efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Department of the Treasury

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

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

DLN: 93493080011528 OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public **Inspection** 

Interna	l Reve	enue Service	Filliotifiation about Point 990 and its instructions is at www the govern	<u>01111990</u>		Inspection
A F	or th	e <b>2016</b> c	alendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017			
□ Ad	dress	change	C Name of organization SANTA ANA EDUCATORS' ASSOCIATION			ication number
☐ Inri Fin	tial re al	turn	Doing business as			
Final  Geturn/terminated  Amended return  Application pending			Number and street (or P O box if mail is not delivered to street address) Room/suite 2107 N BROADWAY SUITE 305			
Ш Арі	piicati	on pending	City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92706	<b>G</b> Gross rec	eints \$ 63	37.357
	SANTA ANA EDUCATORS' ASSOCIATION  95-3157006  SANTA ANA EDUCATORS' ASSOCIATION  95-3157006  95-3157006  95-3157006  SANTA ANA EDUCATORS' ASSOCIATION  10 pmg business as  Number and street (or P O box if mail is not delivered to street address) Room/suite  210 TO N BROADWAY SUITE 305  SANTA ANA, CA 22706  F Name and address of principal officer BARBARA PRASSON 210 TO N BROADWAY SUITE 305  SANTA ANA, CA 92706  Fax-exempt status   Solic(3)   Solic() (5)   (insert no)   4947(a)(1) or   527  Website: > WWW SATEACH ORG  Website: > WWW SATEACH ORG  Website: > WWW SATEACH ORG  Try to Corporation   Trust   Association   Other >   Legen of formation 1978   M S					
			BARBARA PEARSON 2107 N BROADWAY SUITE 305 SANTA ANA. CA 92706 H(b) Art	bordinates? e all subordinate		□Yes ☑No □Yes □No
			☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If	"No," attach a lis	•	instructions)
J W	ebsit	te:► WW	W SATEACH ORG	oup exemption i	number	•
<b>K</b> Forn	n of o	rganızatıon	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of fo	ormation 1978	<b>M</b> State	of legal domicile CA
Pa	rt I	Sum	mary	I		
ë				PLOYEES AND M	EMBERS	i
æ	:					
E E						
۸oږ م					sets   <b>3</b>	13
Activities & Governance	l				4	0
	l			•	5	0
	l				6	
Act	l			• •	7a	0
_	l		· · · · · · · · · · · · · · · · · · ·	•	7b	
		Net unite		Prior Year	/	Current Year
	R	Contribut			20	Current rear
Ę	l			<u> </u>	_	634,137
Rəvenue	l	_		<u>`</u>	_	1,917
œ	l			<u> </u>	_	1,303
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>·</u>		637,357
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )			0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			O
82	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	236,63	36	159,079
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			C
e do	ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0			
ū	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	483,5	79	364,019
	18	Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	720,2	L5	523,098
	19	Revenue	less expenses Subtract line 18 from line 12	-15,6	55	114,259
Net Assets or Fund Balances			Beginn	ing of Current Ye	ar	End of Year
Pss.	20	Total ass	ets (Part X, line 16)	1,639,7	12	1,674,147
<u> </u>	l					388,434
				1,171,4	54	1,285,713
		*****	k			
Sign		Signati	ure of officer			
Here		BARBA	RA PEARSON PRESIDENT			

Paid Preparer **Use Only** 

Type or print name and title Preparer's signature PAUL S JOO CPA Print/Type preparer's name PAUL S JOO CPA Firm's name PAUL S JOO CPA Firm's address ▶ 12966 EUCLID STREET SUITE 210 GARDEN GROVE, CA 92840

May the IRS discuss this return with the preparer shown above? (see instru

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)						Page <b>2</b>
Par	t IIII Statement of	Program Service	Accomplis	hments			
	Check if Schedule	e O contains a respon	se or note to	any line in this Part III			. $\square$
1	Briefly describe the orga	nızatıon's mıssıon					
TO P	ROMOTE THE WELFARE AN	ND INTERESTS OF SA	NTA ANA UNI	FIED SCHOOL DISTRICT	'S EMPLOYEES AND MEMBERS		
2	Did the organization und				iich were not listed on	□Yes ☑	<b>7</b>
	the prior Form 990 or 99					⊔Yes ⊻	∐ No
_	If "Yes," describe these i						
3	Did the organization cea	□Yes	.Z				
	services?					⊔ Yes	™ No
4	If "Yes," describe these						
•		01(c)(4) organization	s are required	to report the amount of	largest program services, as measur f grants and allocations to others, th		<b>!S</b>
4a	(Code	) (Expenses \$	523,098	including grants of \$	) (Revenue \$	)	
	See Additional Data						
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
	_						
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)	
70	(couc	) (Expenses ¢		merading grants or \$	, (Nevende \$	,	
	-						
4.1	Oth an ana arrana	/Danamha Cala I I	- 0 )				
4d	Other program services (Expenses \$		e O) ding grants of	<b>\$</b>	) (Revenue \$	)	
4e	Total program service		523,0	*	) (Incremise p	,	
46	i otai piogialli sei Vice	EAPCHISCS F	0,د∠د	JU			

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

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Nο

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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,

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, VII, 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 . . . .

