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

Return of Organization Exempt From Income Tax

Open to Public

-14,299,839

-57,403,968

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012 D Employer identification number **B** Check if applicable CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Address change 94-1301733 E Telephone number Doing Business As ☐ Name change (408) 473-1000 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 62,294,431 Terminated City or town, state or country, and ZIP + 4 SAN JOSE, CA 95131 Amended return Application pending Name and address of principal officer Is this a group return for DAVE LOW 2045 LUNDY AVENUE SAN JOSE, CA 95131 H(b) Are all affiliates included? □ Yes □ No If "No." attach a list (see instructions) 「 501(c)(3) **✓** 501(c) (5) ◀ (insert no) √ 4947(a)(1) or
√ 527 Group exemption number 🕨 Website: ► WWW CSEA COM K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ L Year of formation 1927 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities TO IMPROVE THE LIVES OF OUR MEMBERS, STUDENTS, AND COMMUNITY Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 15 Number of independent voting members of the governing body (Part VI, line 1b) . 15 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 304 6 Total number of volunteers (estimate if necessary) 6 1,375 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 294,252 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 117.399 **Prior Year Current Year** 124.602 8 Contributions and grants (Part VIII, line 1h) . 491,422 61,300,127 59,871,016 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 346,428 140,747 544,592 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 577,603 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 62,348,760 61,047,777 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 319,645 257,319 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 44,299,891 37,610,554 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,979,065 16,170,898 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 63.598.601 54,038,771 19 Revenue less expenses Subtract line 18 from line 12 . . . -1,249,841 7,009,006 Assets or defined designated **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 30,682,598 31,466,414 Met./ 21 Total liabilities (Part X, line 26) 44,982,437 88,870,382

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge

Net assets or fund balances Subtract line 21 from line 20

Sign Here	Signature of officer JEFF KUMATAKA CHIEF FINANCIAL OFFICER	
	Type or print name and title	
Paid	Preparer's signature DARLA A COLSON	Date
Preparer's Use Only	Firm's name (or yours GILBERT ASSOCIATES INC if self-employed),	
OSC Only	address, and ZIP + 4 2880 GATEWAY OAKS DRIVE STE 100	
	SACRAMENTO, CA 95833	

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

Part IV	Checklist o	of Rec	uired	Sche	dules

	•		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other TRS	Filings and	Tax Compliance
Feile	Statements	ixcgar anng	Other Time	i iiiiiga aiia	Tax compnance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 99			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	TC.	1 62	
а	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>,</u>	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the vear?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities	_		
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
J	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	,		
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_ [
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand			
1 -		14-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	140
	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	10b	Yes	
11.	purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a		No
D	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶CA			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website V Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JEFF KUMATAKA CFO 2045 LUNDY AVENUE

