or note	to any line in this Part XI	<u> </u>	<u> </u>	<u></u>	. 🗆
1	Total revenue (must equal Part	: VIII, column (A), line 1:	2)	1		7	,787,477
2	Total expenses (must equal Par	rt IX, column (A), line 25	5)	2		7	,433,936
3	Revenue less expenses Subtra	ct 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) o	n investments		5			
6	Donated services and use of fa-	cilities		6			
7	Investment expenses			7			
8	Prior period adjustments .			8			
9	Other changes in net assets or	fund balances (explain i	n Schedule O)..........	9			
10	Net assets or fund balances at	end of year Combine lin	ies 3 through 9 (must equal Part X, line 33, column (B))	10		2	,759,009
Par	t XIII Financial Stateme	nts and Reporting					
	Check if Schedule O co	ntains a response or not	e to any line in this Part XII				
		·	·			Yes	No
1	Accounting method used to pre	pare the Form 990	☐ Cash ☑ Accrual ☐ Other				
-	,	•	om a prior year or checked "Other," explain in				
2a	Were the organization's financi	al statements compiled o	or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to in separate basis, consolidated basis.		ncial statements for the year were compiled or reviewed	on a			
	Separate basis	Consolidated basis	☐ Both consolidated and separate basis				
Ь	Were the organization's financi	al statements audited by	an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to in consolidated basis, or both	ndicate whether the finar	ncial statements for the year were audited on a separate	basıs,			
	Separate basis	Consolidated basis	☑ Both consolidated and separate basis				
С			committee that assumes responsibility for oversight ments and selection of an independent accountant?		2c		No
	If the organization changed eit	her its oversight process	or selection process during the tax year, explain in Sche	dule O			

За

3b

Nο

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493083002108

Schedule C (Form 990 or 990-EZ) 2016

Cat No 50084S

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

 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 Employer identification number Name of the organization 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? ☐ Yes □ No 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 Did the filing organization fileForm 1120-POL for this year? 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 -0directly delivered to a separate political organization If none, enter -0-3 5

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

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)? **b** 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 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 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 2b Carryover from last year 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 instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

(Form 990)

As Filed Data -

DLN: 93493083002108

OMB No 1545-0047

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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** United Educators of San Francisco 94-1455079 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	3 4 4 4	Organizations Ma	aintaining Col	lections o	f Art,	Histori	cal T	reası	ires, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acq (check all that apply)	juisition, accessior	n, and other	records	, check	any of	the fo	llowing tl	nat are a	significant	use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	nge prog	rams				
b		Scholarly research				e		Othe	r						
c		Preservation for future	e generations												
4	Provid Part >	de a description of the (organization's coll	ections and	explain	how the	ey furtl	ner the	e organız	ation's ex	empt purp	ose in			
5		g the year, did the orga s to be sold to raise fur									ılar	□ Ye	es	□ N	0
Pai	t IV	Escrow and Cust Complete if the ord X, line 21.			" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	d an amo	unt on	Form	990,	Part
1a		organization an agent led on Form 990, Part)		an or other i	interme	diary for	contri	bution	s or othe	r assets	not	☐ Y	es	□ n	о
b	If "Y∈	s," explain the arrange	ement in Part XIII	and comple	te the f	ollowing	table		Ī		-	mount			_
С	Begin	ning balance		·		_			Ī	1c					_
d	_	ons during the year							Ī	1 d					_
е	Dıstrı	butions during the year	r							1e					_
f	Endın	g balance								1f					_
2 a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, lıne	21, for	escrow	or cu	ıstodıal a	ccount lia	ibility?	☐ Ye	es	□_N	<u>-</u> о
b	If "Ye	s," explain the arrange												Ш	
Pa	rt V	Endowment Fund	ds. Complete ıf												
	D			(a)Curren	t year	(b) P	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Fo	ur yeai	rs back
	-	ing of year balance .													
		outions													
		estment earnings, gair	•												
		or scholarships													
	and pro	expenditures for facilities ograms	es												
		strative expenses .													
g	End of	year balance													
2	Provid	de the estimated percei	ntage of the curre	nt year end	balance	e (line 1	g, colu	mn (a)) held as	5					
а	Board	l designated or quasi-e	endowment ▶												
b	Perm	anent endowment 🕨													
c	Temp	orarily restricted endov	wment >												
	,	ercentages on lines 2a		•											
3a		nere endowment funds lization by	not in the posses	sion of the o	organiza	tion that	t are h	eld an	d admini	stered fo	r the		г	Yes	No
	-	related organizations					_					3	a(i)	165	-10
	` '	elated organizations .											a(ii)		
b		s" on 3a(II), are the rel			equired	on Sche	dule R	?				_	3Ь		
4	Descr	ibe in Part XIII the inte	ended uses of the	organızatıoı	n's endo	wment f	funds					_			
Pai	rt VI	Land, Buildings,													
		Complete of the or													
	Descri	ption of property	(a) Cost or oth (investme		(b)Cosi	or other	basis (d	otner)	(c)Accu	mulated d	epreciation		(a) Boo	ok value	3
1a	Land														
b	Buildin	gs													
c	Leaseh	old improvements					Ġ	99,003			22,327				76,676
d	Equipm	nent					10	07,209			99,083				8,126
е	Other	<u></u> .					8	39,969			89,969				
Tota	I. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 9	90, Part	X, colur	nn (B)	, line .	10(c)) .		>				84,802

