efil	e GRAPHIC	print - DO NOT PROCESS As Filed Data -		DLN	I: 93493139006017
	990	Return of Organization Exempt From	Income	Тах	OMBNo 1545-0047
Form	550	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	ode (except p	rivate	2015
	tment of the	foundations) ► Do not enter social security numbers on this form as it m			Open to Public
Treasu Interna	ıry al Revenue Servic	▶ Information about Form 990 and its instructions is at <u>wi</u> e	<u>ww IRS qov/to</u>	<u>1 m990</u>	Inspection
A F	or the 2015 ca	endar year, or tax year beginning 09-01-2015 , and ending 08-31-20 C Name of organization	16		
—	eck if applicable ddress change	SANTA ANA EDUCATORS' ASSOCIATION		D Employer 95-3157	identification number
·	ame change	Doing business as		33-3137	000
FI		Number and street (or P O box if mail is not delivered to street address) Room/su	uto	E Telephone	number
—	/terminated nended return	2107 N BROADWAY SUITE 305	inte	(714)54	2-6758
Ар	plication pending	City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92706		G Gross recei	pts \$ 1,008,296
		F Name and address of principal officer	H(a) Is th	Is a group ret	
		BARBARA PEARSON 2107 N BROADWAY SUITE 305		rdinates?	🗌 Yes 🔽
 т Та	x-exempt status	SANTA ANA, CA 92706 501(c)(3)		ill subordinat	es Ves No
		501(c)(3)			<pre>ist (see instructions)</pre>
				ip exemption rmation 1978	number ► M State of legal domicile CA
	n of organization	✓ Corporation Trust Association Other ►		iniadon 1976	Fi State of legal domicile CA
Pa		mary scribe the organization's mission or most significant activities			
		OTE THE WELFARE AND INTERESTS OF SANTA ANA UNIFIED SCI	HOOLDISTR	CT'S EMPLO	OYEES AND MEMBERS
Ince					
Governance	2 Check th	is box ▶ ┌─ if the organization discontinued its operations or disposed	of more than 2	25% of its ne	tassets
		•			1
Activities &		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)			
livitie		nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
Act		nber of volunteers (estimate if necessary)		<u>6</u> 7;	
		ted business taxable income from Form 990-T, line 34			
				or Year	Current Year
ēn		butions and grants (Part VIII, line 1h)		5,000	· · · · ·
enueven		ment income (Part VIII, column (A), lines 3, 4, and 7d)		432	· · · · · ·
ш		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	5,542	· · · · ·
	12)		<u> </u>	626,831	,
		and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4)			0
S	15 Saları	es, other compensation, employee benefits (Part IX, column (A), lines	-	117,232	2 236,636
Exp enses	5-10) 16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0
Expe	b Total fu	ndraising expenses (Part IX, column (D), line 25) \blacktriangleright_0^0			
_		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		454,062	· · · · ·
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		571,294	· · · · ·
ces ces				of Current Yea	r End of Year
Net Assets or Fund Balances	20 Total a	assets (Part X, line 16)		1,570,429	1,639,742
let A und B		labilities (Part X, line 26)	•	384,488	
Z .u		sets or fund balances Subtract line 21 from line 20		1,185,941	1,171,454
		ature Block			
Pa Unde	rt III Sign r penalties of p	ature Block perjury, I declare that I have examined this return, in pellef, it is true, correct, and complete. Declaration of			
Pai Unde my ki	rt III Sign r penalties of p	perjury, I declare that I have examined this return, in pelief, it is true, correct, and complete Declaration o			
Pai Unde my ki	rt II Sign r penalties of p nowledge and b arer has any kr	perjury, I declare that I have examined this return, in pelief, it is true, correct, and complete Declaration o nowledge			
Par Unde my ki prepa Sign	rt III Sign r penalties of p nowledge and b arer has any kr	berjury, I declare that I have examined this return, in belief, it is true, correct, and complete Declaration o howledge ** sture of officer			
Par Unde my ki prepa	r penalties of p nowledge and b arer has any kr Signa	perjury, I declare that I have examined this return, in pelief, it is true, correct, and complete Declaration o nowledge			
Par Unde my ki prepa Sign Hero	r penalties of p nowledge and b arer has any kr BARE BARE Type	Derjury, I declare that I have examined this return, in Delief, it is true, correct, and complete Declaration on howledge ** iture of officer WARA PEARSON TREASURER 2015-16			
Par Unde my kr prepa Sign Hero Paio	r penalties of p nowledge and b arer has any kr Barer bas any kr Barer bas any kr Bare Bare Type	erjury, I declare that I have examined this return, in belief, it is true, correct, and complete Declaration o nowledge ** sture of officer ARA PEARSON TREASURER 2015-16 or print name and title rint/Type preparer's name Preparer's signature			
Pai Unde my ki prepa Sign Hero Paio Pre	r penalties of p nowledge and b arer has any kr Barer BARE Type	berjury, I declare that I have examined this return, in belief, it is true, correct, and complete Declaration on howledge ** ARA PEARSON TREASURER 2015-16 or print name and title rint/Type preparer's name AUL S JOO CPA Preparer's signature PAUL S JOO CPA			

