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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 private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

A For	the 2014 calendar year, or tax year beginning $$ JUN 1 , $$ 2014 $$ and en	nding M	AY 31, 2	015							
B Che	of C Name of organization		D Employer id	lentificat	tion number						
	dress CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	T/									
N	Doing business as	.4	9	4-130	01733						
- Ir	Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number										
	almy 2045 LUNDY AVE.			408)	473-1000						
a	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts		64,215,003.						
	ended SAN JOSE, CA 95131		H(a) Is this a gi	oup retu	m						
L	F Name and address of principal officer:DAVE LOW		for suborc		Yes X No						
	SAME AS C ABOVE		H(b) Are all suborc								
	exempt status: 501(c)(3) X 501(c) (5) ((Insert no) 4947(a)(1) or site: ► WWW • CSEA • COM	527	T .		t. (see instructions)						
	of organization X Corporation Trust Association Other	I Van			umber ► 4057 tate of legal domicile CA						
Parl		L Year (or iorniation. 19	2 / M 3	tate of legal domicile CA						
	Briefly describe the organization's mission or most significant activities: TO IME	PROVE	THE LIV	ES OF	OUR						
Activities & Governance	MEMBERS, STUDENTS, AND COMMUNITY.										
Ĕ	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its	net asse	ts.						
ŏ ;				3	15						
∞ .	Number of independent voting members of the governing body (Part VI, line 1b)			4	15						
i ii	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	:-\		5	303						
Ę	Total number of volunteers (estimate if necessary)	, .		6	15						
Š	a Total unrelated business revenue from Part VIII, column (C), line-12	4		7a	309,922.						
-+	b Net unrelated business taxable income from Form 990-Tiline 34	1		7b	45,993.						
	Contributions and grants (Part VIII, line 1h)	-	Prior Year 425,2	31	Current Year 181,448.						
an	Program service revenue (Part VIII, line 2g)	,	60,605,3		62,976,515.						
Revenue			533,4		339,340.						
<u>د</u> ۱	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		576,6		649,940.						
1			62,140,7		64,147,243.						
1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		263,3		262,387.						
1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
8 1	,		40,914,9		40,270,464.						
Sesuedx	a Professional fundraising fees (Part IX, column (A), line 11e)	、	······	0.	0.						
XI.		<u> </u>	14 021 4	73	14 002 044						
	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,831,4 56,009,8		14,803,044.						
1		<u></u>	6,130,8		55,335,895. 8,811,348.						
- 8	Trovoltes less expenses. Coolitact wite 10 monthline 12	Ren	inning of Current	~	End of Year						
See 2	Total assets (Part X, line 16)		37,176,8		40,166,271.						
≦∰ 2			62,669,3		78,709,828.						
Fund Balances		:	25,492,5	20	38,543,557.						
	Signature Block										
	nalties of perjury, I declare that I have examined this return, including accompanying schedules ar				owledge and belief, it is						
true, co	ect, and complete Declaration of preparer (other than officer) is based on all information of which	n preparer l	has any knowledge T	1							
Sign	Signature of officer		Date	10/	11/20/5						
Here	STEVE BRASHEAR, CHIEF FINANCIAL OFFICER	₹	54.0	/	/						
	Type or print name and title										
	Print/Type preparer's name Preparer's signature / //	D ₂	ate Julic It	eck	PTIN						
Paid	DARLA A. COLSON	<i>04 1</i>	0/14/15 1 50	 Femployed	P00027123						
Prepare	Firm's name GILBERT ASSOCIATES, INC.		Firm's El		8-0037990						
Use On											
	SACRAMENTO, CA 95833		Phone no	916-	646-6464						
	IRS discuss this return with the preparer shown above? (see instructions)				X Yes No						
432001	-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions	ş.			Form 990 (2014)						

OMB No. 1545-0047

432002 11-07-14

Form 990 (2014) CALIFORNIA SO Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
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	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ĺ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			Į
	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			Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VIII. IX. or X	·····		
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ '	
	Part VI	11a	X	
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		Х
¢	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		X
đ	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	ا مما		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-118	<u> </u>	
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$-\!\!\!\!-\!\!\!\!\!+$	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u> </u>
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? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1.5
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مه ا		v
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{x}{x}$
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	The state of the s		990 (20141
			V	• • • • • • • • • • • • • • • • • • •

Form 990 (2014) CALIFORNIA SCHOOL
Part IV Checklist of Required Schedules (continued)

		-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	{	168	140
	* domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"]	ł	
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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):		- 1	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	17	<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	17
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_		v
31	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
J _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	_	<u> </u>
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	
37	Did the organization conduct more than 5% 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		F	aan /	2014)

Form 990 (2014) CALIFORNIA SCHOOL EMPLOYEES ASSOPRATE VI Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.[1	<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-i		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
	(gambling) winnings to prize winners?	1c	X	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 303	lt .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If 'Yes,' enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d e	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?	_	1	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			•••••
	sponsoring organization have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			*******
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing	†		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
ь	Enter the number of voting members included in line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	1	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Α.
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	_		х
4		3_		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	
6	Did the organization have members or stockholders?	6	X	
10	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		.,	
	more members of the governing body?	7a	Х	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8ь		_ X
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		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
Þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	17
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	• • • • • • • • • • • • • • • • • • •	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Х	
ь	Other officers or key employees of the organization	15b	X	w
	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		<u> </u>
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	,	.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVE BRASHEAR, CFO - (408)473-1000			
	2045 LUNDY AVENUE, SAN JOSE, CA 95131			

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Form	990	(2014)	

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

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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. 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.

