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Department of the Treasury Internal Revenue Service

A For the 2008

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

calendar year, or tax year beginning 06-01-2008 and ending 05-31-2009

2008

Inspection

OMB No 1545-0047

D Employer identification number B Check if applicable CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION use IRS Address change 94-1301733 label or E Telephone number Doing Business As Name change print or type. See (408) 473-1000 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Instruc-**G Gross receipts** \$ 65,521,812 2045 LUNDY AVENUE Termination tions. Amended return City or town, state or country, and ZIP + 4 SAN JOSE, CA 95131 Application pending Name and address of Principal Officer Is this a group return for JOSIE MOONEY ΓYes **Γ**Νο affiliates? 2045 LUNDY AVENUE SAN JOSE, CA 95131 ┌ Yes ┌ No H(b) Are all affiliates included? Tax-exempt status **✓** 501(c) (5) **◄** (insert no ) **☐** 4947(a)(1) or **☐** 527 (If "No," attach a list See instructions ) Group Exemption Number 🕨 Web site: ► WWW CSEA COM K Type of organization 
✓ Corporation 

trust 

association 

other L Year of Formation 1990 M State of legal domicile CA Briefly describe the organization's mission or most significant activities THE ASSOCIATION'S PRIMARY PURPOSE IS TO PROMOTE THE EFFICIENCY, RAISE THE STANDARDS, AND PROTECT Activities & Governance THE RIGHTS AND WELFARE OF ITS MEMBERS, WHO ARE PREDOMINANTLY PUBLIC SCHOOL EMPLOYEES IN THE STATE OF CALIFORNIA Check this box 🗍 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . . 15 15 Number of independent voting members of the governing body (Part VI, line 1b) . . . Total number of employees (Part V, line 2a) . . . 367 Total number of volunteers (estimate if necessary) . 0 260,340 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a Net unrelated business taxable income from Form 990-T, line 34 . 12,863 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 179,431 127,560 Program service revenue (Part VIII, line 2g) . 64,190,744 64,319,404 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 331.622 10 761.580 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 652,870 733,893 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 65,784,625 65,512,479 132,250 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 224,248 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-40,308.066 37.076.559 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\frac{0}{}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 21,678,697 46,004,357 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 58,979,504 86,444,673 19 Revenue less expenses Subtract line 18 from line 12 6,805,121 -20,932,194 (Assets or id Balances **End of Year Beginning of Year** 20 Total assets (Part X, line 16) 37,359,360 35,187,298 21 Total liabilities (Part X. line 26) 23.019.306 43.052.641 22 Net assets or fund balances Subtract line 21 from line 20 14,340,054 -7,865,343 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-03-17 Sign Signature of officer Here MARIA ZIELINSKI EXECUTIVE DIRECTOR Type or print name and title Date Check if Preparer's PTIN (See Gen Inst ) Preparer's DARLA A COLSON Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours GILBERT ASSOCIATES INC FIN F ıf self-employed), **Use Only** address, and ZIP + 4 2880 GATEWAY OAKS DRIVE STE 100

SACRAMENTO, CA 95833

May the IRS discuss this return with the preparer shown above? (See instructions)  $\,$  .

Phone no 🕨 (916) 646-6464

**▼**Yes 「

## Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service	expenses \$	Must equal Part IX, Line	25, column (B).	
	(Expenses \$	ıncludıng	grants of \$ )	(Revenue \$	)
4d	· -	es (Describe in Schedule	•		
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			VICES FEE PAYERS AND REPRESENTED APF HROUGH NEGOTIATIONS, TRAININGS, REPI		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
•	Section 501(c)(3) and (	(4) organizations and 494	ach of the organization's three large 7 (a)(1) trusts are required to repor r each program service reported		
4		changes on Schedule O			
3	Did the organization ceaservices?	ase conducting or make si	Ignificant changes in how it conduct		'es  No
_		new services on Schedul			
	the prior Form 990 or 9	90-EZ?			es 🔽 No
2	Did the organization und	dertake any significant pro	ogram services during the year which	:h were not listed on	
	school employees in the state		r, raise the standards, and protect the right	s and wenale of its members, who	are predominantly public
	The Association's primary purp		, raise the standards, and protect the right:	s and walfare of its members, who	are predominantly public