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

Forr	m 990 (2015)				Page 2
Ра	rt III Statement of Program	Service Accomp	olishments		
	Check if Schedule O contain	s a response or note [.]	to any line in this Part I	II	
1	Briefly describe the organization's r	mission			
то	PROMOTE THE WELFARE AND INTE	RESTS OF SANTA A	NA UNIFIED SCHOOL	DISTRICT'S EMPLOYEES AN	D MEMBERS
2	Did the organization undertake any	sıgnıficant program s	ervices during the year	which were not listed on	
	the prior Form 990 or 990-EZ? .				└Yes 🗸 No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduction	ing, or make significa	nt changes in how it cor	nducts, any program	
	services?				Yes √No
	If "Yes," describe these changes or	n Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 51 the total expenses, and revenue, if a	01(c)(4) organization	s are required to report		
4a	(Code) (Expenses	\$ 719,047	including grants of \$) (Revenue \$)
	REPRESENTATIONS OF TEACHERS/MEMBE	RS			
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	including grants o	of \$) (Revenue \$)
4e	Total program service expenses 🕨	719,047	7		
					Earm 990 (2015)

Form 990 (2015)
Part IV Checklist of Required Schedules

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

Page **3**

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\$.	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ?	24d		
25 a	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28 a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2015)			Page 5
Pai	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			. <u> </u>
15	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2a	gaming (gambling) winnings to prize winners?	1c		No
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
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		
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		
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
Ь	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55		
-		5c		
6 a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
_	required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O 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 13b	13a		
с	In which the organization is licensed to issue qualified health plans 130 Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		🔽
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 15 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	-	Yes	No
b	or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent IDDEPENDENT			
2	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? 0	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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		No
	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_		
а	The governing body?	8a	Yes	ļ
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	<u> </u>
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		
			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	Yes	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14		No
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			<u> </u>
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	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?	16 b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► CA			
18	Section 6104 requires an organization to make its 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			
19	○ 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 ►BARBARA PEARSON 2107 N BROADWAY SUITE 305 SANTA ANA, CA 92706 (714) 542-6758

