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Form 990

Department of the Treasury Internal Revenue Service

#### **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

2010

OMB No 1545-0047

Open to Public Inspection

	r t bo	2010 62	lendar year, or tax year begi	nning 06-01-2010 and ending 05-31-20	1 1			
			C Name of organization	ning 00-01-2010 and ending 03-31-20.	11	D Empl	loyer i	identification number
	еск іта Iress ch	applicable	CALIFORNIA SCHOOL EMPLOYEE	S ASSOCIATION		94-1	301	7 3 3
_		_	Doing Business As					
	ne cha	_				E Telep	hone	number
_	ıal retu		Number and street (or P O box 2045 LUNDY AVENUE	ıf maıl ıs not delivered to street address)	Room/suite	(408	47:	3-1000
	mınate		2043 LONDT AVENUE			C Cross		sto d C4 120 F74
_ Am	ended	return	City or town, state or country, a SAN JOSE, CA 95131	nd ZIP + 4		G Gross	receip	ots \$ 64,120,574
App	lication	n pending	3/11 703E, 6/1 33131					
			<b>F</b> Name and address of	principal officer	H(a) Is this	a group return	for affil	ıates?
			DAVE LOW 2045 LUNDY AVENUE					
			SAN JOSE, CA 95131		H(b) Are all			
								t (see instructions) umber ► 4057
<b>I</b> Ta	x-exen	npt status	501(c)(3) 501(c)(5)	◀ (insert no )	H(c) Grou	ip exempt	.1011 11	uniber F 4037
y W	ebsit e	e: 🕨 WW	W CSEA COM					
<b>K</b> Forr	n of or	ganızatıon	Corporation Trust Associ	ation Other ►	L Year of fo	rmation 19	27	M State of legal domicile CA
Pa	rt I	Sum	mary		'			-
Activities & Governance			_	sion or most significant activities EMBERS, STUDENTS, AND COMMUNI	ГҮ			
Ē				<del> </del>				
<u> </u>			•	discontinued its operations or disposed		5% of its: I		1
×			-	erning body (Part VI, line 1a)		-	3	15
<u>8</u>				rs of the governing body (Part VI, line 1b		•	4	15
Ĭ				in calendar year 2010 (Part V, line 2a)		}	5 6	371
Ş			mber of volunteers (estimate	n Part VIII, column (C), line 12		ŀ		2,291
				e from Form 990-T, line 34		ŀ	7b	38,395
					Prio	r Year		Current Year
	8	Contril	butions and grants (Part VIII	.line 1h)		361,	748	124,602
횰	9		• ,	_	62,679,		61,300,127	
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						346,428
æ	11							577,603
	12		_	11 (must equal Part VIII, column (A), lıı	ne			
						63,750,	$\rightarrow$	62,348,760
	13			art IX, column (A), lines 1-3)		231,	-	319,645
	14			rt IX, column (A), line 4)	_		0	0
83	15	Salarie 10)	es, other compensation, empl	oyee benefits (Part IX, column (A), lines	5 –	44,832,	453	44,299,891
Š T	16a	,	sional fundraising fees (Part :		0	0		
Expenses	ь	Total fu	ndraising expenses (Part IX, column					
Ш	17			(a), lines 11a-11d, 11f-24f)		32,457,	907	18,979,065
	18			must equal Part IX, column (A), line 25)		77,521,	$\overline{}$	63,598,601
	19			ne 18 from line 12		-13,771,		-1,249,841
Net Assets or Fund Balances					_	g of Curre 'ear	nt	End of Year
983 89€	20	Totala	ssets (Part X, line 16)			34,049,	372	30,682,598
4 <u>₽</u>	21	Totall	iabilities (Part X, line 26) .			55,041,	599	44,982,437
	22		sets or fund balances Subtra	ict line 21 from line 20		-20,992,	227	-14,299,839
	t II		ature Block					
know	ledge :	****	f, it is true, correct, and comple	mined this return, including accompanying : ete. Declaration of preparer (other than offic	er) is based on			
Here			KUMATAKA CHIEF FINANCIAL OFFI or print name and title	CER				
		Print/Type preparer's	D.D	Preparer's signature  DARLA A COLSON	Date	Check if sel employed		PTIN
Paid	}	<u> </u>	ne GILBERT ASSOCIATES INC	DAILLA COLDON		Simple year	<u> </u>	Firm's EIN
Prepa		Firm's add	Iress • 2880 GATEWAY OAKS DRIVI	STE 100				
Use (	Only	5 444	SACRAMENTO CA 95833					Phone no (916) 646- 6464