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) ROB FECKNER PAST PRESIDENT	5 00	х						600	0	0
(2) MARTHA PENRY AREA DIRECTOR A	5 00	х						600	0	0
(3) LINDA BLANCHARD AREA DIRECTOR B	5 00	х						600	0	0
(4) CYNTHIA ZECHER AREA DIRECTOR C	5 00	х						600	0	0
(5) RAMELDIA MARK AREA DIRECTOR D	5 00	х						600	0	0
(6) KAREN GARDNER AREA DIRECTOR E	5 00	х						600	0	0
(7) DALE SORENSON AREA DIRECTOR F	5 00	х						600	0	0
(8) WILLIAM RAWLINGS AREA DIRECTOR G	5 00	х						600	0	0
(9) CAROLYN EVERETT AREA DIRECTOR H	5 00	х						600	0	0
(10) DONALD SYNDER AREA DIRECTOR I	5 00	Х						450	0	0
(11) TERESA MINOUX AREA DIRECTOR K	5 00	Х						600	0	0
(12) JENNIE BATISTE PRIOR AREA DIRECTOR I	5 00	х						150	0	0
(13) IVAN PASTRANO PRIOR ASSOCIATION 2ND VP	5 00	х						150	0	0
(14) DONNA DARCY PRIOR ASSOCIATION SECRETARY	5 00	х		Х				150	0	0
(15) ALLAN CLARK ASSOCIATION PRESIDENT	40 00	х		Х				1,200	0	0
(16) MICHAEL BILBREY ASSOCIATION 1ST VP	5 00	х		Х				600	0	0
(17) BENJAMIN VALDEPENA ASSOCIATION 2ND VP	5 00	Х		Х				600	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours	A verage Position (do not check more than one box, per unless person is both week an officer and a director/trustee)							(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11300)	organizations	
(18) DOLORES RODRIGUEZ ASSOCIATION SECRETARY	5 00	х		х				450	0	0	
(19) DAVID LOW EXECUTIVE DIRECTOR	40 00			х				256,307	0	130,204	
(20) JEFF KUMATAKA CHIEF FINANCIAL OFFICER	40 00			х				172,657	0	98,663	
(21) MICHAEL CLANCY CHIEF COUNSEL	40 00			х				186,450	0	104,754	
(22) DENISE JENSEN SENIOR EXECUTIVE MANAGER	40 00				х			152,203	0	88,145	
(23) ROY RAMOS DIRECTOR OFFICE SERVICES	40 00				х			152,111	0	89,355	
(24) KEITH PACE DIRECTOR FIELD OPERATIONS	40 00				х			188,047	0	101,349	
(25) ARNIE BRAADFLADT DEPUTY CHIEF COUNSEL	40 00					х		152,739	0	85,511	
(26) MICHAEL GANLEY DIR ORGAN /SPEC PROJ	40 00					х		157,185	0	87,503	
(27) SHARON FURLONG FIELD DIR , SACRAMENTO	40 00					х		155,271	0	90,880	
(28) ROSE ROACH FIELD DIR , RIVER DELTA	40 00					х		155,337	0	90,754	
(29) JANET JONES FIELD DIR , RANCHO CUCAMONGA	40 00					х		153,925	0	90,218	
1b Sub-Total	<u> </u>			<u> </u>	<u>. </u>		<u> </u>				
c Total from continuation sheets							 				
d Total (add lines 1b and 1c) .						•	•	1,891,982	0	1,057,336	

\$100,000 of reportable compensation from the organization -77

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	V 0.5	
		4	Yes	
5	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 \cdot	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORNERSTONE PRINTING 423 WASHINGTON ST 6TH FLOOR SAN FRANCISCO, CA 941112353	OUTSIDE PRINTING	300,618
PSAV-CHICAGO 23919 NETWORK PL CHICAGO, IL 60674	PRESENTATION SERVICES	230,556
EAS ENTERPRISES PO BOX 92181 LAKELAND, FL 338042181	WEBSITE DEVELOPMENT	165,244
MILLIMAN USA 10000 N CENTRAL EXPWY 1500 DALLAS, TX 75231	ACTUARIAL SERVICES	145,265
THE DAVIS LAW FIRM 625 MARKET ST 12 FLR SAN FRANCISCO, CA 94105	LEGAL SERVICES	121,166
2 Total number of independent contractors (including but not limited)	to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization $\blacktriangleright 5$

Form 99								Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# \$ # S	1a	Federated cam	paigns 1a					
ᆵ	ь	Membership du	ıes 1b					
s, g	c	Fundraising eve	ents 1c					
<u>#</u> =	d	Related organiz	zations 1d					
E, S	e	Government grant	s (contributions) 1e					
ntion er s	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	491,422				
들통	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	١.				401 422			
ें ल	h Total. Add lines 1a-1f				491,422			
an		MEMBER CUTE DUE		Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	<u> </u>	900099	59,650,525	59,650,525		
<u>₩</u>	b	CONFERENCE TRAINING PROCES	AMC	900099	181,313	20.470		181,313
Š	l d	TRAINING PROGRA	AMS	900099	39,178	39,178		
À	d e							
Ē	f	All other progra	am service revenue					
್ತಿ	'							
	g		s 2a-2f		59,871,016			
	3		ome (including dividen ar amounts)	· · · · · · · · · · · · · · · · · · ·	186,845			186,845
	4		stment of tax-exempt bond	- F	100,010			250,615
	5			· · · · · · · · · · · · · · · · · · ·	183,972			183,972
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,182,382	18,174				
	b	Less cost or other basis and sales expenses	1,220,251	26,403				
	С	Gain or (loss)	-37,869	-8,229	45.000			45.000
	d		ss)	, ▶	-46,098			-46,098
ane R	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18 a					
ф	b		penses b					
0	C		(loss) from fundraising	events 🟲 				
	9a		from gaming activities ne 19 a					
	b c		penses b (loss) from gamıng actı					
	10a	Gross sales of returns and allo	• •					
	b c		oods sold b (loss) from sales of inv	entory ►				
		Miscellaneou	s Revenue	Business Code				
	11a	ADMINISTRAT	TIVE SERVICE	561000	269,167		269,167	
	b	OTHER REVEN	NUE	900099	66,368	66,368		
	С	ADVERTISING	_	541800	25,085		25,085	
	d	All other reven						
	е		s 11a-11d	▶	360,620			
	12	i otal revenue.	See Instructions .	· · •	61,047,777	59,756,071	294,252	506,032