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	thar on is	one bot rect	not bo h a or/t	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) SUSAN MERCER PRESIDENT 20	20 00			x				0	0	0
(2) RON SHEPHERD 2ND VICE PRE	5 00			x				0	0	0
(3) PETER BOYD 1ST VICE PRE	5 00			x				0	0	0
(4) BARBARA PEARSON TREASURER 20	10 00			x				0	0	0
(5) STEPHANIE STOTELMEYER SECRETARY	5 00			x				0	0	0
(6) VALERIE GLOVER DIRECTOR	2 00			x				0	0	0
(7) WILLIAM WEST DIRECTOR	2 00			x				0	0	0
(8) JOHN MCGUINNESS DIRECTOR	2 00			x				0	0	0
(9) PAUL ZIVE DIRECTOR	2 00			x				0	0	0
(10) BRIGETTE GARTNER DIRECTOR	2 00			x				0	0	0
(11) SONTA GARNER-MARCELO DIRECTOR	2 00			x				0	0	0
(12) ROBIN SCOTT DIRECTOR	2 00			x				0	0	0
(13) LUPE LOPEZ-GAINES DIRECTOR	2 00			x				0	0	0
(14) DONNA WHITMIRE DIRECTOR	2 00			x				0	0	0
										- orm 990 (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han rso cer cor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amou oth compet from	F) nated unt of ner nsation n the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and re	zation elated zations
• •	ROSA MARINO	2 00			x				0		ס	0
					<u> </u> ▶							
1b с	Sub-Total											
d	Total (add lines 1b and 1c)				•							
2	Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list		Dove	e) w	ho rec	eiv	ed more than			
											Yes	No
3	Did the organization list any former officer, on line 1a? If "Yes," complete Schedule J for											No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
	organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
_	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule J for such person .

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization >	who received more than	

Νo

No

No

3

4

5

Form 990 (2015)
Part VIII Statement of Revenue

Part V	/111	Statement of Revenue	o in this Death VIII			-
	1	Check if Schedule O contains a response or note to any lin	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 S	1 a	Federated campaigns 1a				
ant	Ь	Membership dues 1b				
Gr Mu	c	Fundraising events 1c				
ifts. ar ∆	d	Related organizations 1d				
nila n	e	Government grants (contributions) 1e				
Sin						
utic 1er	f	All other contributions, gifts, grants, and f 2,500 similar amounts not included above				
di j	g	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts. Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	2,500			
		Business Code				
มหาค	2a	MEMBERSHIP DUES	515,130	515,130		
ev 4	Ь	CTA UNISERV OVERAGE	, 126,919	126,919		
Ce H	c	AGENCY FEE REFUND	-3,894	-3,894		
ET MC	d		, 1	, '		
μ St	e					
Program Service Revenue	f	All other program service revenue				
۵ ۲	g	Total. Add lines 2a-2f	638,155			+
	3	Investment income (including dividends, interest,				
		and other similar amounts)	629	629		
	4	Income from investment of tax-exempt bond proceeds				
		(I) Real (II) Personal				
	6 a	Gross rents				
	ь	Less rental				
	c c	expenses Rental income				
	d	or (loss)				
	^u	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and 303,736				
	c	sales expenses Gain or (loss) 58,764				
	d	Net gain or (loss)	58,764	58,764		
Other Revenue	8a	Gross income from fundraising events (not including \$				
the.	 ь	a Less direct expenses b				
ō	1	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	Ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities ►				
	10 a	Gross sales of inventory, less returns and allowances .				
		Less cost of goods sold b Net income or (loss) from sales of inventory ▶				
	112	Miscellaneous Revenue Business Code OTHER INCOME	4,512	4,512		
	b		,	, –		+
	c					+
	d	All other revenue				+
	e	Total. Add lines 11a-11d	4,512			
	12	Total revenue. See Instructions ▶		700.000		
	1		704,560	702,060		Form 990 (2015)
						. ,