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Г	orm	990	(20	10)

age	2
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Ρ

Par		nt of Program Service . hedule O contains a response	Accomplishments e to any question in this Part III		
1	Briefly describe th	ne organization's mission			
			NHANCE THE PROFESSIONAL CTIVE BARGAINING, AND POL		
2	_	on undertake any significant p o or 990-EZ?	rogram services during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sched	ule O		
3	Did the organization services?	<u> </u>	significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three and section 4947(a)(1) trusts a evenue, if any, for each program	are required to report the an	•
 4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	CSEA CONTINUES TO EDUCATION	BUILD THE FINEST UNION FOR CLA	ASSIFIED EMPLOYEES NATIONWIDE, DES	SPITE A STATE BUDGET CRISIS TH	AT AFFECTS ALL IN PUBLIC
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			CATION LEGISLATORS, SCHOOL BOARD ORNIA BACK TO THE GOLDEN AGE OF P		TURN THE TIDE ON CALIFORNIA'S
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	CSEA TRAINED MORE LIFE SKILLS DEVELOP		PECTS OF THEIR PROFESSIONAL LIVES,	FROM SKILL BUILDING ON THE JO	DB, TO CAREER AND PERSONAL
	Other program se	ervices (Describe in Schedul	e O ) See also Additional Data fo	or Description	
	(Expenses \$	ıncludın	g grants of \$	) (Revenue \$	)
4e	Total program se	rvice expenses <b>!</b> -\$			

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋	2	Yes	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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 $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> 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% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response to any question in this Part V			
	<u> </u>		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 105			
•	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	Yes	
	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	24	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
	If "Yes," enter the name of the foreign country ▶			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have applied areas are such that are manifely another than \$100,000.	5c	V	
	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?	6a	Yes	
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N c
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N c
	If "Yes," indicate the number of Forms 8282 filed during the year			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	]		
	facilities	]		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
ı	Is the organization licensed to issue qualified health plans in more than one state?	_		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
J	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Ves " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	146		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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	_		
b	governing body?	7a 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75	162	
0	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	165	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection Indicate how you 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 > JEFF KUMATAKA CFO

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 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, and current key employees 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, and 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

\$100,000 in compensation from the organization ► 1

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

(A) Name and Title		(B) Average hours per	(C) Position (check all that apply)						Repo compe	<b>(E)</b> Reportable compensatior from related	1	(F) Estima amount o	ated fother	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
See Ad	ldıtıonal Data Table													
												$\dashv$		
												$\perp$		
												_		
	0.1.7.1							<u> </u>				4		
1b c	Sub-Total					•	· ·					+		
d	Total (add lines 1b and 1c) .							<b> -</b>		2,562,890		0	1,	315,901
2	Total number of individuals (incl \$100,000 in reportable compen	-					above	) who	receive	d more tha	n	•		
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch					eye	mploy -	ee, o	r highest	compens	ated employee	_		N
4	For any individual listed on line					oens	ation	and o	other con	npensatior	from the	3		No
	organization and related organiz											_		
5	Did any person listed on line 1a	receive or accri	ie comr	• nensa	• ition	fror	n anv	• unrel	lated org	anization c	r individual for	4	Yes	
	services rendered to the organiz										•	5		No
Se	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	ontra	ctors	that rec	eived more	e than			
	Nar	(A) me and business ad	dress							Descr	(B) iption of services		(C Comper	
625 M	AVIS LAW FIRM ARKET ST 12 FLR RANCISCO, CA 94105									LEGAL SERVI			·	154,861
												$\dashv$		
2 7	otal number of independent cont	ractors (ıncludıı	ng but n	ot lın	nıted	l to	those	liste	d above)	who receiv	ed more than			

Form 9		·					Pa	ge <b>9</b>
Part V	<u>V1111</u>	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d . 1e , and 1f enes 1a-1f \$	124,602 Business Code	124,602			
nue	2a			Business Code				
Program Service Revenue		MEMBERSHIP DUES		900099		61,075,271		
ě E		CONFERENCE TRAINING PROGRAMS		900099	177,123 47,733			177,123
<u> </u>	d	TRAINING FROGRAMS		900099	47,733	47,733		
Ж С	e							
<u> </u>		All other program service re-	venue					
<b>بر</b> مر								
	<u> </u>		<u> </u>		61,300,127			
		Investment income (including and other similar amounts) Income from investment of tax-ex	<b>.</b>		184,394			184,394
	5	Royalties			213,252			213,252
			(ı) Real	(11) Personal				
	b	Gross Rents Less rental expenses Rental income or (loss)						
		Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	1,933,848 1,771,814 162,034		162,034			162,034
		Net gain or (loss)			102,031			102,031
Other Revenue		(not including  \$ of contributions reported on See Part IV, line 18	line 1c)					
₹		Less direct expenses .	_					
- <del>-</del>		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
		Less direct expenses . Net income or (loss) from ga	ming activities b	L				
		Gross sales of inventory, les						
		returns and allowances .	a					
		Less cost of goods sold .  Net income or (loss) from sa  Miscellaneous Revenue		Business Code				
	112	ADMINISTRATIVE SERVIC	'F	561000	190,000		190,000	
	_		<u>. L</u>	900099	128,977			
		OTHER REVENUE		541800	45,374		45,374	
		AU attached		341600	45,3/4		+3,3/4	
		All other revenue  Total. Add lines 11a-11d			364,351			
	12	Total revenue. See Instructi	ons		62,348,760	61,251,981	235,374	736,803
						Fo	rm <b>990</b> (20	110)