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	leck if Schedule O contains a response to any question in this Part 1X				
	t include amounts reported on lines 6b, , 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 governments and organizations in the United States See Part IV, line 21	96,455			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	160,864			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	100,001			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,729,995			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	23,984,835			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,904,919			_
•					
9	Other employee benefits	6,033,544			
10	Payroll taxes	1,957,261			
11	Fees for services (non-employees)				
а	Management				
b	Legal	163,795			
С	Accounting	84,557			_
d	Lobbying				
е	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	2,001,861			
12	Advertising and promotion	245,046			
13	Office expenses	3,278,582			
14	Information technology	612			
15	Royalties	012			
		1 202 162			
16	Occupancy	1,283,163			_
17	Travel	2,440,061			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,326,276			
20	Interest	83,017			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,258,606			
23	Insurance	503,045			_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	ISSUES CONTRIBUTIONS	1,644,312			
ь	MEMBERSHIP DUES	1,637,282			
С					
d					
e					
f	All other expenses	220,683			
25	Total functional expenses. Add lines 1 through 24f	54,038,771			
		J ⁴ ,030,771			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	<u> </u>		<u> </u>	orm 990 (2011)

Pa	rt X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing					1	232,366
	2	Savings and temporary cash investments				6,876,733	2	8,305,598
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				71,512	4	458,566
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	em	oloyees, and			
		Schedule L					5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		49	58(f)(1)) and		ı	
w l		Schedule L					6	
Assets	7	Notes and loans receivable, net					7	
8	8	Inventories for sale or use			•	1,292,096	8	1,212,592
•	9	Prepaid expenses and deferred charges				73,857	9	55,230
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a		30,784,849			
	b	Less accumulated depreciation	10b		15,482,050	16,295,152	10 c	15,302,799
	11	Investments—publicly traded securities			•	5,976,431	11	5,841,989
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				96,817	15	57,274
	16	Total assets. Add lines 1 through 15 (must equal line 34)				30,682,598	16	31,466,414
	17	Accounts payable and accrued expenses .				2,235,210	17	1,736,019
	18	Grants payable					18	
	19	Deferred revenue				164,146	19	192,111
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	_			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
홅		persons Complete Part II of Schedule L					22	ı
	23	Secured mortgages and notes payable to unrelated third parties				1,358,012	23	1,230,365
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part				41,225,069	25	85,711,887
	26	D				44,982,437		88,870,382
	26	Total liabilities. Add lines 17 through 25				44,902,437	26	88,870,382
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete II	ines	. 27			
<u>8</u>	27	Unrestricted net assets				-14,299,839	27	-57,403,968
8	28	Temporarily restricted net assets					28	
핃	29	Permanently restricted net assets					29	
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	d com	ple	te			
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds				32	
Net	33	Total net assets or fund balances				-14,299,839	33	-57,403,968
~	34	Total liabilities and net assets/fund balances				30,682,598	34	31,466,414

-(-	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61,0	047,777
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,771
3	Revenue less expenses Subtract line 2 from line 1	3		7,0	09,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-14,2	299,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-50,1	13,135
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-57,4	103,968
Par	The triangle of the contains a response to any question in this Part XII			৮	
		г		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493304001162

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ 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) or Form 990-EZ, line 35c (Proxy Tax), then
- ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	

Employer identification number

94-1301733

Part I-A Complete if the organiz	ration is exempt under section 50:	1(c) or is	s a section 527	organization.
----------------------------------	------------------------------------	------------	-----------------	---------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures 1,110,746 Volunteer hours 10.997 Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made?
 - If "Yes," describe in Part IV