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

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

(A)	(B)	J.g.		(6	C)		isai	(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	heck ss pe	rson	than is bot or/trus	ns rt	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL BILBREY	40.00								_	
ASSOCIATION PRESIDENT		X		X	<u>L</u> .	ļ	_	1,200.	0.	0.
(2) BENJAMIN VALDEPENA	5.00	٠				1				
ASSOCIATION 1ST VP		X	<u> </u>	X	<u> </u>			600.	0.	0.
(3) DOLORES RODRIGUEZ	5.00	۱								
ASSOCIATION 2ND VP		X		X	_	_	ļ	600.	0.	0.
(4) KERRY WOODS	5.00	١.,		١				500		
ASSOCIATION SECRETARY	F 00	X		X	<u> </u>	<u> </u>	<u> </u>	600.	0.	0.
(5) ALLAN CLARK	5.00	,,						600		•
PAST PRESIDENT	F 00	X	_	<u> </u>	_	<u> </u>		600.	0.	<u> </u>
(6) MARTHA PENRY	5.00	,			ļ			600		•
AREA DIRECTOR A	E 00	X	<u> </u>	├-	<u> </u>		-	600.	0.	0.
(7) FRANK RODRIGUEZ	5.00	v			ĺ			300.	0.	0
AREA DIRECTOR B	5.00	X	<u> </u>	-				300.	<u> </u>	0.
(8) CYNTHIA ZECHER	3.00	Х						600.	0.	٥
AREA DIRECTOR C	5.00	^		H		H		800.	<u>U•</u>	0.
(9) RAMELDIA MARK	3.00	X						600.	0.	0.
AREA DIRECTOR D	5.00	^	 	\vdash	\vdash	-		000.		
(10) SYLVIA DIAZ	3.00	x						600.	0.	0.
AREA DIRECTOR E (11) DALE SORENSON	5.00	A	\vdash	┝	\vdash	\vdash		000.		<u></u>
AREA DIRECTOR P	3.00	x						600.	0.	0.
(12) JOHN NIETO	5.00	 	\vdash		├	\vdash		000.		
AREA DIRECTOR G	- 3.00	x						600.	0.	0.
(13) BILL HAGAR	5.00		\vdash							
AREA DIRECTOR H		x						150.	0.	
(14) DONALD SNYDER	5.00	<u> </u>	_							
AREA DIRECTOR I		X						600.	0.	0.
(15) JIM RING	5.00			-	_					
AREA DIRECTOR K		X						600.	0.	0.
(16) DAVID LOW	40.00									
EXECUTIVE DIRECTOR				Х				275,999.	0.	120,057.
(17) STEVE BRASHEAR	40.00	П								<u> </u>
CHIEF FINANCIAL OFFICER				X				0.	0.	0.
40000T 11 07 14				_						Form 900 (2014)

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	Γ	(F)	
Name and title	Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/trustee					th an	Reportable compensation from	Reportable compensation from related		stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	institutional frustee	Officer	Kay amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from th ganizat nd relat ganizat	ation ie tion ted
(18) MICHAEL CLANCY	40.00											
CHIEF COUNSEL			L	X				200,025.	0.	9	6,1	12
(19) ROY RAMOS	40.00	ļ			ļ							
DIRECTOR OFFICE SERVICES		_			X		L.	160,595.	0.	8	13,3	09
(20) JODY BELL	40.00				İ							
DIRECTOR OF MEMBER BENEFITS		_	<u> </u>		X			158,229.	0.	7	5,7	<u>93</u>
(21) KEITH PACE	40.00	ĺ			}		1					
DIRECTOR FIELD OPERATIONS			<u> </u>		X		<u> </u>	219,051.	0.	10	0,8	<u>28</u>
(22) TINA WAGNER	40.00											
DIRECTOR INFORMATION SYSTEMS					X	L		158,596.	0.	7	7,0	40
(23) FRANK POLITO	40.00											
DIRECTOR OF COMMUNICATIONS		L	<u> </u>		X			155,550.	0.	7	9,2	80
(24) ARNIE BRAADFLADT	40.00	ł							_			
DEPUTY CHIEF COUNSEL			_			X		174,893.	0.	7	5,5	<u>97</u>
(25) DENISE JENSEN	40.00											
FIELD DIRECTOR, RANCHO CUCAMONGA						X		165,504.	0.	7	1,8	<u>41</u>
(26) SHARON FURLONG	40.00											
FIELD DIRECTOR, SACRAMENTO		L				X		165,504.	0.		5,2	
1b Sub-total								1,842,796.	0.		5,1	
c Total from continuation sheets to Part	/II, Section A							504,747.	0.	25	0,0	<u>06</u>
d Total (add lines 1b and 1c)								2,347,543.	0.	1	,115,	108
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	ove	e) wh	o re	sceived more than \$100,0	000 of reportable		,	91
										1741177777	Yes	No
3 Did the organization list any former office	r, director, or tru	stee	e, ke	y en	olqn	уөө,	or t	nighest compensated em	ployee on			
line 1a? If "Yes," complete Schedule J for								•		3	Х	.,,,,,,,,
4 For any individual listed on line 1a, is the sand related organizations greater than \$15								-	ne organization	4	х	,,,,,,,
5 Did any person listed on line 12 receive or			-									

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

Section B. Independent Contractors

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

(C) Name and business address Description of services Compensation LAKESHORE AUDIO VISUAL PRESENTATION 3912 WEST MCLEAN AVE, CHICAGO, IL 60647-597 SERVICES 451,044. PROMOCO 401 SEVENTH ST, PETALUMA, CA 94952 MARKETING 234,213. CORNERSTONE PRINTING P. O. BOX 1081, TIBURON, CA 94920 **DUTSIDE PRINTING** 200,917. MILLIMAN USA, 10000 N CENTRAL EXPWY #1500, DALLAS, TX 75231 ACTUARIAL SERVICES 144,467.