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses	h gameriata U	-l		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $\alpha$			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	135,005			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	184,640			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,651,017			
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	25,250,072			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,565,837			
9	Other employee benefits	6,752,754			
10	Payroll taxes	2,080,211			
а	Fees for services (non-employees) Management				
Ь	Legal	213,979			
С	Accounting	89,725			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,890,325			
12	Advertising and promotion	433,536			
13	Office expenses	3,444,623			_
14	Information technology	137,612			
15	Royalties				
16	Occupancy	1,033,258			
17	Travel	2,349,577			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,555,291			
20	Interest	108,290			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,285,591			
23	Insurance	704,628			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	GENERAL EXPENSES	1,255,519			
ь	ISSUES CONTRIBUTIONS	1,111,950			
С	MEMBERSHIP DUES	647,750			
d	AUTO EXPENSE	500,357			
e	SUBSCRIPTIONS	217,054			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	63,598,601			
26	<b>Joint costs.</b> Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				200 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 10.081.356 2 2 6.876.733 3 3 91,265 4 71,512 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 7 8 1,017,896 1,292,096 Prepaid expenses and deferred charges . . . . 491,927 73,857 10a Land, buildings, and equipment cost or other basis Complete 30,607,036 10a Part VI of Schedule D 10b ь Less accumulated depreciation . . . . . 14,311,884 17,311,457 10c 16,295,152 5,976,431 11 4.958.390 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 97,081 15 96,817 15 16 34,049,372 16 30,682,598 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,504,201 17 2.235.210 17 Accounts payable and accrued expenses . 18 18 128.749 19 19 164.146 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1.478.500 23 23 1.358.012 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 49.930.149 25 41.225.069 Other liabilities Complete Part X of Schedule D . . . . . 55,041,599 44,982,437 26 26 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . -20.992.227 -14,299,839 Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ -20,992,227 -14,299,839 33 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 34.049.372 30,682,598

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62,3	348,76
2	Total expenses (must equal Part IX, column (A), line 25)	2			·
3	Revenue less expenses Subtract line 2 from line 1	3		-1,2	249,84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-20,9	92,22
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,9	942,22
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-14,2	299,83
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	tual Part X, line 33, column (A))  Schedule O)  3, 4, and 5 (must equal Part X, line 33, column aprior year or checked "Other," explain in reviewed by an independent accountant?  Cash Accrual Other aprior year or checked "Other," explain in reviewed by an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes responsibility for oversight of the diselection of an independent accountant?  Stee that assumes r			
		-		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
3а	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		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493290005381

#### OMB No 1545-0047

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 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

If th	, , , , =	t have NOT filed Form \$768 (elections," to Form 990, Part IV, Line 5 ( zations Complete Part III			•				
Na	ime of the organization	·		Employer iden	tification number				
CAI	LIFORNIA SCHOOL EMPLOYEES ASSOCIA	ITION		94-1301733					
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(	La contraction de la contracti	organization.				
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV					
2	Political expenditures	gaa		<b></b>	\$ 5,661,441				
3	Volunteer hours			·	18,328				
Par	<u> </u>	ganization is exempt unde							
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	5	\$				
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 <b>•</b>	\$				
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		│ Yes │ No				
4a	Was a correction made?				☐ Yes ☐ No				
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(	c) except section 501	l(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$				
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organization	s for section 527	<b>*</b>				
	·				<b>&gt;</b>				
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b ►	\$				
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			☐ Yes ☐ No				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				

Sc	hedule C (Form 990 or 990-EZ) 2010	belongs to an affiliated group thecked box A and "limited control" provisions apply  bbying Expenditures s" means amounts paid or incurred.)  Ince public opinion (grass roots lobbying) Ince a legislative body (direct lobbying) Ince a legislative body (direct lobbying) Ince amount from the following table in both  Or (b) is:  The lobbying nontaxable amount is: 20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000					
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a			" provisions apply	/		
				)		O rganızatıon's	Group
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

•		· -9
Part II-B	Complete if the organization	on is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 50:	l(h)).