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in t	this Part IX			
	v include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			general enpendee	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,492	115,492		
8	Pension plan accruals and contributions (include section 401(k)				
-	and 403(b) employer contributions)	57,155	57,155		
9	Other employee benefits	54,827	54,827		
10	Payroll taxes	9,162	9,162		
11	Fees for services (non-employees)	-,	-,		
а	Management				
Ь	Legal				
с	Accounting	9,400	9,400		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	82,838	82,838		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,747	12,747		
20	Interest	4,566	4,566		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,239	26,239		
23	Insurance				
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)				
а	PRESIDENT RELEASE	95,554	95,554		
b	RELEASE TIME - OFFICERS	75,319	75,319		
с	NEA REP ASSEMBLY	27,231	27,231		
d	REAL ESTATE COMMISSIONS	21,146	21,146		
е	All other expenses	128,539	128,539		
25	Total functional expenses. Add lines 1 through 24e	720,215	720,215	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 F if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Balance Sheet					
		Check If Schedule O contains a response or note to any line	in this Pa	art X	 (A)	· ·	· · · · [
					Beginning of year		End of year
	1	Cash-non-interest-bearing			603,668	1	888,271
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,703	4	104,058
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Con Schedule L				5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of se voluntary employees' beneficiary organizations (see instru II of Schedule L)(3)(B), ai ction 501	nd L(c)(9)		6	
\$\$	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,123	9	3,123
	10a	Land, buildings, and equipment cost or other basis	· · ·		0,120		0,120
	100	Complete Part VI of Schedule D	10a	881,914			
	b	Less accumulated depreciation	10b	237,624	932,935	10c	644,290
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,570,429	16	1,639,742
	17	Accounts payable and accrued expenses			293,311	17	468,288
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule	D		21	
.iabilities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc	rustees,				
ide		persons Complete Part II of Schedule L	• •			22	
Ë	23	Secured mortgages and notes payable to unrelated third pa	arties .	•		23	
	24	Unsecured notes and loans payable to unrelated third part	ies .			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related tl	hird parties,			
					91,177	25	
	26	Total liabilities.Add lines 17 through 25			384,488	26	468,288
ses		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	e 🕨 🔽 a	nd complete			
Net Assets or Fund Balances	27	Unrestricted net assets			1,185,941	27	1,171,454
8	28	Temporarily restricted net assets		• •		28	
йn	29	Permanently restricted net assets				29	
اللہ س		Organizations that do not follow SFAS 117 (ASC 958), che	ck here Þ	and			
\$ 0	20	complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building or equipment fu				31	
et	32	Retained earnings, endowment, accumulated income, or ot			4 405 044	32	A 474 AF 4
z	33	Total net assets or fund balances			1,185,941	33	1,171,454
	34	Total liabilities and net assets/fund balances		• •	1,570,429	34	1,639,742 Form 990 (2015)
							FORM 990 (2015)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,	704,560
2	Total expenses (must equal Part IX, column (A), line 25)	2			720,215
3	Revenue less expenses Subtract line 2 from line 1			,	20,215
_		3			-15,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,:	185,941
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1,168
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		1 ·	171,454
Par	column (B)) t XII Financial Statements and Reporting	10		I,.	171,434
I G I	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 Cash 🔽 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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 re a separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 sebasis, consolidated basis, or both	eparate			
	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 overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	2	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	nın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
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 audit		3b		
			_	·	<u> </u>