	(Form 990) 2016					Page 3
Part VII	See Form 990, Part X, line 12.	ganızat	ion answ	vered 'Yes' on Forn	າ 990,	Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value			of valuation ear market value
	l derivatives					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the o	raaniz	ation and	swared 'Ves' on For	m 000	Part IV line 11c
rait VIII	See Form 990, Part X, line 13.					· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment	(b) Bo	ook value			of valuation ear market value
(1)						
(2)						
(3)						
(4)						
(5) ———						
(6)						
(7) ———						
(8)						
(9) ————						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'	on For	m 990. Pa	rt IV, line 11d See F	orm 990), Part X, line 15
(1) Utility D	(a) Description			,		(b) Book value 2,420
(2) Workers	Compensation Deposit					2,492
(2)						
(3)						
(4)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15)				•	432,397
Part X	Other Liabilities. Complete if the organization answe					· · · · · · · · · · · · · · · · · · ·
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal	income taxes					
Vacation ac	crual			35,947		
(2)				,		
(3)						
(4)						
(5)		\top				
(6)						
(7)		+				
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	•		35,947		
	or uncertain tax positions In Part XIII, provide the text of the following for uncertain tax positions under FIN 48 (ASC 740)			ganızatıon's fınancıal		_
organizatior	is maplify for uncertain tax positions under PIN 46 (ASC 740). C	LITECK I	icie ii the	text of the foothote f	ias peel	i provided ili rait AIII L.

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

Explanation

5

Schedule D (Form 990) 2015

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,

Supplemental Information

5

Part XIII

Return Reference

	orm 990) 2015	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -					DLN:	934930830	02108
Schedule I (Form 990) Con Department of the Treasury Internal Revenue Service	OMB No 1545-0047 2016 Open to Public Inspection							
Name of the organization United Educators of San Francisco					' '	er ıdentificati	on number	
Part I General Information on Grants					94-145	55079		
Does the organization maintain records to substitute selection criteria used to award the grants of Describe in Part IV the organization's procedure Part II Grants and Other Assistance to Dome that received more than \$5,000 Part II of Calaboration and Calaborate and Calabora	or assistance? es for monitoring the us estic Organizations a can be duplicated if add	se of grant funds in the Uni nd Domestic Government itional space is needed	ited States nts. Complete If the or	ganızatıon answered "Yes"	on Form 990, P	Г		
(a) Name and address of organization or government (b) EIN (c) IRC if appli		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip non-cash as		(h) Purpose o or assistance	r grant
(1) SF Teacher Residency Program 750 25th Avenue San Francisco, CA 94121		204,500	0				social action contribution	
2 Enter total number of section 501(c)(3) and gov	=					_		0
3 Enter total number of other organizations listed For Paperwork Reduction Act Notice, see the Instruction			Cat No 50055				ule I (Form 990)	1