		(a	1)	(b)
		Yes	No	A mount
1	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			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in 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 managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND	PART I-A, LINE 1	WORK TO FIX CALIFORNIA'S SCHOOL FUNDING PROCESS
INDIRECT POLITICAL CAMPAIGN		AND RETURN CALIFORNIA FROM THE BOTTOM 5 TO THE
ACTIVITIES		TOP 10 IN EDUCATION FUNDING

1 1

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DLN: 93493290005381

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai r	evenue Service F Attach to Fo	orm 990. F See separate instructions.			Tillsheri	uon
	e of the organization ORNIA SCHOOL EMPLOYEES ASSOCIATION		Emp	loyer identifica	tion numbe	er
			94-	1301733		
Par			unds	or Accounts	. Comple	te if the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		( <b>b)</b> Funds and o	thereseen	nto
_		(a) Donor advised lunds	'	(b) Funds and o	ther accou	nts
	Fotal number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv	ısed	☐ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		☐ Yes	┌ No
art	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	n 990, Part IV	', lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of a	certifie	d historic struc	•	a
				Held at the	End of the	Year
a	Total number of conservation easements		2a			
•	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified his	toric structure included in (a)	2c			
i	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe		ed by th	ne organization	during	
	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	 idling of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easer	nents d	uring the year 🕨	<u>-</u>	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year ► \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia		•		
art	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar <i>i</i>	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resear	ch ın fu			e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histo	orical treasures or other cimilar accore f	or finan			
	following amounts required to be reported under SFA		or miali		ic the	
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

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

50110	edule D (Form 990) 2010										Р	age 🛭
Par	t IIII Organizations	s Maintaining Co	llections of Ar	t, His	torical 1	Treasi	ures, or O	the	r Similar	Assets	(conti	nued
3	Using the organization's items (check all that ap		r records, check an	y of th	·		Ū		se of its col	lection		
а	Public exhibition			d	Loa	n or exc	hange progra	ams				
b	Scholarly research			e	┌ Oth	er						
С	Preservation for fut	ure generations										
1	Provide a description of Part XIV	the organization's co	ollections and expla	ain how	they furt	her the	organızatıon'	sex	empt purpo	se in		
5	During the year, did the assets to be sold to rais	•			,				ılar	ΓYe	<b>,</b> Г	No
Pai		<b>Custodial Arrang</b> or reported an an					n answered	1 "Y	es" to Forr	n 990,		
1a	Is the organization an a- included on Form 990, F		ian or other interm	ediary	for contrib	outions	or other asse	ets r	not	┌ Ye	; <sub>「</sub>	No
b	If "Yes," explain the arr	angement in Part XIV	/ and complete the	follow	ıng table		_					
										A mount		
С	Beginning balance							1c				
d	Additions during the year	ar						1d				
e	Distributions during the	year						1e				
f	Ending balance							1f				
2a	Did the organization inc	lude an amount on Fo	orm 990, Part X, lin	e 21?						┌ Ye	; F	No
b	If "Yes," explain the arra	angement in Part XIV	1									
Pa	rt V Endowment F	<b>unds.</b> Complete i										
			(a)Current Year	(b)	Prior Year	(c)Tv	vo Years Back	(d) <sup>1</sup>	Three Years Ba	ck <b>(e)</b> Fo	ır Years	3 Back
La	Beginning of year baland	:e								-		
Ь	Contributions									-		
<b>c</b>	Investment earnings or					_						
d	Grants or scholarships											
e	Other expenditures for fand programs											
f	Administrative expense											
g	End of year balance .											
2	Provide the estimated p	ercentage of the yea	r end balance held	as								
а	Board designated or qua	ısı-endowment 🕨										
Ь	Permanent endowment	▶										
c	Term endowment 🕨											
3a	Are there endowment fu	nds not in the posses	ssion of the organiz	ation t	:hat are he	eld and	admınıstered	for	the		- T -	
	organization by (i) unrelated organization	nc.							Г	3a(i)	es N	No_
				• •		• •		•	_	3a(ii)	+	—
ь	(ii) related organization: If "Yes" to 3a(ii), are the			d on S	chedule R	? .		• •	· • • <u>L</u>	3b	+	
4	Describe in Part XIV the					-		-				
Pai	rt VI Investments-	–Land, Buildings	s, and Equipme	nt. S	ee Form	990, P	art X, line	10.				
	Description o	fınvestment			(a) Cost of basis (inve		(b)Cost or oth basis (other		(c) Accumula depreciatio	1 10	Book	value
	Land				1		3,655,	960			3,6	55,960
1a	Buildings			•			20,931,		10,428	3,534		03,330
			=		<b></b>		, -,		, –	-	, -	
b	Leasehold improvements						398,	834 l	23	3,051	3	75,783
b c	Leasehold improvements						398, 5,620,		3,860	<u> </u>		60,07
b c d	·						,			<u> </u>		-