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)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	3	Yes	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	6		No
7	Schedule D, Part I D  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, 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,"	9		No
10	complete Schedule D, Part $IV^{\bullet}$	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	110
12	Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		No No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		İ
c	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		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$			
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent 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

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	122			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	1-		N. a
-	gaming (gambling) winnings to prize winners?	 i		1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	367			
b	If at least one is reported in 2a, did the organization file all required federal employr  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement th					
_	were not tax deductible?			6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			<b>-</b> -		N -
	Did the organization provide goods or services in exchange for any quid pro quo con more?			7a	<u> </u>	<u>No</u> I
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form			7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization f					
	required?			7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			•		
	year?			8	<u> </u>	
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	<sup>?</sup> .		9b		
10	Section 501(c)(7) organizations. Enter	ı	1			
	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				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Costion A	Coverning	Dody or	d Managamant	
Section A	. Governing	Douy an	nd Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or 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	11		No

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section 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 make these available. Check all that apply
  - own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 2045 LUNDY AVENUE SAN JOSE, CA 95131 (408) 473-1000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(tion that a			all			(E)	(F	)
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trust <del>on</del> or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estim amount of compen from organizat relat organiz	of other sation the ion and ed
1 b								-	1 (() 4)	าl /		Λ.
	Total number of individuals (including							<b>►</b> 1 \$ 1	1,662,42		9	0
	Total	ıg those ın 1									)	0
	Total number of individuals (includin	ıg those ın 1									Yes	0 No
2	Total number of individuals (includir compensation from the organization  Did the organization list any <b>former</b>	ig those in 1 ►53 officer, direc	a) who	recei	ved	mor	e thar	n \$1	or highest compen	le	1	No No
3	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu	ng those in 1 ▶53 officer, direc	a) who	recei ruste	ved	ey e	e thar	n \$1 /ee,	or highest compen	sated employee	1	No No
3	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, direction officer, direction of the such states the sum of	a) who tor or t individu	ruste	ved e, k	ey e	employ	/ee,	or highest compension	sated employee	Yes	
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of this greater the sum of	a) who tor or t individu reporta nan \$15	ruste ual ble c	e, k	ey e	employ ation (es," co	ee,	or highest compensor or highest compensor other compensation lete Schedule J for second	sated employee  n from the	Yes	
3 4	Total number of individuals (including compensation from the organization Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is organization and related organization	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens	employ ation (es," co	ee,	or highest compendence of the compensation of	sated employee n from the uch	Yes  3  4 Yes	No
3	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00	ved e, k omp 0? ;	ey e ens	employ ation (es," co	ee,	or highest compendence of the compensation of	sated employee n from the uch	Yes	
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendent of the compensation of t	sated employee n from the uch for services	Yes  3  4 Yes	No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendent of the compensation of t	sated employee n from the uch for services	Yes  3  4 Yes	No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendence of the compensation of	sated employee n from the uch for services	Yes  3  4 Yes  5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendence of the compensation of	sated employee n from the uch for services	Yes  3  4 Yes  5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendence of the compensation of	sated employee n from the uch for services	Yes  3  4 Yes  5	No No
3 4 5	Total number of individuals (including compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste ual ble c 0,00  ensa	omp 0?	ey eens	employ ation (es," co many erson	yee, and omp	or highest compendence of the compensation of	sated employee n from the uch for services	Yes  3  4 Yes  5	No No

## Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	<b>(D)</b> Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
nts Ints	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b /ents 1c					
≢ੁ≅	d	Related organ	ızatıons1d					
E)	e	Government grar	its (contributions) <b>1e</b>					
oution her s	f		tions, gifts, grants, and not included above	127,560				
<u> </u>	g	Noncash cont	<b>1f</b> rıbutıons ıncluded ın					
25		lines 1a-1f \$						
•	h	Total (Add lin	es 1a-1f)		127,560			
				Business Code				
TELE	2a	MEMBERSHIP DU	ES	900,099	64,022,176	64,022,176		
e ke	ь	Conference		900,099	200,010			200,010
a Œ	с	Training program	s	900,099	83,480	83,480		
745	d	Member Benefit F	Program	900,099	13,738	13,738		
33	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
<u>*</u>	g	Total. Add line  ▶ \$ 64,319,40	<b>es 2a-2f</b> 4					
	3	Investment in	come (including divi	dends, interest				
		other sımılar a	imounts)		340,955			340,955
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .		•				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents	(1)	(,				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount						
		from sales of assets other						
	ь	than inventory Less cost or	9,333					
		other basıs and sales expenses						
	с	Gain or (loss)	-9,333					
	d	Net gain or (lo	ss)	. ▶	-9,333	-9,333		
	8a	Gross income	from fundraising					
		events (not in	cluding					
e n		\$ of contribution	 ns reported on line					
<u>5</u>		1c) See Part	IV, line 18					
ş			e G ıf total exceeds					
Other Revenue	ь		xpensesb					
Ě	С		(loss) from fundrais	ng events				
0	9a	Gross income	from gaming	<b>•</b>				
		activities See	part IV , line 19					
		Complete Schere exceeds \$15,00						
		0,00000 410,00	a					
	ь	Less directe	xpensesb					
	С	Net income or	(loss) from gaming a					
	10a		f inventory, less	•				
		returns and al	а					
	Ь	Less cost of		la.				
	С		(loss) from sales of	Inventory Business Code				
	11a	Miscellaneou		900,099	309,912			309,912
		Royalty Incom		561,000	190,000		190,000	
	Ь	A dministrative		900,099	163,641	163,641	190,000	
	C	Other revenue		900,099	70,340	103,041	70,340	
	d	All other reve			70,340		70,340	
	e	Total. Add line	es 11a-11d	 \$ 733,893				
	12	Total Revenue	. Add lines 1h, 2g, 3		65,512,479	64,273,702	260,340	850,877
		8c,	l1e					

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,250						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	72,000						
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,662,422						
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	25,164,211						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,139,946						
9	Other employee benefits	6,327,720						
10	Payroll taxes	2,013,767						
11	Fees for services (non-employees)							
а	Management							
b	Legal	136,722						
c	Accounting	77,182						
d	Lobbying							
е	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	4,747,509						
12	Advertising and promotion	682,748						
13	Office expenses	4,550,750						
14	Information technology	38,337						
15	Royalties							
16	Occupancy	1,043,841						
17 18	Travel	3,528,703						
10	state or local public officials							
19	Conferences, conventions and meetings	3,545,046						
20	Interest	116,156						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	1,531,081						
23 24	Insurance	382,398						
	total expenses shown on line 25 below )							
а	PENSION EXPENSE	24,557,995						
b	Membership dues	524,176						
С	Subscriptions	215,067						
d	issues contributions	199,150						
e	General expenses	81,102						
f	All other expenses	46,394						
25	Total functional expenses. Add lines 1 through 24f	86,444,673						
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			12,080,278	2	11,266,111
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			145,022	4	244,882
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,095,284	8	1,053,578
2	9	Prepaid expenses and deferred charges			402,942	9	400,479
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	30,640,25	9		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	12,705,18	18,214,628	10c	17,935,070
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	Part VII	of	5,364,737	12	4,248,358
	13	Investments—program-related See Part IV, line 11 $\it Complete B$ of $\it Schedule D$ .	I		13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		56,469	15	38,820	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			37,359,360	16	35,187,298
	17	Accounts payable and accrued expenses .	2,678,753	17	2,722,488		
	18	Grants payable				18	
	19	Deferred revenue			201,947	19	28,850
	20	Tax-exempt bond liabilities				20	
<u>ě</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				1	
Ξ		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		-	1,687,371	23	1,588,514
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			18,451,235	25	38,712,789
	26	<b>Total liabilities.</b> Add lines 17 through 25			23,019,306	26	43,052,641
seo		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	plet e li	nes 27			
Balance	27	Unrestricted net assets			14,340,054	27	-7,865,343
8 8	28	Temporarily restricted net assets				28	
됟	29	Permanently restricted net assets		29			
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34.	plete				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other for		32			
Net	33	Total net assets or fund balances			14,340,054	33	-7,865,343
_	34	Total liabilities and net assets/fund balances			37,359,360	34	35,187,298
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			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	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Software ID: Software Version:

**EIN:** 94-1301733

Name: CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
			:ion (	ched		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Compensation   Comp	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations					
Bud Dougherty , Executive Director	40 00			Х				319,449	0	0
Denise Jensen , Senior Executive Manager	40 00			х				149,884	0	0
Steve Fraga , Director Field Operation	40 00				Х			210,209	0	0
Marıa Zıelınskı , Chief Fınancıal O fficer	40 00			Х				175,367	0	0
Michael Clancy , Chief Counsel	40 00			Х				187,994	0	0
Tına Wagner , Dırector Informatıon Sys	40 00				Х			152,079	0	0
Jody Bell , Director Member Benefits	40 00				Х			152,036	0	0
Roy Ramos , Director Office Services	40 00				Х			153,875	0	0
Frank Polito , Director Public Relation	40 00				Х			152,079	0	0
Rob Feckner , President	40 00	Х						1,200	0	0
Allan Clark , Fırst Vıce President	5 00	Х						600	0	0
Michael Bilbrey , Second Vice President	5 00	Х						600	0	0
Lorı Klıngensmith , Secretary	5 00	Х						600	0	0
Clyde Rivers , Past President	5 00	Х						600	0	0
Martha Penry , Area A Director	5 00	Х						600	0	0
Mıchael Mazzantı , Area B Dırector	5 00	Х						600	0	0
Cynthia Zecher , Area C Director	5 00	Х						600	0	0
Ferral Hubbard , Area D Director	5 00	Х						600	0	0
John Stewart , Area E Director	5 00	Х						600	0	0
Hortensia Benner , Area F Director	5 00	Х						450	0	0
Benjamın V aldepena , A rea F Dırector	5 00	Х						150	0	0
Ivan Pastrano , Area G Dırector	5 00	Х						600	0	0
Roberta Daetweiler , Area H Director	5 00	Х						300	0	0
Carolyn Everett , Area H Dırector	5 00	Х						150	0	0
Jennie Batiste , Area I Director	5 00	Х						600	0	0
Teresa Minoux , Area K Director	5 00	X						600	0	0

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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," to Form 990, Part IV, Line 5 (Proxy Tax)

• Se	ection 501(c)(4), (5), or (6) organ	nizations complete Part III	- ,		
	ame of the organization LIFORNIA SCHOOL EMPLOYEES ASSOCI	IATION		Employer ider	itification number
C/ 11	21 0111 <b>2</b> 1 30110 32 2111 201223 1 3300			94-1301733	
Par		<b>by all organizations exempt</b> ee the instructions for Schedule		n 501(c) and section	527
1	Provide a description of the o	rganization's direct and indirect polit	ıcal campaıgn act	civities in Part IV	
2	Political expenditures				\$3,915,651
3	V olunteer hours				5543
Par	<b>To be completed</b> for Schedule C for 6	by all organizations exempt details.)	under section	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any exci	se tax incurred by the organization ui	nder section 4955	;	\$
2	Enter the amount of any excis	se tax incurred by organization mana	gers under section	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		<b>by all organizations exempt</b> s for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly exp	pended by the filing organization for s	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing 527 exempt funtion activities	organization's internal funds contrib	uted to other orga	nizations for section	\$
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	and Employer Identification Number paid and indicate if the amount was ed and promptly and directly delivere action committee (PAC) If addition	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal 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-
		-			
_		1			
FOR	Danerwork Deduction Act Notic	e see the instructions for Form 990	Cat No 50	HHX45 Schedule C (	Form 990 or 990-F71 2008