Name of the organization

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
(1) PACE OF CSEA PAC	555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 95814	68-0236443		1,012,962
(2) PACE OF CSEA LOCAL STATE FEDERAL CANDIDATES	555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 95814	27-2195724		97,784

f Grassroots lobbying expenditures

ch	nedule C (Form 990 or 990-EZ) 2011					Page 2
Pa	cart II-A Complete if the organization in under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	(election
<u> </u>	Check If the filing organization belongs to an	affiliated group (and	list in Part IV ea	ch affiliated gro	oup member's name	e, address, EIN,
	expenses, and share of excess lobby					
<u> </u>	Check If the filing organization checked box	A and "limited contro	l" provisions app	ly		
	Limits on Lobbying Ex	penditures			(a) Filing	(b) Affiliated
	(The term "expenditures" means amo		.)		O rganization's Totals	Group Totals
la	Total lobbying expenditures to influence public op	inion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legislat	tive body (direct lobby	yıng)			
C	Total lobbying expenditures (add lines 1a and 1b))				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro	om the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	: 1f)				
h	Subtract line 1g from line 1a If zero or less, enter	r-0-				
	Subtract line 1f from line 1c If zero or less, enter					
	If there is an amount other than zero on either line section 4911 tax for this year?		organization file	Form 4720 rep	porting	┌ Yes ┌ No
	(Some organizations that made a s columns below. See the	e instructions fo	ection do not r lines 2a thr	have to co ough 2f on	page 4.)	e five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

ch	edule C (Form 990 or 990-EZ) 2011					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT fi	iled F	orm	5768	3
		(a)		(b)	
		Yes	No	4	A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		•			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Γ	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		Γ	3		Νo
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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

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

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DLN: 93493304001162

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION 94-1301733 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that a	re a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	orexo	hange progr	ams			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in ho	w the	y furth	er the	organızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontrıbı	utions	or other ass	ets r	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		Г		Amo	unt	
С	Beginning balance							1c	71110	4.1.0	
d	Additions during the year						 	1d			
e	Distributions during the year						 	1e			
f							-	1f			
	Ending balance	000 5 1 1 1	- 242				L	TI		· w -	
2a	Did the organization include an amount on Fo		e ∠1?	•					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV		n - :-		-d !!\	- 11 L-	Faura 000	De:	+ T\/ 4 O		
Pa	rt V Endowment Funds. Complete	(a)Current Year)Prior '			rorm 990, wo Years Back			e) Four Y	ears Back
1a	Beginning of year balance	(a) same in the	(-	,		(-,	.ro round basis	(=,	·····oo · oaio baok (- /. • a	Date Back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as					•	<u>'</u>		
а	Board designated or quasi-endowment										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	are hel	d and	admınıstered	for	the	Yes	No
	(i) unrelated organizations					•			3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio								3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	e nt. See Form 99	90, Pa	art X	, line	10.	<u> </u>				
	Description of property				Cost or s (inves		(b) Cost or ot basıs (othe		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land						3,655	,960			3,655,960
b	Buildings						20,931	,864	11,173,081		9,758,783
c	Leasehold improvements						398	,834	31,580		367,254
d I	Equipment						5,798	,191	4,277,389		1,520,802
	Other										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B), line	10(c).)			▶	1	.5,302,799
			mn (B	l), line	10(c).,)					

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation f-year market value
(1)Financial derivatives		Cost of end-o	-year market value
(2)Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-o	f-year market value
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
CAPITAL LEASE OBLIGATIONS	195,886		
ACCRUED PENSION COST	64,372,742		
ACCRUED POSTRETIREMENT BENEFIT COST	21,143,259		
	21,173,239		
Total (Column (h) should equal Form 2000 Part V 1/2) har 25	A= =		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	85,711,887		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