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation f-year market value
(including name of security)	+	Cost of elia-o	- year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
			d of valuation
(a) Description of investment type	(b) Book value		f-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	ie 15.		
(a) Descrip	tion		(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Fodoral Income Tayon	-		
Federal Income Taxes			
CAPITAL LEASE OBLIGATIONS	274,544		
ACCRUED PENSION COST	28,653,866		
ACCRUED POSTRETIREMENT BENEFIT COST	12,296,659		
	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	41,225,069		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,348,760
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,598,601
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,249,841
4	Net unrealized gains (losses) on investments	4	623,870
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,318,359
9	Total adjustments (net) Add lines 4 - 8	9	7,942,229
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,692,388
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	63,701,495
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,673,288
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,028,207
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)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	320,553
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	62,348,760
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	63,685,418
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,049,418
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,636,000
4	A mounts included on Form 990, Part IX, line 25, 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 <b>4a</b> and <b>4b</b>	4c	962,601
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	63,598,601

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

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION HAS IMPLEMENTED THE AMENDED ACCOUNTING PRINCIPLES RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS WITH SOME EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO U S FEDERAL AND CALIFORNIA INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2007
PART XI, LINE 8 - OTHER ADJUSTMENTS		ENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 7,318,359
PART XII, LINE 2D - OTHER ADJUSTMENTS		PACE I & II PASSTHROUGH INCOME INCLUDED IN AUDIT REPORT 1,049,418
PART XII, LINE 4B - OTHER ADJUSTMENTS		PACE II REVENUE 570,553 CSEA CONTRIBUTION TO PACE II -250,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		PACE PASSTHROUGH EXPENSES INCLUDED IN AUDIT REPORT 1,049,418
PART XIII, LINE 4B - OTHER ADJUSTMENTS		PACE II EXPENSES 1,212,601 CSEA CONTRIBUTION TO PACE II -250,000

**Schedule I** 

(Form 990)

Department of the Treasury

DLN: 93493290005381 OMB No 1545-0047

#### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

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

**Inspection** 

Internal Revenue Service Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Employer identification number

						94-1301/33	
Part I General Inform	nation on Grants	and Assistance					
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the or</li></ul>	to award the grants o	orassistance?					✓ Yes 🗀
	V, line 21 for any r	Governments and ecipient that received eded.	d more than \$5,000.	Check this box if no	o one recipient rec	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CA DEPARTMENT OF EDUCATION1430 N STREET SACRAMENTO, CA 95814	68-0258051	501(C)(4)	7,500				CONTRIBUTION
(2) CA TAX REFORM ASSOCIATION717 K STREET SUITE 510 SACRAMENTO,CA 95814	94-2386938	501(C)(4)	10,000				CONTRIBUTION
(3) CENTER FOR COLLABORATIVE SOLUTIONS1329 HOWE AVE 200 SACRAMENTO,CA 95825	68-0245255	501(C)(3)	15,000				CONTRIBUTION
(4) CARA600 GRAND AVENUE 410 OAKLAND,CA 94610	20-3253963	501(C)(3)	9,000				CONTRIBUTION
(5) ORANGE COUNTY VOTER INFORMATION 1212 S VICTORY BLVD BURBANK, CA 91502	71-1035583	501(C)(4)	24,000				CONTRIBUTION
(6) UC BERKELEY LABOR CENTER2521 CHANNING WAY 5555 BERKELEY, CA 94720	94-6002123	501(C)(3)	12,000				CONTRIBUTION
(7) UCLA LABOR CENTER 675 S PARK VIEW STREET LOS ANGELES, CA 90057	94-6002123	501(C)(3)	14,400				CONTRIBUTION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, 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	(c)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
(1) SCHOLARSHIPS	88	88,000	0		
(2) HUMANITARIAN ASSISTANCE	131	86,140	0		
(3) DISASTER ASSISTANCE	11	10,500	0		

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	PART I, LINE 2	SCHEDULE I, 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
IN THE U S		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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DLN: 93493290005381