efile GRAPHIC pr	int - DO NC	OT PROCESS As Filed I	Data -	DLN	: 93493139006017
SCHEDULE C		Political Campaign	and Lobbying	Activities	OMB No 1545-0047
(Form 990 or 990-EZ) Department of the	For Organi ▶Complete ▶Inf	2015 Open to Public Inspection			
Treasury Internal Revenue			5.gov/form 990 .		
Service					
 Section 501(c)(3) o Section 501(c) (oth Section 527 organization ar Section 501(c)(3) o Section 501(c)(3) o Section 501(c)(3) o Section 501(c)(3) o 	rganizations C er than section zations Compli- aswered "Yes organizations th organizations th aswered "Yes	s" on Form 990, Part IV, Line hat have filed Form 5768 (election hat have NOT filed Form 5768 (e s" on Form 990, Part IV, Line	complete Part I-C plete Parts I-A and C be 4, or Form 990-EZ, P on under section 501(h) election under section 5	elow Do not complete Part I-f art VI, line 47 (Lobbyıng A)) Complete Part II-A Do not 01(h)) Complete Part II-B Do	3 ctivities), then complete Part II-B not complete Part II-A
		e instructions), then			
 Section 501(c)(4), Name of the organiza 		anizations Complete Part III		Employer ident	tification number
SANTA ANA EDUCATORS					
Part I-A Comple	te if the or	ganization is exempt ur	der section 501(95-3157006 c) or is a section 527	organization
					organization.
-		ganization's direct and indirect	political campaign act	civities in Part IV	
2 Political expendi3 Volunteer bours	tures			▶	\$
3 Volunteer hours					
Part I-B Comple	te if the or	ganization is exempt ur	nder section 501(c)(3).	
1 Enter the amoun	t of any excise	e tax incurred by the organizati	on under section 495!	5 ►	\$
2 Enter the amoun	t of any excise	e tax incurred by organization r	nanagers under sectio	n 4955 🕨 🕨	\$
3 If the organization	on incurred a s	ection 4955 tax, did it file For	m 4720 for this year?		Yes No
4a Was a correction	ı made?				Yes No
b If "Yes," describ	e in Part IV				
Part I-C Comple	te if the or	ganization is exempt ur	nder section 501(c), except section 50	1(c)(3).
1 Enter the amoun	t directly expe	ended by the filing organization	for section 527 exem	pt function activities 🕨 🕨	\$
2 Enter the amoun exempt function		organization's funds contributed	to other organization	s for section 527	\$
3 Total exempt fur	iction expendi	tures Add lines 1 and 2 Enter	here and on Form 112	20-POL, line 17b 🕨 🕨	\$
4 Did the filing org	anızatıon file F	orm 1120-POL for this year?			Yes Vo
organization mac amount of politic	le payments I al contributior	nd employer identification numl For each organization listed, en is received that were promptly political action committee (PA	ter the amount paid fro and directly delivered	om the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
(a) Name	2	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4 					
5					
6					

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

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Sc	hedule C (Form 990 or 990-EZ) 2015			Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768	(election
A	Check Fifthe filing organization belongs expenses, and share of excess lo	to an affiliated group (and list in Part IV each affiliate bbying expenditures)	d group member's nam	e,address,EIN,
В	Check 🕨 🔽 If the filing organization checked	box A and "limited control" provisions apply		
		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	c opinion (grass roots		·
	lobbying) Total lobbying expenditures to influence a legi	slative body (direct lebbying)		
b	rotar lobbying expenditures to initialice a legi	stative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	O ther exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amour	it from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$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 \$17,000,000	\$1,000,000		
g h i	Subtract line 1 a from line 1 a . If zero or less, e	nter -0-		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720	— No	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
с	Total lobbying expenditures						
d	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a)	(b)	
activ			No	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes			
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	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				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), or	sectio	n
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	_	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	_	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		No

Га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " line 3, is answered "Yes."	•	
1	Dues, assessments and similar amounts from members	1	

-	Dues, assessments and similar amounts non-members	· ·	
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).		
а	Current year	2 a	
b	Carryover from last year	2b	
с	Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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)	5	

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

Return Reference	Explanation
	A PORTION OF MEMBERSHIP DUES WERE ALLOCATED AS POLITICAL CONTRIBUTIONS AND THE FUNDS WERE TRANSFERRED TO A SEPERATE ORGANIZATION, A POLITICAL ACTION COMMITTEE (PAC)TO SUPPORT CANDIDATES RUNNING FOR SCHOOL BOARD OFFICES SANTA ANA EDUCATORS' ASSOCIATION ITSELF DID NOT DIRECTLY ENGAGE IN POLITICAL ACTIVITIES