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

Part VII Section A. Officers, Directors, Tra (A)		nplo	<u>yee</u>			ligh	est	Compensated Employ (D)		(F)
Name and title	(B) Average hours	erage Position			sition			Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) SOOKPRASERT, JAI ASSISTANT DIRECTOR, GR	40.00				_	x		165,149.	0.	85,120
(28) COLE, DEBRA FIELD DIRECTOR, FRESNO	40.00					x		155,043.	0.	74,661
(29) JEPF KUMATAKA FORMER CHIEF FINANCIAL OFFICER (JUN	40.00						х	184,555.	0.	90,225
						<u> </u>				
							<u> </u>			
						<u> </u>				
otal to Part VII, Section A, line 1c	<u> </u>	L	I	L	L	L		504,747.		250,006

Form 990 (2014) CALIFOR Part VIII Statement of Revenue

*******	,,,,		Check if Schedule O cont	ains a resp	onse	or note to any line				
,	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns	1	a				***************************************	
ira our		ь	Membership dues	. 11	ь					
Ğ,Ĕ			Fundraising events	1						1
# is			Related organizations	10	_					
S.E			Government grants (contribut	· -						
Sign	ĺ	f	All other contributions, gifts, gran	· · · —	+					
돌		•	similar amounts not included abo			181,448.				
Ēδ		_			<u>'</u>	101,440.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions Included in lines Total. Add lines 1a-1f	18-17 \$			181,448.			
<u></u>		<u></u>	Total: Add lilles Ta-1)	<u> </u>		Business Code	101,440.		·····	
•	,	а	MEMBERSHIP DUES			900099	62,737,912.	62,737,912.		
, <u>Ş</u>	_		CONFERENCE			900099	155,710.	02,737,312.		155 710
Program Service Revenue		c	TRAINING PROGRAMS			900099	82,893.	92 903		155,710.
E §		٠.	TRATATAG FROGRAMS		_	300033	02,093.	82,893.		
Ř		d						-		
P 70			All -M-		—					
_		T	All other program service reve	nue		<u> </u>				1
			Total. Add lines 2a-2f			<u> </u>	62,976,515.			
	3		Investment income (including	dividends,	intere					
	other similar amounts)						160,295.			160,295.
	4		Income from investment of tax	x-exempt b	ond p	roceeds				
	5		Royalties .			. •	106,802.		***************************************	106,802.
				(i) Rea	<u> </u>	(ii) Personal				
	6	8	Gross rents							
			Less: rental expenses							
		C	Rental income or (loss)			L				
		d	Net rental income or (loss)	····						
	7	a	Gross amount from sales of	(i) Securi	ties	(iı) Other				
			assets other than inventory	115,	803.	131,002.				
		b	Less: cost or other basis							1
			and sales expenses		0.	67,760.				
		C	Gain or (loss)	115,	803.	63,242.				
		d	Net gain or (loss)				179,045.			179,045.
	8	а	Gross income from fundraising	g events (ne	ot					
ı.			including \$	of						
) A			contributions reported on line	1c). See						
F			Part IV, line 18		а					
Other Revenue		b	Less: direct expenses		b					
0		c	Net income or (loss) from fund	Iraising eve	nts	. •				
	9		Gross income from gaming ac							
			Part IV, line 19		а					
		b	Less: direct expenses		ь					
			Net income or (loss) from gam	ına activitie	9	>		1		
			Gross sales of inventory, less	-	_					
			and allowances		а					
		ь	Less: cost of goods sold	•	ь					
			Net income or (loss) from sales	8 of invento	-		Ì			Ì
ì		<u>-</u>	Miscellaneous Revenue			Business Code				
	11	2	OTHER REVENUE			900099	233,216.	222 216		1
	••		ADMINISTRATIVE SERVICE			561000		233,216.	100 000	
							190,000.		190,000.	
			ADVERTISING REVENUE		_	541800	119,922.		119,922.	
i			All other revenue		,			·		
	_	Θ	Total. Add lines 11a-11d			₹ -	543,138.			
43200	12		Total revenue. See instructions			P	64,147,243.	63,054,021.	309,922.	601,852.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				`
	and domestic governments. See Part IV, line 21	86,931.			·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	175,456.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u></u>		***************************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,245,143.			
6	Compensation not included above, to disqualified	2,243,143.		 	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,142,141.	<u> </u>		
8	Pension plan accruals and contributions (include		, .	-	
	section 401(k) and 403(b) employer contributions)	6,058,056.			
9	Other employee benefits	6,906,438.			
10	Payroll taxes	1,918,686.			
11	Fees for services (non-employees):				
а	Management				
þ	Legal .	135,753.			
C	Accounting				
đ	Lobbying .		······		
9	Professional fundraising services See Part IV, line 17				·
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	1 000 000			
	column (A) amount, list line 11g expenses on Sch O)	1,923,366.			
12	Advertising and promotion	285,360.	· · · · · · · · · · · · · · · · · · ·		-
13	Office expenses	3,191,313. 254,218.			
14	Information technology	234,210.			
15 16	Royalties	1,105,812.			
17	Occupancy Travel	2,209,199.			
18	Payments of travel or entertainment expenses	2/203/2330			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,160,882.			
20	Interest	73,339.			····
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,197,582.			
23	Insurance .	1,305,676.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP DUES	1,593,894.			
b	ISSUES CONTRIBUTIONS	110,049.			····
C					
d		056.605			
е	All other expenses	256,601.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	55,335,895.			
26	Joint costs. Complete this line only if the organization			ĺ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	II tollowing SUP 98-2 (ASC) 958-72()	ı			