OMB No 1545-0047

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

**Employer identification number** 

94-1301733

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
				<b>-</b>		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee		, Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	it from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
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	lıne 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," of	,		7		
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in in Part III	n Kegs s	section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Vac" to line 9 did the organization also fallewith	a rabu++	able procumption procedure described in Descriptions	۴		
9	section 53 4958-6(c)?	e reputta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	fW-2 and/or 1099-MI	.SC compensation	(C) Retirement and		(E) Total of columns		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) DAVID LOW	(ı) (ıı)	175,370 0	0 0	0 0	72,133 0	16,932 0	264,435		
(2) JOSIE MOONEY	(ı) (ıı)	238,222	0	0	92,003	21,059 0	351,284		
(3) JEFF KUMATAKA	(ı) (ıı)	137,167 0	0	0 0	72,133 0	16,634 0	225,934		
(4) MICHAEL CLANCY	(ı) (ıı)	191,321	0	0 0	79,527 0	21,341	292,189		
(5) DENISE JENSEN	(ı) (ıı)	157,915 0		0 0	59,344 0	16,921 0	234,180		
(6) ROY RAMOS	(ı) (ıı)	155,222	0	0 0	59,344 0	21,917 0	236,483		
(7) JO DY BELL	(ı) (ıı)	152,526	0	0	59,344 0	16,921 0	228,791		
(8) STEVE FRAGA	(I) (II)	211,840	0	0	83,503	21,341	316,684		
(9) TINA WAGNER	(ı) (ıı)	152,914	0	0	62,312	21,220 0	236,446		
(10) KEITH PACE	(ı) (ıı)	165,750	0	0 0	72,133 0	17,408 0	255,291		
(11) ARNIE BRAADFLADT	(ı) (ıı)	168,617	0	0 0	68,698 0	16,932 0	2 254,247		
(12) PATRICK PREZIO SO	(ı) (ıı)	166,872 0	0	0 0	62,312 0	16,932 0	246,116		
(13) MICHAEL GANLEY	(ı) (ıı)	160,114	0	0 0	,	17,408 0	239,834		
(14) SHARON FURLONG	(ı) (ıı)	159,870 0	0	0 0	62,312 0	21,927 0			
(15) ROSE ROACH	(ı) (ıı)	159,870 0	0	0 0	62,312 0	21,286 0	243,468	1	
( 16 )		1	ĺ	'			,	1	

#### 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
	PART I, LINE 1A	CSEA OWNS A TOWNHOME WHERE THE CSEA PRESIDENT RESIDES THIS BENEFIT IS TREATED AS TAXABLE INCOME

Schedule J (Form 990) 2010

Page **3** 

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

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	<b>f the organization</b> NIA SCHOOL EMPLOYEES ASSOCIA	ATION						E	mployer i	dentifica	ntion numbe	er
Part I	Excess Benefit Trai	nsact	ions (s	ection 501	(c)(3) i	and section 501	(c)(4)		94-13017 Izations			
	Complete if the organizat										ıne 40b	
1	(a) Name of disq	ualıfıed	l person		(b) Description of transaction					(c) Corrected?		
						(5) 5 6 5 6		or crams			Yes	No
	ter the amount of tax impos									r		
	ction 4958 . . . . . ter the amount of tax, if any									• \$ —		
3 [11	ter the amount of tax, if any	, on iiii	e Z, abo	ve, reimburs	sed by tr	ie organization .				* —		
Part I												
	Complete if the organiz	zation a T	ans we re	d "Yes" on F T	orm 990	0, Part IV, line 26 T	, or Fori	n 990-			ia T	
		1 ' '	oan to				(e) 1	[ n	(f) Appro		(g)Writt	en
(a) Nam	ne of interested person and purpose		om the ization?	(c)Orig		(d)Balance due	defau	ult? by bo		I =		nt?
	F F	To	From				Yes	No	commit Yes	1	Yes	No
		10	From				res	NO	res	No	res	NO
Total .					<b>▶</b> \$	<b>D</b>						
Part II	Grants or Assistar Complete if the orga						/ line 2	7				
						een interested per						
	(a) Name of interested pers	on	`			ganızatıon		( <b>c)</b> A r	nount of g	rant or t	ype of assis	stance
							+					
							+					

Part IV	Business 1	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of ration's nues?	
	organization			Yes	No	
(1) DEB JACHENS	SPOUSE OF DIRECTOR ROB FECKNER	101,043	EMPLOYMENT		No	
(2) LUCI CLARK	SPOUSE OF DIRECTOR ALLAN CLARK	120,882	EMPLOYMENT		Νο	

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

94-1301733

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT MEMBERS OF THE GOVERNING BODY AND THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL REGULAR MEMBERS HAVE A RIGHT TO VOTE FOR EXECUTIVE BOARD MEMBERS (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		ANY CHANGES TO THE CONSTITUTION AND BY LAWS 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 8B		THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY HOWEVER, ALL OF THE ORGANIZATION'S COMMITTEES DOCUMENT THEIR MEETINGS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WILL 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 623,870 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 7,318,359 TOTAL TO FORM 990, PART XI, LINE 5 7,942,229

DLN: 93493290005381

OMB No 1545-0047

2010

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# SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) (c) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Direct controlling Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity controlled (if section 501(c)(3)) or foreign country) entity organization Yes (1) CSEA INSTITUTE FOR PUBLIC EDUCATION TO PROTECT RIGHTS AND 2045 LUNDY AVENUE WELFARE OF CSEA CA 501(C)(3) PF N/A No **MEMBERS** SAN JOSE, CA 95131 77-0575885 (2) PACE OF CSEA PAC TO PARTICIPATE IN STATE 555 CAPITOL MALL SUITE 1425 AND/OR LOCAL CANDIDATE CA 527 N/A ELECTIONS SACRAMENTO, CA 95814 68-0236443 (3) PACE OF CSEA LOCAL STATE FEDERAL CANDIDATES TO PARTICIPATE IN LOCAL, 555 CAPITOL MALL SUITE 1425 STATE AND FEDERAL CA 527 N/A No CANDIDATE ELECTIONS SACRAMENTO, CA 95814 27-2195724