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?

Yes 4

Yes Yes

5 6 8

Yes

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11a

11b

11c

11d

11e

11f

12a

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14a

14h

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Yes

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24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

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Nο

Nο

Nο

Νo

Nο

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

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b

orm '	990 (2016)			Page !
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			Ш_
	Fortunation according Day 2 of Forms 1000 Fortun O. Acade annihilar 1.4-1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0  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 gaming (gambling) winnings to prize winners?	1c		No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
32	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Tu	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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	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?	-		
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7		Na
<b>L</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	7g		No
n	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		
9a	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?	9b		
0	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 10b			
1	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 )			
	against amounts due of received from them /			
2a	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 year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
b	additional information the organization must report on Schedule 0  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.	13a		
	The organization is necessary to issue quantities and insular plans.			
	Enter the amount of reserves on hand	, ,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm <b>99</b>	0. (3

orm 9	990 (2016)			Page <b>6</b>		
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to l			
Soc	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 1	.3	163	140		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent  1b  0					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	on <b>3</b>		No		
	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 mor members of the governing body?	e <b>7a</b>		No		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	'				
	The governing body?	8a	Yes			
b	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	t <b>ion B. Policies</b> (This Section B requests information about policies not required by the Internal Reven	ue Code	∍.)	·		
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes			
13	Did the organization have a written whistleblower policy?	13		No		
14	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?					
a	The organization's CEO, Executive Director, or top management official	15a	Yes	<u> </u>		
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)					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt					
	status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶  CA					
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply	)				
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					
20	policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records					
	▶BARBARA PEARSON 2107 N BROADWAY SUITE 305 SANTA ANA, CA 92706 (714) 542-6758		orm 00	<b>0</b> (2016)		

## 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) (F) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the for related (W- 2/1099-(W- 2/1099organization and employ Former Individual trustee or director Ē MISC) MISC) organizations related Institutional ighest compensated below dotted organizations employee line) ė Trustee 20 00 (1) BARBARA PEARSON PRESIDENT 5 00 (2) PETER BOYD 1ST VICE PRE 5 00 (3) BILLY CASTANHA Х 2ND VICE PRE 10 00 (4) BILLY WEST Х TREASURER 5 00 (5) STEPHANIE STOTELMEYER Х 0 SECRETARY 2 00 (6) VALERIE GLOVER Х 0 DIRECTOR 2 00 (7) JOHN MCGUINNESS . . . . . . . . . . . . . . . . . . 0 DIRECTOR 2 00 (8) CRISTINA VICENTE . . . . . . . . . . . . . . . . . . . Х ....... DIRECTOR 2 00 (9) MERCEDES PAPPAS Χ 0 DIRECTOR 2 00 (10) ALEXIS DVORKIN Χ 0 DIRECTOR 2 00 (11) DONNA WHITMIRE ...... Х 0 DIRECTOR 2 00 (12) SONTA GARNER-MARCELO Х 0 DIRECTOR 2 00 (13) NORMA ORTIZ Χ 0 DIRECTOR

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5

(B)

Description of services

Nο

(C)

Compensation

Form **990** (2016)

Part VII (A) (B) (D) (F) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemployee Former Individual trustee or director Officer organizations es employee related Institutional Trustee below dotted organizations line) • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . . . . . . . . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 No he sum of reportable compensation and other compensation from the greater than \$150,000? If "Yes," complete Schedule J for such 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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