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	934931390	06017
	HEDULE D m 990)	Supplen	nental Financ	ial Statements			OMB No 154	
	rtment of the	Part IV, line 6, 7, 3	8, 9, 10, 11a, 11b, 11¢ ► Attach to Form		12b.		201 Open to F	Public
Treas Interr	ury nal Revenue Service	Information about Schedule D	(Form 990) and its ir	structions is at <u>www.ii</u>	rs.qov/fo	orm990.	Inspect	tion
	me of the organi				Emplo	oyer ident	ification numbe	er
D			Advised Funds	an Othen Cimilan I		157006		
Pa		izations Maintaining Donor			·unas o	r Accou	ints.	
			(a) Donor advised	funds	(b) F	⁻ unds and	other accounts	
1		r at end of year		1				
2	Aggregate v year)	alue of contributions to (during		2,087				
3	Aggregate v	alue of grants from (during year)		2,500				
4	Aggregate v	alue at end of year		413				
5	funds are the o	ation inform all donors and donor a rganization's property, subject to	the organization's ex	clusive legal control?		ed	☐ Yes	V No
6	used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?				purpose	☐ Yes	V No
Pa	rt III Conse	rvation Easements. Comple	ete if the organizat	tion answered "Yes"	on Form	1 990, Pa	rt IV, line 7.	
1	,	onservation easements held by th	5 (k all that apply)				
	Preservation)	on of land for public use (e g , recr	eation or	Preservation of a	an histori	cally impo	ortant land area	
	,	of natural habitat		Preservation of a				
	Preservati	on of open space						
2		2a through 2d if the organization he last day of the tax year	held a qualified cons	ervation contribution in	the form	ofa conse	ervation	
-	Total number o	f conservation easements			22	Held at	the End of the	e Year
a b		restricted by conservation easeme	ents		2a 2b			
c	-	servation easements on a certified		icluded in (a)	2c			
d		servation easements included in (ire listed in the National Register	c) acquired after 8/1	7/06, and not on a	2d			
3		servation easements modified, tra	nsferred, released, e:	xtinguished, or terminat	ed by the	e organizal	tion during the	
4	Number of stat	es where property subject to cons	ervation easement is	located ►				
5	-	nization have a written policy regar enforcement of the conservation e		nitoring, inspection, har	ndling of		Yes N	0
6	year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enford	cing cons	ervation e	asements durir	ng the
	▶							
7		enses incurred in monitoring, inspi	ecting, handling of vi	olations, and enforcing (conserva	tion easer	nents during th	e year
8		servation easement reported on li on 170(h)(4)(B)(II)?	ne 2(d) above satisfy	the requirements of se	ction 170	0(h)(4)	∏Yes ∏N	o
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th					
Par		izations Maintaining Collec			or Oth	er Simil	ar Assets.	
		ete if the organization answer ion elected, as permitted under Sl			enue stat	ement and	l halance sheet	
1a	works of art, his	storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for publ	ic exhibition, education	, or resea	rch in furt		
b	works of art, his	cion elected, as permitted under Sl storical treasures, or other similar e the following amounts relating to	assets held for publ					IC
((i) _{Revenue} inclu	ided on Form 990, Part VIII, line :	1		►\$			
(i	ii) Assets include	ed in Form 990, Part X						
2		ion received or held works of art, l nts required to be reported under S	,		for financ			
а	Revenue includ	led on Form 990, Part VIII, line 1				▶\$		
b		d ın Form 990, Part X				► \$		
For I	Paperwork Reduc	tion Act Notice, see the Instructi	ons for Form 990.	Cat N	o 52283	BD Sch	edule D (Form 9	90) 2015

Schedule D (Form 990) 2015 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) d а Public exhibition Loan or exchange programs b Other Scholarly research С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes - No **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? ☐ Yes If "Yes," explain the arrangement in Part XIII and complete the following table A mount h с 1c Beginning balance d 1d Additions during the year е 1e Distributions during the year f 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back **1**a Beginning of year balance Contributions h Net investment earnings, gains, and losses d Grants or scholarships . . Other expenditures for facilities e and programs f Administrative expenses . End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment > а b Permanent endowment 🕨 с Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations Зb If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value		
1a Land		206,067		206,067		
b Buildings		433,914	98,386	335,528		
c Leasehold improvements		142,151	58,835	83,316		
d Equipment		59,030	52,136	6,894		
e Other		40,752	28,267	12,485		
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 644,290						