**d** Grassroots non-taxable amount

**f** Grassroots lobbying expenditures

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

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization  Limits on Lo  (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	edule C (Fo		08 by organizations exempt und nder section 501(h)). (See the				led		age <b>3</b>
		0,00 (0.00.0	1401 50011011 50011111111111111111111111		(z			(b)	
					Yes	No		A mour	it
1	legislatio		ganization attempt to influence foreign ot to influence public opinion on a legis						
а	Voluntee	ers?							
b	Paid stat	ff or management (ınclu	de compensation in expenses reporte	d on lines c through i)?					
С	Media ad	lvertisements?							
d	Mailings	to members, legislators	s, or the public?						
е	Publicati	ons, or published or bro	adcast statements?						
f	Grants to	o other organizations fo	r lobbying purposes?						
g	Direct co	ontact with legislators, t	cheir staffs, government officials, or a	legislative body?					
h	Rallies, o	demonstrations, semina	rs, conventions, speeches, lectures, o	or any other means?					
i	Otherac	tivities If "Yes," descr	ıbe ın Part IV						
j		es 1c through							
2a	1ı Dıd the a	activities in line 1 cause	e the organization to be not described	ın section 501(c)(3)?					
Ь	If "Yes"	enter the amount of any	tax incurred under section 4912						
c	If "Yes"	enter the amount of any	tax incurred by organization manage	rs under section 4912					
d	If the fili	ng organization incurred	d a section 4912 tax, did it file Form 4	720 for this year?					
Pai	t III-A	To be completed	by all organizations exempt	under section 501(c)(4), sec	tion	501(	c)(5	i), or	
		section 501(c)(6	). (See the instructions for Sched	lule C for details.)				T	
1	Were sul	nstantially all (90% or i	more) dues received nondeductible by	memhers?		ſ	1	Yes	No
2			n-house lobbying expenditures of \$2,			-	2	1 63	Νο
3			rryover lobbying and political expendi			ŀ	3		No
			by all organizations exempt		tion	501(		). or	
		section 501(c)(6	) if BOTH Part III-A, questions	1 and 2 are answered "No"					
1	Duos as		wered "Yes." (See the instruction amounts from members	ons for Schedule C for details.)	1	1 \$			
2	•		obbying and political expenditures <i>(d</i>	o not include amounts of political	F	т ф			
_			n 527(f) tax was paid).	o not metade amounts of political					
а	Current '	Year				2a\$			
ь	Carryove	er from last year				2b\$			
c	Total					2c \$			
3	Aggrega	te amount reported in s	ection $6033(e)(1)(A)$ notices of nonde	eductible section 162(e) dues		3 \$			
4	does the		ount on line 2c exceeds the amount or arryover to the reasonable estimate o			4 \$			
5			political expenditures (line 2c total m	inus 3 and 4)	<u> </u>	5 \$			
P	art IV	Supplemental Inf		•	I				
			scriptions required for Part I-A, line 1	, Part I-B, line 4, Part I-C, line 5, and F	art II	-B, lın	e 1ı		
Αls	so, comple	te this part for any addi	tional information						
		Ident if ier	Return Reference	Explanation	on				
art	I-A, Line	1	Organizations Direct and Indirect Political Campaign Activities	Working with AFL-CIO for election o	f O ba	ma, S	tate e	election	ns

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

asement

at the End of the Year

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure

	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a coon the last day of the tax year	nserva	ation e
			Held a
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
_			

a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	orgai	nization during

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

# Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

. .

(ii) Assets included in Form 990, Part X

- \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**F** \$

**b** Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part		Organizations Maintaining Collections	of Art,	His	tori	cal Treası	ires, or Othe	r Similar Ass	sets (c	ontınued)
3		g the organization's accession and other records, c s (check all that apply)	heck any	of th	e foll	owing that ar	re a sıgnıfıcant u	ıse of ıts collectı	on	
а	$\Gamma$	Public exhibition		d	Γ	Loan or exc	hange programs			
b	F :	Scholarly research		e	Γ	Other				
С	$\Gamma$	Preservation for future generations								
4	Prov Part	ide a description of the organization's collections a XIV	nd explair	n hov	v the y	further the	organızatıon's ex	xempt purpose ır	1	
5		ng the year, did the organization solicit or receive d ts to be sold to raise funds rather than to be mainta						nılar 	_ Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Arranger Part IV, line 9, or reported an amount on F					anızatıon answ	vered "Yes" to	Form 9	90,
1a		e organization an agent, trustee, custodian or othe ded on Form 990, Part X?	r ıntermed	lary	for c	ontributions	or other assets	not Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete the follo	wing table	1				<u>,                                      </u>		
								Am	ount	
С	Begi	nning balance					1c			
d	Add	itions during the year					1d			
e	Dıst	ributions during the year					1e			
f	Endi	ng balance					1f			
2a	Dıd t	he organization include an amount on Form 990, Pa	art X, lıne	21?				Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV								
Pai	rt V	<b>Endowment Funds.</b> Complete if the orga								
1a	Bogu	nning of year balance	it Year	(b)	Prior \	ear (c)Iw	vo Years Back   (d)	Three Years Back	(e)Four Y	ears Back
ь		tributions								
c		stment earnings or losses								
d		nts or scholarships								
e		er expenditures for facilities								
		programs								
f	Adm	iinistrative expenses								
g	End	of year balance								
2	Prov	ide the estimated percentage of the year end balan	ce held as	;						
а	Boar	d designated or quasi-endowment 🕨								
b	Perm	nanent endowment 🕨								
c	Term	n endowment 🕨								
3a		there endowment funds not in the possession of the	organızat	ion t	that a	re held and a	admınıstered for	the	F	T
	_	nization by nrelated organizations						3a(i	Yes	No
		elated organizations			•			3a(i		+
b		es" to 3a(ii), are the related organizations listed as			ched	ule R?		3b	- <del></del>	<del>                                     </del>
4	Desc	cribe in Part XIV the intended uses of the organizat	ion's endo	wme	ent fu	nds				
Par	t VI	Investments—Land, Buildings, and Eq	uipmen	<b>t.</b> S	ee F	orm 990, P	art X, line 10.	_		
		Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
<b>1</b> a l	and				Ĺ		3,655,960	_		3,655,960
b E	Buildii	ngs					21,152,941	8,901,815	1	2,251,126
<b>c</b> l	ease	hold improvements								
d E	Equipi	ment					55,226	55,226		C
<b>e</b> (	Other						5,776,132	3,748,148		2,027,984