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

4	For any in								
	organizatio	on	and	relat	ted o	orga	nıza	tion	s (
	ındıvıdual								

**Section B. Independent Contractors** 

compensation from the organization >

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Part	VI											— -
		Check if Schedul	e O contains :	a respo	nse or no	te to any	y line in this Part \ (A) Total revenue	R	(B) elated or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sectio	
	1:	a Federated campaig	ns	1a					revenue		512-514	
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		<b>1</b> b								
irai nou		c Fundraising events		1c								
S. (		d Related organizatio		1d								
<u> </u>		e Government grants (co		1e								
S. E		f All other contributions,		<u> </u>								
itio er S		and similar amounts nabove	ot included	1f								
jë Ç		g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts												
<del>ة</del> C	┸	h Total.Add lines 1a-1	lf			P.v.ava a a	- C- 4-					
Service Revenue	3-	MEMBERSHIP DUES			-	Busines	s Code	523,909	523,	909		—
4.4		CTA UNISERV OVERAGE						110,228				—
Se F	١,											
er vi	ا	_										
S	e	<b>-</b>			-							
Program	f	· All other program se	rvice revenue		L		624.127					
Ě	g	Total.Add lines 2a-2f	f		<b>-</b>		634,137					
		Investment income (ii similar amounts) .			nterest, a	nd other	1	917	1,917			
		Income from investme			ond proce	eds 1	•					
	5	Royalties		•		1	<b>&gt;</b>					
	_	_	(ı) Rea	I	(п) Ре	rsonal						
	62	Gross rents										
	ŀ	<b>b</b> Less rental expenses										
	١,	c Rental income or					$\dashv$					
		(loss)										
	ľ	d Net rental income o	r (loss) (i) Securit		()	<b>▶</b> Other						_
	7 <i>a</i>	Gross amount	(I) Securi	lies	(11)	Julei	$\dashv$					
		from sales of assets other										
		than inventory										
		b Less cost or other basis and										
	,	sales expenses C Gain or (loss)					$\dashv$					
		d Net gain or (loss) .		•		<b>•</b>						
<b>.</b>	8a	Gross income from fi (not including \$		ents of								
Other Revenue		contributions reporte	ed on line 1c)									
eve	١.	See Part IV, line 18					_					
ت π		<b>b</b> Less direct expense c Net income or (loss)		<b>b</b>   sina eve	ents .							
the		Gross income from g	amıng actıvıtı									
O		See Part IV, line 19		a l								
	ŀ	<b>b</b> Less direct expense	s	ь			$\dashv$					
		c Net income or (loss)		activiti	es	<b></b>						
	10	aGross sales of invent returns and allowand										
		recarris and anomane		а								
	ŀ	<b>b</b> Less cost of goods s	sold	ь								
	_	Net income or (loss)		invent								
	11	Miscellaneous  1aOTHER INCOME	Revenue		Busine	ss Code		303	1,303			
		OTHER INCOME							1,555			
	ŀ	<b>b</b>			•			_				—
	,	c										
	، ا	d All other revenue .										_
	•	<b>e Total.</b> Add lines 11a	-11d			<b>&gt;</b>	1	303				
	12	<b>2 Total revenue.</b> See	Instructions					357	637,357			
									,007		Form <b>990</b> (20	16)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must com	olete column (A)	
Check if Schedule O contains a response or note to an	_		, ,	🗸
Do not include amounts reported on lines 6b, 7b, 8b, 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				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	69,890	69,890		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	44,030	44,030		
9 Other employee benefits	38,293	38,293		
<b>10</b> Payroll taxes	6,866	6,866		
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	8,995	8,995		
d Lobbying				
e 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	11,240	11,240		
<b>14</b> Information technology				
15 Royalties				
<b>16</b> Occupancy	33,665	33,665		
17 Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	8,647	8,647		
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,351	25,351		
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)				
a PRESIDENT RELEASE	96,681	96,681		
b POLITICAL DONATION	30,000	30,000		
c NEA REP ASSEMBLY	29,937	29,937		
d RIF/DISPLACEMENTS	16,121	16,121		

103,382

523,098

103,382

523,098

0

0

Form **990** (2016)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

		Beginning of year		End of year
 1	Cash-non-interest-bearing	888,271	1	1,019,119
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	104,058	4	25,628
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ı	Loans and other receivables from other disqualified persons (as defined under			

889.855

262,975

10a

10b

6

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

2,520

626,880

1.674.147

388,434

388.434

1.285.713

1,285,713

1.674.147 Form **990** (2016)

3,123

644.290

1.639.742

468.288

468,288

1.171.454

1,171,454

1.639.742

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

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Part II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 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

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

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

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

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Inventories for sale or use .

**b** Less accumulated depreciation

Intangible assets . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			637,357
2	Total expenses (must equal Part IX, column (A), line 25)	2			523,098
3	Revenue less expenses Subtract line 2 from line 1	3			114,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1.	171,454
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	285,713
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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 separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

Зb

Νo

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



Name: SANTA ANA EDUCATORS' ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a: REPRESENTATIONS OF TEACHERS/MEMBERS

Software ID:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493080011528

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political

☐ No

☐ Yes

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

1 2

3

**4**a

b Pa

5

3

5

Was a correction made?