Par	t A	Balance Sheet					
	•	Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			111,422.	1	482,735.
	2	Savings and temporary cash investments .			14,451,410.	2	16,534,857.
	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net			32,635.	4	109,905.
1	5	Loans and other receivables from current and fo	rmer c	officers, directors,			
1		trustees, key employees, and highest compensa	ted er	nployees. Complete			
[Part II of Schedule L				5	
- 1	6	Loans and other receivables from other disqualif	ied pe	ersons (as defined under			
İ		section 4958(f)(1)), persons described in section	4958((c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 50	1(c)(9) voluntary			
<u>ا</u> ي		employees' beneficiary organizations (see instr).	Comp	elete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use			1,557,648.	8	1,752,224.
	9	Prepaid expenses and deferred charges			162,305.	9	225,149.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,696,718.			
	ь	Less: accumulated depreciation	10b	16,088,934.	13,753,227.	10c	13,607,784.
- 1	11	Investments - publicly traded securities			7,025,207.	11	13,607,784. 7,352,692.
1	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
- 1	14	Intangible assets				14	:
- 1	15	Other assets. See Part IV, line 11			82,980.	15	100,925.
	16	Total assets. Add lines 1 through 15 (must equa	d line (34) .	37,176,834.	16	40,166,271.
Ī	17	Accounts payable and accrued expenses			2,028,182.	17	2,283,825.
- [18	Grants payable				18	
	19	Deferred revenue			145,193.	19	242,546.
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
8	22	Loans and other payables to current and former	office	rs, directors, trustees,			
₫		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	ird parties	973,051.	23	856,022.
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
ĺ	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			59,522,928.	25	75,327,435.
_	26	Total liabilities. Add lines 17 through 25 .			62,669,354.	26	78,709,828.
}		Organizations that follow SFAS 117 (ASC 958)	, chec	ck here 🕨 🗓 and			
SS		complete lines 27 through 29, and lines 33 and	d 34.				
E	27	Unrestricted net assets			-25,492,520.	27	-38,543,557.
g l	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
<u>ت</u> ا		Organizations that do not follow SFAS 117 (AS	SC 958	8), check here ▶Ш			
6		and complete lines 30 through 34.					
ets:	30	Capital stock or trust principal, or current funds				30	
\$	31	Paid-in or capital surplus, or land, building, or equ	uipme	nt fund .		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	
-	33	Total net assets or fund balances			-25,492,520.	33	-38,543,557.
	34	Total liabilities and net assets/fund balances			37,176,834.	34	40,166,271.

orm	990 (2014) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	94-	<u> 1301</u>	<u>733</u>	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,33		
3	Revenue less expenses. Subtract line 2 from line 1	3		,81		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-25			
5	Net unrealized gains (losses) on investments	5		20	2,8	73.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-22	,06	5,2	<u>58.</u>
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-38	<u>,54</u>	3,5	<u>57.</u>
Pa	rt XII Financial Statements and Reporting					<u></u>
	Check if Schedule O contains a response or note to any line in this Part XII					<u>X</u>
				<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		.	2c	<u>X</u>	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			į		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	irt	-		.,
	Act and OMB Circular A-133?		,	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	rt			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		Щ_
				Form	990	(2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

94-1301733

Department of the Treasury Internal Revenue Service

Name of organization

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 2 3	Political expenditures	nization's direct and indirect politic	al campaign activities in	Part IV.	1,380,497. 13,600.
Pŧ	ert I-B Complete if the o	rganization is exempt und	ler section 501(c)(3	١).	
1	Enter the amount of any excise ta	ex incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise ta	x incurred by organization manage	ers under section 4955	▶\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?				Yes No
	of "Yes," describe in Part IV.				-1/0)
145	······································	rganization is exempt und			
1		led by the filing organization for se	· ·		
2	Enter the amount of the filing orga	anization's funds contributed to ot	her organizations for sec		
_	exempt function activities		 d Farm 4400 DOI	▶\$	
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	ind on Form 1120-POL,	▶ ¢	
4	line 17b Did the filing organization file For	m 1100 BOL for this year?	• •		Yes No
5	made payments. For each organic contributions received that were a	employer identification number (El zation listed, enter the amount pale promptly and directly delivered to If additional space is needed, prov	d from the filing organiza a separate political organ	tion's funds. Also enter th nization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		SACRAMENTO, CA			
	CE OF CSEA PAC	95814	68-0236443	0.	1,038,991.
	CE OF CSEA LOCAL	SACRAMENTO, CA		_	
ST	ATE FEDERAL CA	95814	27-2195724	0.	341,506.
	Panerwork Reduction Act Notice	e see the Instructions for Form 6	990 or 990-E7	Sahadula C	(Form 990 or 990-F7) 2014