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CORPORATE BOND FUNDS	1,851,846	(
Other GOVERNMENT-BACKED SECURITIES	239,306	(
Other STOCK FUNDS	2,157,206	
	4 240 250	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	4,248,358	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part >		
(a) Description of Liability Federal Income Taxes	(b) A mount	
CAPITAL LEASE Obligations	42.012	
Accrued Pension Cost	42,812	
Accrued Pension Cost Accrued postretirement benefit cost	25,555,848	
Accided postiethement benefit cost	13,114,129	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	20 712 700	
Total (Solumn (D) Should equal Form 550, Fall A, Col (D) line 23 )	38,712,789	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,512,479
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	86,444,67
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-20,932,194
4	Net unrealized gains (losses) on investments	4	-1,273,20
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,273,20
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-22,205,397
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	64,887,026
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-168,07
3	Subtract line <b>2e</b> from line <b>1</b>	3	65,055,099
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	457,380
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	65,512,479
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	87,247,207
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	- 1	
Ь	Prior year adjustments	1 1	
с	Losses reported on Form 990, Part IX, line 25	- 1	
d	Other (Describe in Part XIV)	1 .	
e	Add lines 2a through 2d	2e	1,105,130
3	Subtract line 2e from line 1	3	86,142,077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
	· · · · · · · · · · · · · · · · · · ·	1 1	
с _			302,596
		5	86,444,67
5 Par	Other (Describe in Part XIV)	4c 5	86,4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

<b>Ident if ier</b>	Return Reference	Explanation
		PART XII, LINE 2d - PACE PASSTHROUGH INCOME INCLUDED IN AUDIT REPORT \$1,105,130 PART XII, LINE 4b - OTHER PACE II INCOME \$27,245 PACE II DUES REVENUE EXCLUDED FROM AUDIT REPORT \$430,135 PART XIII, LINE 2d - PACE PASSTHROUGH INCOME INCLUDED IN AUDIT REPORT \$1,105,130 PART XIII, LINE 4b - PACE II EXPENSES \$302,596

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Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the U.S.

**Grants and Other Assistance to Organizations,** 

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

the selection criteria used to award t Describe in Part IV the organization'	rds to substantiate the amount the grants or assistance?.  's procedures for monitoring that can be applied to the control of	nt of the grants or assista	ne United States  in the United Stat	tes. Complete if the of	organization answere ceived more than \$5	ed "Yes" on ,000. Use  (h) Purpose of grant
Does the organization maintain record the selection criteria used to award to Describe in Part IV the organization'  Part II Grants and Other Assisted Form 990, Part IV, line 21 Part IV and Schedule I-1 in needed  1(a) Name and address of organization or government  California Department of Education1430 N Street SACRAMENTO, CA 95814  CARA600 Grand Avenue 80-179410	rds to substantiate the amount the grants or assistance?.  's procedures for monitoring that can be applied to the control of	nt of the grants or assista	in the United States in the United State 00. Check this box  (e) A mount of non-	tes. Complete if the of	organization answere ceived more than \$5	ed "Yes" on ,000. Use  (h) Purpose of grant
organization or government  California Department of Education1430 N Street SACRAMENTO,CA 95814  CARA600 Grand Avenue 410	ıf applıcable	grant	cash	(book, FMV, appraisal,		1 ' ' '
Education1430 N Street SACRAMENTO,CA 95814  CARA600 Grand Avenue 80-179 410	58051 501(c)(4)	7.500	l .	other)		or assistance
410		7,500				CONTRIBUTION
UARLAND, CA 94010	501(c)(4)	5,000				CONTRIBUTION
California Tax Reform 94-238 Association717 K Street Suite 510 SACRAMENTO,CA 95814	56938 501(c)(4)	10,000				CONTRIBUTION
Health Care for All California 33-069 PO Box 2578 MILL VALLEY, CA 94942	5710 501(c)(4)	5,000				CONTRIBUTION