**SCHEDULE C** (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization SANTA ANA EDUCATORS' ASSOCIATION 95-3157006 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).

If "Yes	s," describe in Part IV
rt I-C	Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

function activities

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4

Did the filing organization fileForm 1120-POL for this year?

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

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Enter the amount of any excise tax incurred by organization managers under section 4955

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's

funds If none, enter -0-

organization If none, enter -0-

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

activity

Volunteers?

1

Form 5768 (election under section 501(h)).

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

Return Reference

SCHEDULE C, PART I-A, LINE 1

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

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

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

(b)

Amount

(a)

Yes

No

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? C Mailings to members, legislators, or the public? Publications, or published or broadcast statements? f 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 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? Nο Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)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." 1 Dues, assessments and similar amounts from members 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 b Carryover from last year 2b С 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

NOT DIRECTLY ENGAGE IN POLITICAL ACTIVITIES

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

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

As Filed Data -

**Supplemental Financial Statements** 

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public **Inspection** 

DLN: 93493080011528 OMB No 1545-0047

	me of the organization TA ANA EDUCATORS' ASSOCIATION				Employer ic	dentification n	umber
					95-3157006		
Pa	Organizations Maintaining Donor				r Accounts.		
	Complete if the organization answere	(a) Donor advised		ille 6.	/b\Eunds a	nd other accour	
1	Total number at end of year	(a) Donor advised	Tunus		(D)Fullus a	nd other accoun	11.5
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to t				/ised	☐ Y€	es 🗹 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in wr benefit of the donor or d	ting that g onor adviso	rant funds can b or, or for any ot	oe her purpose	□ <b>Y</b> €	
Pa	rt II Conservation Easements. Complet	e if the organization a	nswered	"Yes" on Form	990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all	that apply)				
	$\square$ Preservation of land for public use (e g , rec	reation or education)	☐ Pre	servation of an	historically im	portant land are	ea
	Protection of natural habitat		☐ Pre	servation of a co	ertified histori	c structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	held a qualified conservat	ion contrib	ution in the form		vation at the End of	the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easemen	ts			2b		
С	Number of conservation easements on a certified		` '		2c		
d	Number of conservation easements included in (c) structure listed in the National Register	) acquired after 8/17/06,	and not or	n a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, exting	uished, or	terminated by t	he organizatio	on during the	
4	Number of states where property subject to conse	ervation easement is loca	ted ▶				
5	Does the organization have a written policy regard and enforcement of the conservation easements i		ing, inspec	tion, handling o	f violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of v	iolations, a	nd enforcing co	nservation ea	sements during	the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violation	ons, and er	nforcing conserv	ation easeme	nts during the y	ear ear
8	Does each conservation easement reported on lin	e 2(d) above satisfy the	requiremer	nts of section 17	0(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?					☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the or					
Pai	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic			er Similar A	Assets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, e	ducation, o	or research in fu			rks of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items						
(	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
C	ii)Assets included in Form 990, Part X				<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under				ncıal gaın, pro	vide the	
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$_		
b	Assets included in Form 990, Part X				<b>▶</b> \$	hedule D (For	
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.		Cat No	52283D <b>Sc</b>	hedule D (For	m 990) 2016

c Leasehold improvements

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

d Equipment . . .

	dule D (Form 990) 2016								Page <b>2</b>
Par	Organizations Maintaining Co	llections o	f Art, Hist	orical T	reası	ires, or	Other Similar .	Assets (con	tinued)
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)								
а	Public exhibition			d 🗌	Loan	or exchar	ige programs		
b	Scholarly research			e 🗌	Othe	r			
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and	explain how	they furt	her the	e organiza	tion's exempt pur	pose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than t							☐ Yes	□ No
Par	<b>t IV Escrow and Custodial Arrang</b> Complete if the organization ans X, line 21.		on Form 9	990, Pari	IV, lı	ne 9, or	reported an am	ount on For	m 990, Part
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other i	ntermediary	for contr	ibution	s or other	assets not	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XI.	II and comple	te the follow	ına tahle		Г		Amount	
c	Beginning balance	and compre		9			1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Par	t X, line 21,	for escro	v or cu	ıstodıal acı	count liability?	☐ Yes	 □ No
b	If "Yes," explain the arrangement in Part XII								
Pa	rt V Endowment Funds. Complete	<del></del>							
	D	(a)Current	year (	<b>b)</b> Prior yea	ar	(c)Two yea	rs back (d)Three y	ears back (e	)Four years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses  Grants or scholarships				-				
	'				-				
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end	balance (lin	e 1g, colu	ımn (a	)) held as			
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ►								
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100	%						
3a	Are there endowment funds not in the posse organization by	ession of the c	rganization	that are h	neld an	d administ	tered for the		Yes No
	(i) unrelated organizations							3a(i)	<del> </del>
h	(ii) related organizations If "Yes" on 3a(ii), are the related organization	ne listed as r	· · ·					3a(ii	<del>)</del>
4	Describe in Part XIII the intended uses of th		•		` •				
	t VI Land, Buildings, and Equipme Complete if the organization ans	ent.			TV lır	ne 11a S	ee Form 990 P	art X line 1	0
	Description of property (a) Cost or o (investm	ther basis	(b)Cost or of				nulated depreciation		Book value
12	Land			2	06,067				206,067
	Buildings				33,914		112,36	5	321,548