Schedule C (Form 990 or 990-EZ) 2014						
Part II-A Complete if the org	janizatio	on is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768(election under
section 501(h)).						
•				ın Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha			•			
B Check if the filing organiza	ition check	ed box A a	nd "limited control" pr	rovisions apply.		
		bying Expe	enditures unts paid or incurred	l .)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to infl	uence pub	lic opinion	(grass roots lobbying)		· ·.	
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add I			- , (,g,	Ì	·····	
d Other exempt purpose expenditur		,				
e Total exempt purpose expenditure		s 1c and 1	d)	ļ		
f Lobbying nontaxable amount. Ent			•	th columns.		
If the amount on line 1e, column (a) o			bying nontaxable an	····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Not over \$500,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		the amount on line 1			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17			00 plus 5% of the exc	;		
Over \$17,000,000	,,	\$1,000				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)			<u> </u>	
h Subtract line 1g from line 1a. If zer		•		·		
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this			,			Yes No
(Some organizations to	hat made a	section 5 the separ	ate instructions for li	have to complete all c ines 2a through 2f.)	of the five columns I	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period	-,	"
Calendar year (or fiscal year beginning in)	(a) 2	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots celling amount						
(150% of line 2d, column (e))						
				† · · · · · · · · · · · · · · · · · · ·		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the fling 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: 3 Volunteers? 4 Paid staff or management (include compensation in expensee reported on lines 1c through 1)? 5 Paid staff or management (include compensation in expensee reported on lines 1c through 1)? 6 Media advertisements? 6 Media advertisements? 7 Includings to members, legislations, or the public? 9 Publications, or published or broadcast statements? 1 Grants to other organizations for lobbying purposes? 9 Direct contact with legislations, their staffs, government officials, or a legislative body? 1 Rallies, demonstrations, serimans, conventions, speeches, lectures, or any similar means? 1 Charactivities? 1 Total. Add lines 1c through 11 22 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 1 If Yes, and the the amount of any tax incurred under section 4912 2 If the fling organization and activities as a section 4912 and 1 this fling organization in purposities in purposities in purposities in purposities in purposities as section 4912, and 1 this fling organization managers under section 501(c)(3), or section 501(c)(6). 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Were substantially all (60% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 If Including purposition and series as existed 4912 and and political expenditures from the prior year? 1 Including purposition for purposition and political expenditures from the prior year? 1 Dues, assessments and semilar amounts from members 2 Section 162(e) onodeductible lobbying and political expenditures from the prior year of year or year year. 1 Dues, assessments and semilar am	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1	o)
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Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 5 Occupiete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part II Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I -A, LINE 1: WORK TO FIX CALIFORNIA'S SCHOOL FUNDING PROCESS AND RETURN CALIFORNIA FROM THE BOTTOM 5 TO THE TOP 10 IN EDUCATION FUNDING.		tion 501(c)	(5), or se	ction	•
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was peid). 2 a Current year 5 Carryover from last year 6 Carryover from last year 7 Total 7 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 9 Aggregate 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 expenditures (see instructions) 9 Eart IV Supplemental Information 9 Part IV Suppleme	301(0)(0).			Yes	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d 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? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see Instructions): and Part II-B, line 1. Also, complete this part for any additional information. PART I -A, LINE 1: NORK TO FIX CALIFORNIA'S SCHOOL FUNDING PROCESS AND RETURN CALIFORNIA FROM THE BOTTOM 5 TO THE TOP 10 IN EDUCATION FUNDING. PART I -C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: PART I -C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION: PART I -C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:	1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
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Schedule C (Form 990 or 990-EZ) 2	FART 1-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	L OKUMAT I	ON:		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014 Open to Public Inspection

Name of the organization

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Employer identification number 94-1301733

Pa	Companizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	e used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Pa	t # Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements .		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements i	t holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Programme of the second	conservation easements.		
Pa	Till Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	· · · · · · · · · · · · · · · · · · ·
	historical treasures, or other similar assets held for public exi		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	•
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_
а	Revenue included in Form 990, Part VIII, line 1		S
ь	Assets included in Form 990, Part X		▶ \$

		NIA SCHOOL							01733	
Pa	大脚 Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	gnificant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	• 🗀	Loan or exc	hange progr	rams				
ь	Scholarly research	•	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how t	hey further ti	ne organizat	ion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımilaı	assets			
	to be sold to raise funds rather than to be m								Yes	No No
Par	* IV Escrow and Custodial Arran	igements. Compl	ete if th	e organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	····							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other a	ssets not	included		_	
	on Form 990, Part X?							<u></u>	_ Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year			•			1e			
f	Ending balance	· · · · · ·	_	•			. 1f			
	Did the organization include an amount on F						ity?		」Yes	∐ No
	If 'Yes,' explain the arrangement in Part XIII									
Pat	t V Endowment Funds. Complete	T		·		T			T	
_		(a) Current year	(b) I	Prior year	(c) Two year	irs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance		 	····		-				
b	Contributions		-						ļ	
C	Net investment earnings, gains, and losses								<u> </u>	
	Grants or scholarships	ļ	_					· · · - · · ·	<u> </u>	
е	Other expenditures for facilities									
	and programs									
	Administrative expenses		 -			+				
9 2	End of year balance Provide the estimated percentage of the cur	rent year and halans	o /line 1	la column (s	// bold oo:	<u></u>			L	
a	Board designated or quasi-endowment	•	04 04	ry, coluitiii (a	y) noice as.					
ь	Permanent endowment ▶	 _	_′°							
-	Temporarily restricted endowment ▶	% %								
	The percentages in lines 2a, 2b, and 2c short									
За	Are there endowment funds not in the posse		ation th	at are held a	nd administr	ered for th	ne organiz	ation		
	by:								Y	es No
	(i) unrelated organizations							_	3a(i)	
	(ii) related organizations	•	•••					•	3a(ii)	
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?				•	3b	
4	Describe in Part XIII the intended uses of the	·								
Par	t VI Land, Buildings, and Equipn								•	
	Complete if the organization answere	d "Yes" to Form 990), Part I\	/, line 11a. S	ee Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	alue
		basis (Investr	nent)	basis ((other)	dep	reciation			
1a	Land			3,65	5,960.				3,655,	
b	Buildings				2,427.	13,3	372,4	65.	8,149,	962.
c	Leasehold improvements				5,086.		45,0	86.		0.
d	Equipment .				0,199.	2,6	71,3	83.	1,798,	
ө_	Other .				3,046.					046.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	0c.)			▶ 1	3,607,	784.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATIONS	786,957.
(3)	ACCRUED PENSION COST	58,106,775.
(4)	ACCRUED POSTRETIREMENT BENEFIT	
(5)	COST	16,248,416.
(6)	DUE TO PACE	185,287.
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 75,327,435.