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ontrolling Type of en		corp,		<b>(f)</b> f total income	Shai end-o	(g) Share of end-of-year assets		<b>(h)</b> Percentage ownership	

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No					
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	II-IV?	Γ		İ						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	1a		No					
b	Gift, grant, or capital contribution to other organization(s)			1	1b		No					
c	Gift, grant, or capital contribution from other organization(s)			[1	1c		No					
d	Loans or loan guarantees to or for other organization(s)											
e	e Loans or loan guarantees by other organization(s)											
_					1f		No					
f												
g												
h	n Exchange of assets											
i	i Lease of facilities, equipment, or other assets to other organization(s)											
j	j Lease of facilities, equipment, or other assets from other organization(s)											
k	k Performance of services or membership or fundraising solicitations for other organization(s)											
	Performance of services or membership or fundraising solicitations by other organization(s)											
	m Sharing of facilities, equipment, mailing lists, or other assets											
	Sharing of paid employees			[	1n	Yes						
0	Reimbursement paid to other organization for expenses			]	10		No					
	Reimbursement paid by other organization for expenses			<b>-</b>	1р		No					
					_							
	Other transfer of cash or property to other organization(s)			<u> </u>	1q		No No					
r	O ther transfer of cash or property from other organization(s)			<u> </u>	1r		110					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relation	onships and transact	ion thresholds								
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d Method of deten Invol	mınır	ng amo	unt					
1)												
2)												
3)												
4)												
- \												
5)			1	1								

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
										+	
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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493290005381

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION FORM 990 PAGE 10 94-1301733 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 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 6 (a) Description of property (c) Elected cost only) 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 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 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) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 1.285.591 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 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 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction 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 ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 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 instructions) 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 22 1,285,591 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and 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.

(a) Type of property (list vehicles first)  Date placed in service precentage property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)  26 Property used more than 50% in a qualified business use (see instructions)  27 Property used more than 50% in a qualified business use  18	g) hod/ ention  25  r," or rela mpleting th	evidence (h) Deprecia deduct	written? ) ation/ tion	Yes so	(i) Elected ection 179 cost
(a) Type of property (list vehicles first) Date placed in service precentage percentage	g) hod/ ention  25  r," or rela mpleting th	(h) Deprecia deduct  29  ated pers his section (d)	ation/ tion  son for those (e	se vehicle	(i) Elected ection 179 cost
(a) Date placed in local meetanets which service property (list vehicles first)  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  26 Property used more than 50% in a qualified business use  27 Property used more than 50% in a qualified business use  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	r," or rela	29 ated pershis section	on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rela	ated pers	for those (e	)	(f)
27 Property used more than 50% in a qualified business use	r," or rela	ated pers	for those (e	)	(f)
27 Property used 50% or less in a qualified business use    %	mpleting th	ated pers	for those (e	)	(f)
27 Property used 50% or less in a qualified business use    %   %	mpleting th	ated pers	for those (e	)	(f)
27 Property used 50% or less in a qualified business use	mpleting th	ated pers	for those (e	)	(f)
S/L	mpleting th	ated pers	for those (e	)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers	for those (e	)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers	for those (e	)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete year (do not include commuting miles driven during the 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	mpleting th	ated pers	for those (e	)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to co 30 Total business/investment miles driven during the 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	mpleting th	ated pers	for those (e	)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from your provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the year (do not include commuting miles)  30 Total business/investment miles driven during the 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	mpleting th	his section (d)	for those (e	)	(f)
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete the year (do not include commuting miles).  31 Total commuting miles driven during the year (do not include commuting) miles driven (eq. 1)	mpleting th	his section (d)	for those (e	)	(f)
30 Total business/investment miles driven during the 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		(d)	(е	)	(f)
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 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 Answer these questions to determine if you meet an exception to completing Section B for vehicles with the prohibits all personal use of vehicles, including employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, including employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more applications. The provide with the prohibits personal use of vehicles, except commemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more applications.	Veh	hicle 4	Vehic	le 5	
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					
32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
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 Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except come employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 1 or prohibits by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employers.	Yes	No	Yes	No	Yes N
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 1% or one of the complex of t					
<ul> <li>37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?</li> <li>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 1 use of vehicles by employees as personal use?</li> <li>40 Do you provide more than five vehicles to your employees, obtain information from your employers.</li> </ul>					<b>ot</b> more t
employees?	commut	ting by v	our		
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more 39 Do you treat all use of vehicles by employees as personal use?			•	Ye	es No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more 39 Do you treat all use of vehicles by employees as personal use?					$-\!$
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employ					
vehicles, and retain the information received?	ees abou	ut the us	e of the		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru-	ctions )				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehicle	les			
Part VI Amortization					
(b) (c) (d) (a				(f)	
(a) Date Amortizable Code Aff	(e)		A mor	tızatıoı	n for
. I amount I section I :	nortizatioi		th	ıs yeaı	r
42 A mortization of costs that begins during your 2010 tax year (see instructions)	nortization eriod or				
	nortizatioi				
<del></del>	nortization eriod or				
43 A mortization of costs that began before your 2010 tax year	nortization eriod or				