DLN: 93493304001162

Inspection

Department of the Treasury Internal Revenue Service

CALIFORNIA SCHOOL EMPLO	VEES ASSOCIATIO	M				Employer identifi	reactor transper
CALITORNIA SCHOOL EMPLO	TIES ASSOCIATION	V				94-1301733	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	rassistance?					▽Yes □N
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received i) if additional space i	more than \$5,000.	Check this box if n	o one recipient rec	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CA DEPARTMENT OF EDUCATION1430 N STREET SACRAMENTO,CA 95814	68-0258051	GOVERNMENT	7,500				CONTRIBUTION
(2) CA TAX REFORM ASSOCIATION717 K STREET SUITE 510 SACRAMENTO,CA 95814	94-2386938	501(C)(4)	10,000				CONTRIBUTION
(3) CENTER FOR COLLABORATIVE SOLUTIONS1329 HOWE AVE 200 SACRAMENTO, CA 95825	68-0245255	501(C)(3)	15,000				CONTRIBUTION
(4) CARA600 GRAND AVENUE 410 OAKLAND,CA 94610	20-3253963	501(C)(3)	7,000				CONTRIBUTION
(5) ORANGE COUNTY VOTER INFORMATION 1212 S VICTORY BLVD BURBANK, CA 91502	71-1035583	501(C)(4)	15,000				CONTRIBUTION
(6) LABOR CAMPAIGN FOR SINGLE-PAYER HEALTHCARE9749 SUMMER PARK CT COLUMBIA,MD 21046	80-0286238	501(C)(4)	10,000				CONTRIBUTION

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	96	96,000			
(2) HUMANITARIAN ASSISTANCE	81	53,864			
(3) DISASTER ASSISTANCE	11	11,000			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 TYPICALLY GRANTS TO ORGANIZATIONS ARE MADE TO SPONSOR A CERTAIN EVENT OR PROGRAM DOCUMENTATION IS PROVIDED BY THE ORGANIZATION THE BOARD OF DIRECTORS MUST APPROVE A GRANT BEFORE FUNDS ARE PROVIDED IN THE CASE OF INDIVIDUALS, SCHOLARSHIPS ARE MADE TO INDIVIDUALS BY WAY OF RECOMMENDATIONS MADE BY THE SCHOLARSHIP COMMITTEE SCHOLARSHIP COMMITTEE RECOMMENDATIONS ARE BROUGHT TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE FUNDS ARE PROVIDED

Compensation Information

DLN: 93493304001162

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Name of the organization

Department of the Treasury

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CAL	IFORNIA SCHOOL EMPLOYEES ASSOCIATION						
			94	-1301733			
Pa	rt I Questions Regarding Compensation	<u> </u>					ı
				ı		Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel						
	Travel for companions	·	Payments for business use of persona				
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation				
	Discretionary spending account	<u> </u>					
	Discretionary spending account	'	Personal services (e g , maid, chauffeu	ir, cher)			
b	If any of the boxes in line 1a are checked, did the org						
_	reimbursement orprovision of all the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive				2	Yes	
						100	
3	Indicate which, if any, of the following the organizatio						
	organization's CEO/Executive Director Check all the Compensation committee	at appl	y Written employment contract				
	✓ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	٠ ح	Approval by the board or compensation	n committee			
	1 offit 550 of other organizations	,,	Approval by the board of compensation	ii committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VI	I, Section A, line 1a with respect to the	filing organization			
а	Receive a severance payment or change-of-control p	aymei	nt?		4a		Νo
b	Participate in, or receive payment from, a supplemen	tal nor	nqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?		4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide tl	ne applicable amounts for each item in P	art III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	et com	nlete lines 5-9				
5	For persons listed in form 990, Part VII, Section A, I						
-	compensation contingent on the revenues of	me ru	, and the organization pay or decrue any				
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any				
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 67 If "Yes," described in lines 6 and 67 If "Yes," desc			xed	7		
8	Were any amounts reported in Form 990, Part VII, passible to the initial contract exception described in In Part III		·	cribe	8		
٥	If "Vac" to line 8 did the organization also follow the	robutt	able presumption presedure described i	n Pagulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