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

Schedule D (Form 990) 2014 CALIFORNIA SCHOOL EMPLOY		· · · · · · · · · · · · · · · · · ·	L733 Page 4
Part XI Reconciliation of Revenue per Audited Financial State		e per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	. 4b		
c Add lines 4a and 4b	•	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Stat	•	ses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1 Total expenses and losses per audited financial statements		· · 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses .	2c	 	
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	•	. 2e	
3 Subtract line 2e from line 1	•	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		rt V, line 4; Part X, line	2; Part XI,
PART X, LINE 2:			
THE ASSOCIATION HAS APPLIED THE AMENDED AC	COUNTING PRING	CIPLES RELAT	ED TO
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	AND HAS DETER	RMINED THAT	THERE
IS NO MATERIAL IMPACT ON THE FINANCIAL STA	TEMENTS. WITH	H SOME EXCE	TIONS,
THE ASSOCIATION IS NO LONGER SUBJECT TO U.	S. FEDERAL ANI	STATE INCC	ME TAX
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS	PRIOR TO 2011.		
			

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public

Inspection

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

2 Employer identification number 94-1301733 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

the United States.	rations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	tobook si oka
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	*art If Grants and Other Assistance to Domestic Organizations and Domestic G	happage all second fitter of the second seco

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II car	i be duplicated if additi	onal space is need	6				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CA DEPARTMENT OF EDUCATION								!
1430 N STREET								
SACRAMENTO, CA 95814	68-0258051	GOVERNMENT	5,000.	0			GENERAL ASSISTANCE	ı
CA TAX REPORM ASSOCIATION								
SACRAMENTO, CA 95814	94-2386938	501(C)(4)	10,000.	0			SENERAL ASSISTANCE	i
CENTER FOR COLLABORATIVE SOLUTIONS								
1337 HOWE AVENUE #210				•				
SACRAMENTO, CA 95825	68-0245255	501(C)(3)	15,000.	0.			SENERAL ASSISTANCE	ı
LABOR CAMPAIGN FOR SINGLE-PAYER								
HEALTHCARE - 9749 SUMMER PARK CT -								
COLUMBIA, ND 21046	80-0286238	501(C)(4)	10,000.	0.			GENERAL ASSISTANCE	i
C.A.R.A.								
600 GRAND AVB. ROOM 410						•		
OAKLAND, CA 94610	20-1790506	501(C)(4)	5,000.	0.			GENERAL ASSISTANCE	
Charles formation for (Charles Control of the formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation formation for the formation for the formation for the formation for the formation for the formation for the formation			otto to cil ott ai boto				6	ŀ
	nd government of		e III.e I (appe		:			• [

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Page 2

94-1301733

Schedule | (Form 990) (2014) CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

		i			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	86	95,023.	°		
HUMANITARIAN ASSISTANCE	80	57,033.	°		
DISASTER ASSISTANCE	23	23,400.	°		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
TYPICALLY GRANTS TO ORGANIZATIONS	ARE MADE	TO SPONSOR A	R A CERTAIN	N EVENT OR	
PROGRAM. DOCUMENTATION IS PROVIDED	BY THE	ORGANIZATION.	THE	BOARD OF	
DIRECTORS MUST APPROVE A GRANT BEFORE	FORE FUNDS	ARE	PROVIDED. IN T	THE CASE OF	
INDIVIDUALS, SCHOLARSHIPS ARE MADE	TO	INDIVIDUALS BY WAY		OF RECOMMENDATIONS	
MADE BY THE SCHOLARSHIP COMMITTEE.	- 1	SHIP COMMI	TTEE RECOM	SCHOLARSHIP COMMITTEE RECOMMENDATIONS	
ARE BROUGHT TO THE BOARD OF DIRECTORS	ŀ	APPROVAL B	FOR APPROVAL BEFORE FUNDS	S ARE	
PROVIDED.					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Employer identification number 94-1301733