44 Total. Add amounts in column (f) See the instructions for where to report

44

# Software ID: Software Version:

**EIN:** 94-1301733

Name: CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	The same bloom		compensation	Reportable compensation	Estimated amount of other						
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
ALLAN CLARK ASSOCIATION PRESIDENT	40 00	Х		Х				1,200	0	0	
MICHAEL BILBREY ASSOCIATION 1ST VP	5 00	Х		Х				600	0	0	
IVAN PASTRANO ASSOCIATION 2ND VP	5 00	Х		х				600	0	0	
DONNA D'ARCY ASSOCIATION SECRETARY	5 00	Х		Х				600	0	0	
ROB FECKNER PAST PRESIDENT	5 00	Х						600	0	0	
MARTHA PENRY AREA DIRECTOR A	5 00	Х						600	0	0	
LINDA BLANCHARD AREA DIRECTOR B	5 00	Х						450	0	0	
CYNTHIA ZECHER AREA DIRECTOR C	5 00	Х						600	0	0	
RAMELDIA MARK AREA DIRECTOR D	5 00	Х						450	0	0	
KAREN GARDNER AREA DIRECTOR E	5 00	Х						600	0	0	
BENJAMIN VALDEPENA AREA DIRECTOR F	5 00	Х						600	0	0	
WILLIAM RAWLINGS AREA DIRECTOR G	5 00	Х						600	0	0	
CAROLYN EVERETT AREA DIRECTOR H	5 00	Х						600	0	0	
JENNIE BATISTE AREA DIRECTOR I	5 00	Х						600	0	0	
TERESA MINOUX AREA DIRECTOR K	5 00	Х						600	0	0	
DAVID LOW EXECUTIVE DIRECTOR	40 00			х				175,370	0	89,065	
JOSIE MOONEY FORMER EXECUTIVE DIRECTOR	40 00			х				238,222	0	113,062	
JEFF KUMATAKA CHIEF FINANCIAL OFFICER	40 00			х				137,167	0	88,767	
MICHAEL CLANCY CHIEF COUNSEL	40 00			х				191,321	0	100,868	
DENISE JENSEN SENIOR EXECUTIVE MANAGER	40 00				x			157,915	0	76,265	
ROY RAMOS DIRECTOR OFFICE SERVICES	40 00				x			155,222	0	81,261	
JODY BELL DIRECTOR OF MEMBER BENEFIT	40 00				x			152,526	0	76,265	
STEVE FRAGA DIRECTOR FIELD OPERATIONS	40 00				х			211,840	0	104,844	
TINA WAGNER DIRECTOR INFO SYSTEMS	40 00				х			152,914	0	83,532	
KEITH PACE DIRECTOR FIELD OPERATIONS	40 00				х			165,750	0	89,541	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week		ition attentional	pply	<b>/</b> )	Highest compensor	7.	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
		Individual trustee or director	onal Trustee	Officei	employee	compensated	Former			organizations
ARNIE BRAADFLADT DEPUTY CHIEF COUNSEL	40 00					х		168,617	0	85,630
PATRICK PREZIOSO FIELD DIRECTOR, ORANGE	40 00					х		166,872	0	79,244
MICHAEL GANLEY DIR ORGAN/SPEC PROJ	40 00					х		160,114	0	79,720
SHARON FURLONG FIELD DIR , SACRAMENTO	40 00					х		159,870	0	84,239
ROSE ROACH FIELD DIR . RIVER DELTA	40 00					х		159,870	0	83,598

# ### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) #### 4d. Other program services (Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ ) COLLECTIVE BARGAINING FOR MORE THAN 750 SCHOOL AND COLLEGE DISTRICTS LOBBYING STATEWIDE FOR EDUCATION FUNDING AS WELL AS HEALTH CARE REFORM, RETIREMENT SECURITY AND PROTECTION OF ALL WORKERS' RIGHTS DISCOUNTED TICKET PRICING ON MANY EVERYDAY GOODS AND SERVICES AS WELL AS ATTRACTIONS AND ENTERTAINMENT STATEWIDE -ROBUST COMMUNICATIONS PROGRAM-SUPERIOR LEGAL SERVICES AS WELL AS A LEGAL REFERRAL SERVICE-MEMBER GRANTS AND SCHOLARSHIP PROGRAM