	(Form 990) 2015			Page 3
Part VII	Investments-Other Securities. C	Complete if the orga	anization answered 'Ye	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or catego	ry	(b)Book value	(c)Method of valuation
	(including name of security)			Cost or end-of-year market value
	l derivatives held equity interests			
(3)Other				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments-Program Related.	ad Wash on Farm Of		
	Complete if the organization answer (a) Description of investment		(b) Book value	e Form 990, Part X, line 13.
	(a) Description of investment		(D) BOOK value	Cost or end-of-year market value
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organiza	tion answered 'Yes' of	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	(a) Des	scription		(b) Book value
	mn (b) must equal Form 990, Part X, col (B) lin			
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.	rganization answer	ed Yes' on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book valu	e	
Federal inco	ome taxes			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	•		

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

Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 704.560 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . 2a а Donated services and use of facilities 2b h Recoveries of prior year grants 2c С 2d Other (Describe in Part XIII) d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 704,560 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а 4b b Other (Describe in Part XIII) С Add lines **4a** and **4b** . . . 4c 5 Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12) 5 704,560 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 719,047 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . а 2a b Prior year adjustments . . . 2b 2c Other losses с d Other (Describe in Part XIII) . . . 2d Add lines 2a through 2d 2e e 3 719,047 з Subtract line 2e from line 1 4 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 . а 4a Other (Describe in Part XIII) b 4b 1,168 Add lines 4a and 4b с 4c 1,168

Part XIII Supplemental Information

5

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

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

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 1,168

5

720,215

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)	
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC prin	nt - DO NOT PROCESS	As Filed Data -		DLN: 93493139006017
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E2 Complete to provide information for responses to specific questions on Form 990 or 990-E2 or to provide any additional information. Attach to Form 990 or 990-E2. Dento Pub		OMB No 1545-0047	
Department of the Treasury Internal Revenue Service				
Name of the organization SANTA ANA EDUCATORS' ASS			Employe	er identification number

990 Schedule O,	Supplemental	Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AVAILABLE FOR REVIEW UPON WRITTEN REQUEST
FORM 990, PAGE 6, PART VI, LINE 12C	POLICY IS REVIEWED DURING THE FIRST BOARD MEETING OF THE YEAR ON AN ANNUAL BASIS

95-3157006

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	REVIEWED DURING THE EXECUTIVE BOARD AND REP COUNCIL MONTHLY MEETINGS
FORM 990, PAGE 6, PART VI, LINE 15B	REVIEWED DURING THE EXECUTIVE BOARD AND REP COUNCIL MONTHLY MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ON THE WEBSITES OF THE CHAPTER, NEA AND CTA
FORM 990, PART IX, LINE 24E	BOARD & REP COUNCIL MEET 17,973 0 0 REPAIR AND MAINTENANCE 14,403 0 0 PROPERTY TAX 14,354 0 0 TELEPHONE 13,813 0 0 OTHER REPRESENTATION 12,016 0 0 OTHER RELEASE TIME 10,560 0 0 ORG ANIZING 7,566 0 0 RECOGNITION&SUNSHINE 6,927 0 0 NEGOTIATION 5,501 0 0 UTILITIES 5,305 0 0
	POLITICAL DONATION 5,070 0 0 GRIEVANCE & ARBITRATION 4,000 0 0 OTHER COMMITTEES 2,322 0 0 TEACHER DRIVEN SCHOOL IMP 2,087 0 0 COMMUNITY OUTREACH 1,675 0 0 STATE COUNCIL 1,158 0 0 SCHOLARSHIP 1,000 0 0 READ ACROSS AMERICA 980 0 0 ELETIONS 688 0 0 WEBSITE 590 0 0 PRESIDE NT EXPENSE 287 0 0 FALL LEADERSHIP 264 0 0