Schedule I (Form 990) 2016					Page 2
Part IIII Grants and Other Assistance to Part III can be duplicated if addition		als. Complete if the orga	nızatıon 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 Information	on. Provide the info	ormation required in F	Part I, line 2, Part III,	column (b), and any other ac	dditional information.

efile GRAPH	IC print -	- DO NOT PROCESS	DLN	i: 93493083002108					
SCHEDUL	OMB No 1545-0047								
(Form 990 or EZ) Department of the Tax	990-	Supplemental Information to Form 99(Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information about Schedule O (Form 990 or 990-EZ) and in www.irs.gov/form990.	ic questions on formation.	2016 Open to Public Inspection					
Name of the org United Educators o	f San Francis	olemental Information	94-1455079	tification number					
Return Reference	Explanation								
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Union has	members who sign a membership card							

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

Part VI, Line
7a How
Members or
Shareholders
Elect
Governing
Body

Return Explanation
Reference

Shareholders

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	

Return Explanation

Form 990,	The Form 990 is prepared by an independent CPA and reviewed by the union's treasurer before signature and mailing
Part VI, Line	
11b Form	
990 Review	
Process	

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Officer compensation is discussed and approved at the executive council. No independent re view or approval is obtained. Salaries and employee benefits are subject to collective bar gaining contracts.

Return Reference

Form 990, Part VI, Line

Explanation

Upon request of a member only

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 **Employer identification number** Name of the organization United Educators of San Francisco 94-1455079 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1)UESF & NALC REAL ESTATE RENTAL CA 501(C)(2) Yes 2310 MASON STREET N/A SAN FRANCISCO, CA 94133 14-1851185 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	d, total income		Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or Pe aging ov ner?	(k) Percenta ownersh
					<u>'</u>			Yes	No		Yes	No	
Identification of Related Organ because it had one or more relate						ızatıon ansv	vered "Yes	" on F	orm 9	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) egal micile or foreign		entity (Cid	(e) pe of entity corp, S corp, or trust)	(f) Share of total Income		(g) e of end- year assets	-of- Percei	ntage	(13	(ı) ection 5: 3) contr entity
		COL	untry)					+				<u> </u>	Yes
								+				+	
								1				+	
	- 											_	
												\perp	\perp

Schedule R (Form 990) 2016		Page 3	3
Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Y	es No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	No	<u> </u>
b Gift, grant, or capital contribution to related organization(s)	1b	No	<u> </u>
c Gift, grant, or capital contribution from related organization(s)	1c	No	<u> </u>
d Loans or loan guarantees to or for related organization(s)	1d	No	<u> </u>
e Loans or loan guarantees by related organization(s)	1e	No	<u>-</u>
f Dividends from related organization(s)	1f	No	o
g Sale of assets to related organization(s)	1g	No	5
h Purchase of assets from related organization(s)	1h	No	<u> </u>
i Exchange of assets with related organization(s)	1i	No	<u> </u>
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No	<u>5</u>
k Lease of facilities, equipment, or other assets from related organization(s)	1k Y	'es	_
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No	<u> </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No	<u> </u>
o Sharing of paid employees with related organization(s)	10	No	5
p Reimbursement paid to related organization(s) for expenses	1p	No	<u> </u>
q Reimbursement paid by related organization(s) for expenses	1 q	No	5
r Other transfer of cash or property to related organization(s)	1r	No	<u> </u>
s Other transfer of cash or property from related organization(s)	1s	No	<u> </u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		section 501(c)(3)		section		section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
										Schedul	e R (Form	1 990	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