Part I **Questions Regarding Compensation** No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel X Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: ва The organization? 6Ь b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	benefits	(B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
(1) DAVID LOW	8	275,999.	0	0	104,007.	16,050.	396,056.	0
EXECUTIVE DIRECTOR	Ξ	0	0	0	0	0.	0	0
(2) MICHABL CLANCY	ε	200,025.	0	0		20,256.	296,137.	0.
CHIRF COUNSEL	8		0	0	0	0	0	0
(3) ROY RAMOS	ε	160,595.	0	0		22,737.	243,904.	0
DIRECTOR OFFICE SERVICES	Ξ		0	• 0	1	0.	0	0
(4) JODY BELL	ε	158,229.	0	0	59,743.	16,050.	234,022.	0
DIRECTOR OF MEMBER BENEFITS	(E)		• 0	• 0	0	0	0	0
(5) KBITH PACE	8	219,051.	0	0			319,879.	0.
DIRECTOR PIELD OPERATIONS	Œ			• 0	0	0	0	0
(6) TINA WAGNER	ε	158,59	• 0	• 0	.066,09	16,050.	235,636.	0
DIRECTOR INFORMATION SYSTEMS	<u> </u>			• 0	0	0	0	0
(7) FRANK POLITO	8	155,55	0	0	59,024.	20,256.	234,830.	0
DIRECTOR OF COMMUNICATIONS	€			• 0	• 0	0	• 0	0
(8) ARNIE BRAADFLADT	ε	174,893.	• 0	• 0	66,264.	9,333.	250,490.	0
DEPUTY CHIEF COUNSEL	▣			0.		• 0	0	0
(9) DENISE JENSEN	ε	165,50		• 0	62,508.	9,333.	237,345.	0
FIRLD DIRECTOR, RANCHO CUCAMONGA	▣			0.	0	0	0	0
(10) SHARON FURLONG	€	165,50		0	62,508.	22,737.	250,749.	0
FIELD DIRECTOR, SACRAMENTO	▣			0.	0	0		0
(11) SOOKPRASERT, JAI	8	165,14		0	62,383.	22,737.	250,269.	0
ASSISTANT DIRECTOR, GR	▣			0.		0		0
(12) COLE, DEBRA	€	155,04	0.	0.	58,611.	16,050.	229,704.	0
FIRLD DIRECTOR, FRESNO	€		0.	0.	0	0	• 0	0
(13) JEFF KUMATAKA	$\mathbf{\epsilon}$	184,55		0.	.696'69	20,256.	274,780.	0
PORMER CHIEF FINANCIAL OFFICER (JUN	▣	0	0.	0.	0	• 0	• 0	0
	8							
	▣							
	€							
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	8							
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Schedule J (Form 990) 2014

COMPENSATION TO THE PRESIDENT.		THIS IS NOT TAXABLE											
		T RESIDES								:			
EA OWNS A TOWNHOME WHERE THE CSEA THENSATION TO THE PRESIDENT.									:		:		
EA OWNS A TOWNHOME WHERE THE OPENSATION TO THE PRESIDENT.		CSEA											
TI, LINE 1A: TA OWNS A TOWNHOME THENSATION TO THE 1		WHERE THE	PRESIDENT.										
TI, LINE TA OWNS A THENSATION	: 1A:	TOWNHOME	I TO THE I										
	T I, LINE	A OWNS A	PENSATION										

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open To Public Inspection

Name of the organization	CALIFORNI	A SCHOOL	L EN	1PLO	YEES ASSOC	IA	TION	I '		r identi		on nu	mber
					ion 501(c)(4), and 50								
1	(6)	wered "Yes" on Relationship bet			art IV, line 25a or 25i	o, or	Form 990-EZ, P	art V,	line 40)b	(40	Corre	cted?
(a) Name of disqualified	person	person and o			(4	c) Do	escription of tran	sactio	าก		Ye		No
											\bot	\Box	
											+-	\rightarrow	
											+	-	
2 Enter the amount of tax section 49583 Enter the amount of tax,			٠.		• • •	ring	the year under		▶ \$ ▶ \$		<u> </u>	<u>_</u>	
Part II Loans to and	d/or From Int	torocted Day	· · · · · ·										
Limite					, Part V, line 38a or l	Form	n 990 Part IV lir	ne 26.	or if th	e orga	nizatu	าก	
•	ount on Form 990				., 1 a.: 7, 1110 000 01		11 550, 1 61 17, 111		O7 11 t.				
(a) Name of interested person	(b) Relationship with organization	1 ''		oan to or m the	(e) Original principal amount	(1) Balance due) In ault?	(h) App by boa	ard or i	,	/ritten ment?
interested person	with Organization	Orioan		From	principal amount			Yes		Yes	ittee? No	Yes	No
	 		10	From		\vdash		165	NO	165	140	163	140
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			+	+		-							
Total	1		<u>'</u>		▶ \$	L							
Part III Grants or As	ssistance Be	nefiting Inte	reste	d Pe	rsons.		·						
	organization ans						(d) Time		-	(=)			
(a) Name of interested	person	(b) Relationship interested per the organiz	son ar		(c) Amount of assistance		(d) Type assistan				Purpo		ſ
									_				
													
 													
									\dashv				
HA For Panerwork Reduct	tion Act Notice	see the Instru	ctions	for Fo	rm 990 or 990-F7		Sch	adula	I (For	m 990	AF 90	n-F7	1 2014

Schedule L (Form 990 or 990-EZ) 2014 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Page 2

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
DEB JACHENS	SPOUSE OF DIRECTOR		EMPLOYMENT		X
LUCI CLARK	SPOUSE OF DIRECTOR	78,764.	EMPLOYMENT		X
					-
Provide additional information for a	esponses to questions on Schedule L (see	ınstructions).			<u></u>
SCH L, PART IV, BUSINESS		•	ED PERSONS:		
(A) NAME OF PERSON: DEB					
(B) RELATIONSHIP BETWEEN		D ORGANIZAT	CION:		
SPOUSE OF DIRECTOR ROB E	ECKNER				
		<u></u>			
(A) NAME OF PERSON: LUCI	CLARK				
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AN	D ORGANIZAT	CION:		
SPOUSE OF DIRECTOR ALLAM	I CLARK		·		
			· •		
				<u>. </u>	
	tree + P				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301/33
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
-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.
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.
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.
FORM 990, PART VI, SECTION A, LINE 7B:
ANY CHANGES TO THE CONSTITUTION AND BYLAWS AND THE ANNUAL BUDGET ARE
APPROVED BY THE BOARD AND THEN BROUGHT TO THE MEMBERSHIP FOR APPROVAL
BEFORE THEY ARE IMPLEMENTED.