142,151

62,742

44,981

64,518

55,123

30,968

77,633

7,619

14,013

626,880

Schedule D (Form 990) 2016  Part VII Investments—Other Securities. Complete if the orga	nization ai	nswered 'Yes' on	Form 990. Part IV. lin	Page <b>3</b>
See Form 990, Part X, line 12.  (a) Description of security or category	<b>(b)</b> Bo		(c)Method of valuation	
(including name of security)	valu		or end-of-year market v	alue
(1)Financial derivatives	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. Complete if the org	▶ Inputation	answordd 'Vos' or	Form 990 Bart IV I	no 11c
See Form 990, Part X, line 13.	<b>b)</b> Book val	lue	(c) Method of valuation or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' or	n Form 990	Part IV line 11d S	See Form 990 Part X lin	- 15
(a) Description		, , a , c , , , , , , , , , , , , , , ,		Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			•	
<b>Part X Other Liabilities.</b> Complete if the organization answere See Form 990, Part X, line 25.	ed 'Yes' on	Form 990, Part I	V, line 11e or 11f.	
(a) Description of liability     (1) Federal income taxes	(b	) Book value		
(1) rederal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Liability for uncertain tax positions In Part XIII, provide the text of the foo	▶	e organization's fine	ncial statements that ron	orts the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Ch		_		_

Explanation

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015  Part XIII Supplemental Information (continued)			
Return Reference		Explanation	
			Schedule D (Form 990) 2016

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SCHEDULE O (Form 990 or 990- EZ)		Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is a www.irs.gov/form990.			tions on on.	OMB No 1545-0047  2016  Open to Public Inspection
Name of the org SANTA ANA EDUCA 990 Schedul	ATORS' ASSO	CIATION Dlemental Informatio	n		<b>Employer ider</b> 95-3157006	ntification number
Return Reference		Explanation				
FORM 990, PAGE 6, PART VI, LINE 11B	AVAILABI	LE FOR REVIEW UPON V	VRITTEN REQUEST			

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Reference

Explanation

Explanation

990 Schedule O. Supplemental Information

FORM 990, POLICY IS REVIEWED DURING THE FIRST BOARD MEETING OF THE YEAR ON AN ANNUAL BASIS
PAGE 6,
PART VI,
LINE 12C

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990 Schedule O. Supplemental Information

LINE 15A

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PAGE 6,
PART VI.

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990 Schedule O. Supplemental Information

LINE 15B

FORM 990, REVIEWED DURING THE EXECUTIVE BOARD AND REP COUNCIL MONTHLY MEETINGS
PAGE 6,
PART VI.

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Reference
FORM 990, ON THE WEBSITES OF THE CHAPTER, NEA AND CTA

# FORM 990, ON THE WEBSITES OF THE CHAPTER, NEA AND CTA PAGE 6, PART VI,

990 Schedule O, Supplemental Information

LINE 19

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Reference

990 Schedule O, Supplemental Information

FORM 990,	OTHER REPRESENTATION 16,082 0 0 TELEPHONE 12,377 0 0 BOARD & REP COUNCIL MEET 12,347 0 0 P
PART IX,	ROPERTY TAX 10,409 0 0 RECOGNITION&SUNSHINE 9,558 0 0 RELEASE TIME - OFFICERS 9,376 0 0 OT
LINE 24E	HER RELEASE TIME 7,260 0 0 ORGANIZING 5,273 0 0 UTILITIES 5,124 0 0 COMMUNITY OUTREACH 3,7
	50 0 0 DAY OF TEACHER 3,000 0 0 READ ACROSS AMERICA 2,555 0 0 REPAIR AND MAINTENANCE 2,185
	0 0 ELETIONS 1,436 0 0 NEGOTIATION 1,105 0 0 SCHOLARSHIP 1,000 0 0 PRESIDENT EXPENSES 545
	0 0 TOTAL 103,382 0 0