Part III	Grants and Other Assistance to Individuals in the United States. Complete	te if the organization answered "Yes" on Form 990, I	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	71	72,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Ta	DIE	
Ident if ier	Return Reference	Explanation
Other Information	Part IV	PART I, LINE 2 - Typically grants to organizations are made to sponsor a certain event or program Documentation is provided by the organization. The Board of Directors must approve a grant before funds are provided. In the case of individuals, scholarships are made to individuals by way of recommendations made by the Scholarship Committee. Scholarship Committee recommendations are brought to the Board of Directors for approval before funds are provided.

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Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION **Employer identification number** 

94-1301733

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizatorganization's CEO/Executive Director Check all		y			
	Compensation committee	고	Written employment contract			
	✓ Independent compensation consultant	•	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	:?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Bud Dougherty	(1) (11)	319,449					319,449	
Steve Fraga	(1) (11)	210,209					210,209	
Maria Zielinski	(1) (11)	175,367					175,367	
Michael Clancy	(1) (11)	187,994					187,994	
Tına Wagner	(1) (11)	152,079					152,079	
Jody Bell	(1) (11)	152,036					152,036	
Roy Ramos	(1) (11)	153,875					153,875	
Frank Polito	(1) (11)	152,079					152,079	
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

**Employer identification number** 

### ned Data - DEN.

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

**Supplemental Information to Form 990** 

Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

94-1301733

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE ORGANIZATION HAS MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		all regular members have a right to vote for Executive Board (Association President, First Vice President, Second VP and Secretary) Likewise, regular members may vote for Area Directors in their respective Area

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Yes, any changes to the Constitution and Bylaw's and the Annual Budget are approved by the Board and then brought to the Membership for approval before they are implemented or in effect

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 w ill be reviewed by the Chief Financial Officer before it is filed with the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Board has a Conflict of Interest Policy in place. Likewise, all employees are covered by a Conflict of Interest Operating Procedure. While all employees are required to report any conflict of interest, each Department Head (key employee) is required to sign annually a form which (1) affirms that the person has received a copy of the Conflict of Interest policy and has agreed to comply with it and (2) discloses interests that could give rise to a conflict of interest. Board members are also required to sign a form annually which states similar affirmations as for the Department Heads. Determination of whether a conflict exists is made at the Board level for Board members and by the Executive Director for staff.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation for all management positions were last reviewed in 2006. An independent consulting firm was contracted to review the positions and job descriptions, meet with incumbents and senior management. They utilized comparables relative to geography, employer size, nature of services provided, labor market position and other factors. The outside consulting firm worked with Human Resources as well. Such a study is performed every five years.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC

DLN: 93493095001030

2008

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Name of the organization **Employer identification number** CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

				94-1301733	
Part I Identification of Disregarded Entities					
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions		•		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	tus Direct controlling (3)) entity
California School Employees Association Institute for Public Education  2045 LUNDY AVENUE SAN JOSE, CA95131 77-0575885	TO PROTECT RIGHTS AND WELFARE OF ITS MEMBERS	CA	501(c)(3)	PF	N/A
	1	1	1	1	1

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

126	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
<b>1</b> Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled enti	ıty		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	<b>1</b> j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[	11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds		
		(A)	<b>(B)</b> Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

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## **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return. Sequence No 67 Name(s) shown on return Identifying number Business or activity to which this form relates CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Form 990 Page 10 94-1301733 Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 16 758 787 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 772,294 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . ▶ Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (a)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ΜМ S/L h Residential rental 27 5 yrs property ММ S/L ΜМ S/L i Nonresidential real 39 yrs property  $\mathsf{M}\,\mathsf{M}$ S/L

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs

Part IV Summary (See instruction
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21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1,531,08
23 For assets shown above and placed in service during the current year, enter the		

portion of the basis attributable to section 263A costs

Form **4562** (2008)

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Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44