THEY UTILIZED

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization **Employer** identification number CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 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. 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. 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 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. 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.

432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	Employer identification number 94-1301733
COMPARABLES RELATIVE TO GEOGRAPHY, EMPLOYER SIZE, NATURE	OF SERVICES
PROVIDED, LABOR MARKET POSITION AND OTHER FACTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE	TO THE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
COSTS	-22,065,258.
FORM 990, PART XII, LINE 2C:	
NEITHER THE PROCESS OF OVERSIGHT OF THE FINANCIAL STATEME	NT AUDIT NOR
THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT CH	ANGED FROM THE
PRIOR YEAR.	
	

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2014

OMB No 1545-0047

Open to Public Inspection

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Name of the organization

Employer identification number 94-1301733

(g) Section 512(b)(13) Direct controlling 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. £ End-of-year assets <u>e</u> Total income ਰ ব্র Legal domicile (state or foreign country) Û Primary activity <u>a</u> 3 Name, address, and EIN (if applicable) of disregarded entity <u>e</u> Part II

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(0)(13) 20 20 20 20 20 20 20 20 20 20 20 20 20
		•		501(c)(3))		Yes	ŝ
PACE OF CSEA PAC - 68-0236443	TO PARTICIPATE IN STATE						
555 CAPITOL MALL, SUITE 1425	AND/OR LOCAL CANDIDATE					_	
SACRAMENTO, CA 95814	BLECTIONS	CALIFORNIA	527	**	N/A		×
PACE OF CSEA LOCAL STATE PEDERAL CANDIDATES TO PARTICIPATE IN LOCAL,	TO PARTICIPATE IN LOCAL,						
- 27-2195724, 555 CAPITOL MALL, SUITE 1425, STATE AND PEDERAL	STATE AND FEDERAL						
SACRAMENTO, CA 95814	CANDIDATE ELECTIONS	CALIFORNIA	527	<u> </u>	N/A		×
	,						
		_					
					_		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

Page 2

94-1301733

Schedule R (Form 990) 2014 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	2	છ	Œ	_	.	€	(B)	ε	€	9	2	2
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity		t income related,	Share of total income	Share of end-of-year	Disproportionate allocations?	Salog Salog	OX manage	I or Perc	ntage rship
		foreign country)		sections	512-514)		deserie	Yes No		65) Yes No	9	
					-							
								-		+	-	
part ty Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	panizations Taxable poration or trust dum	as a Corpo	ration or Trust Co	mplete if th	e organization a	inswered "Yes"	on Form 990,	art IV, line	34 because it ha	d one or	nore relat) p
(e)			(a)	(2)	9	(0)		3	(B)	ε		
Name, address, and EIN	z	Prim	Primary activity	egal domicile	Direct controlling			Share of total		Percentage	Section Ge 512(b)(13)	13 (13)
of related organization				(state or foreign		(C corp, S corp, or trust)		псот	end-of-year assets	owners		₽ 64 43 64
				country)			,				Yes	ş
							-					
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											·	
										·		
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432162 08-14-14									Schec	Jule R (F	Schedule R (Form 990) 2014	2014

Schedule R (Form 990) 2014 CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes No	_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	ated organizations listec	d in Parts II-IV?				1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					19	×	
b Giff, grant, or capital contribution to related organization(s)					1p	×	ı
c Gift, grant, or capital contribution from related organization(s)				•	5	×	l
d Loans or loan guarantees to or for related organization(s)		•			7	×	1
					2	: :	1
Loans or loan guarantees by related organization(s)	•				16	×	
					·····		
f Dividends from related organization(s)	:				=	×	I
g Sale of assets to related organization(s)					10	×	
		•	•		=	×	I
i Exchange of assets with related organization(s)		:	:		;=	×	1
j Lease of facilities, equipment, or other assets to related organization(s)	•			•	;=	×	1
						ļ	
k Lease of facilities, equipment, or other assets from related organization(s)	:				¥	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	sation(s)	•	:		=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızation(s)				13	×	I
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)				=	×	
o Sharing of paid employees with related organization(s)	•			:	⊢	×	1
	•		•		╀	-	
p Reimbursement paid to related organization(s) for expenses					4	×	1
q Reimbursement paid by related organization(s) for expenses	•				19	×	
						****	ŧ
r Other transfer of cash or property to related organization(s)	:		:		+	×	I
s Other transfer of cash or property from related organization(s)	•	:			1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	s line, including covered	relationships and trans	action thresholds.			
	1.						ı
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d) Method of determining amount involved	volved		
5							l
(0)							1
(2)							
(2)							l
							1
(4)							- 1
(5)							
(9)							

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Part Wi 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.

Desimpor Code V-UBI General or Percentage borate amount in box 20 managing ownership yes No (Form 1065) yes No Share of end-of-year assets Share of псоше total Ie Predominant income parmes sec. (related, unrelated, Soriol Saciol Sections 512-514) (state or foreign Legal domicile country) Q Primary activity 2 Name, address, and EIN of entity

Schedule R (Form 990) 2014

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Part VII	Supplemental Information
<u> </u>	Provide additional information for responses to questions on Schedule R (see instructions).
	1 Totale additional information for responses to questions on ecinedate ((accommodations).
•	
	
	