,	(B) Breakdown of	W-2 and/or 1099-MJ	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits			
(ı) (ıı)	256,307 0	 0	0 0	114,055	16,149 0	386,511 0		
(ı) (ıı)	172,657 0	0	0	78,426 0	20,237 0	271,320 0	(
(ı) (ıı)	186,450 0	0	0	84,365	20,389 0	291,204 0	(
(ı) (ıı)	152,203	0	0 0	69,871	18,274 0	240,348	(
(ı) (ıı)	152,111 0	0 0	0 0	68,815	20,540	241,466 0	(
(ı) (ıı)	188,047 0	0 0	0 0	85,044	16,305 0	289,396 0		
(ı) (ıı)	152,739 0	0	0	69,377	16,134 0	238,250	(
(ı) (ıı)	157,185 0	0	0 0	71,198 0	16,305 0	244,688 0	(
(ı) (ıı)	155,271 0	0	0	70,335	20,545	246,151 0	(
(ı) (ıı)	155,337 0	0	0 0	70,365	20,389	246,091 0	(
(I) (II)	153,925	0	0	69,829	20,389	244,143 0		
'	<u> </u>							
	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) ((i) Base compensation (i) 256,307 (ii) 0 (i) 172,657 (iii) 0 (i) 186,450 (ii) 152,203 (ii) 0 (i) 152,111 (ii) 0 (i) 188,047 (ii) 152,739 (ii) 0 (i) 157,185 (ii) 0 (i) 155,271 (ii) 0 (i) 155,337 (ii) 0 (i) 153,925	(i) Base compensation (i) Compensation (ii) Base incentive compensation (i) 256,307 0 0 0 (ii) 172,657 0 0 (ii) 186,450 0 0 (ii) 152,203 0 0 (ii) 152,111 0 0 (ii) 188,047 0 0 (ii) 188,047 0 0 (ii) 152,739 0 0 (ii) 157,185 0 0 (ii) 157,185 0 0 (ii) 155,271 0 0 (ii) 155,271 0 0 (ii) 155,337 0 0 (ii) 155,337 0 0 (ii) 155,337 0 0 (ii) 153,925 0 0	(1) 256,307 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation (i) 256,307 0 0 114,055 (ii) 0 0 0 0 (i) 172,657 0 0 78,426 (ii) 0 0 0 0 (i) 186,450 0 0 34,365 (ii) 0 0 0 69,871 (iii) 0 0 0 69,871 (iii) 152,203 0 0 69,871 (iii) 0 0 0 69,871 (iii) 0 0 0 68,815 (iii) 0 0 0 85,044 (iii) 0 0 0 85,044 (iii) 0 0 0 0 71,198 (iii) 0 0 0 0 71,198 (iii) 155,271	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation benefits (i) (ii) 256,307 (iii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Other reportable compensation other deferred compensation benefits (B)(i)-(D) (i) 256,307 (iii) 0 0 114,055 (iii) 16,149 (iiii) 386,511 (iiii) (i) 172,657 (iiii) 0 0 78,426 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	CSEA OWNS A TOWNHOME WHERE THE CSEA PRESIDENT RESIDES THIS IS NOT TAXABLE COMPENSATION TO THE PRESIDENT

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493304001162

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2011

Open to Public Inspection

	of the organization	TION						E	mployer i	dent if ica	tion numb	er
CALIFOR	INIA SCHOOL EM LOTELS ASSOCIA	TION						9	4-13017	33		
Part I	Excess Benefit Trai	nsacti	i ons (s	ection 501	(c)(3) a	and section 501	(c)(4)					
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F	Part IV , line 25a o	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	
	(a) Name of diag	المالية الما	naraan			41.5		٠.				(c)
1	(a) Name of disq	uaiiiieu	person			(b) Desc	cription	of trans	action			rected?
											Yes	NO
) Er	ter the amount of tax impos	ed on t	he organ	uzation man	agers or	disqualified pers	one dur	ing the v	ear unde	r	•	
	ction 4958		_		_			_	•	• \$		
3 Er	iter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			🕨	. \$		
Part 1												
	Complete if the organiz	zation a T	nswere	d "Yes" on F T	orm 990), Part IV, line 26	, or Fori I	m 990-E			<u>a</u>	
		1 ' '	oan to				(e) :	In	(f) Approv		(g)Writ	ten
(a) Nar	me of interested person and		om the ization?	(c)Orig		(d)Balance due	defau		by boar	d or	agreement?	
	purpose	Organi	124110111	principal a	amount				committee?			
		То	From				Yes	No	Yes	No	Yes	No
								<u> </u>		-		
								-				
					.				1			
Total					▶ \$	Dorgona	<u> </u>					
Part I	Complete if the orga						/ line :	7				
						een interested per						
	(a) Name of interested pers	on	``			ganızatıon	30	(c) A m	nount of g	rant or ty	pe of assı	stance

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete if the organization	ni aliswered Tes Oli	TOTTI JJO, Fart IV, III	ie 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) DEB JACHENS	SPOUSE OF DIRECTOR ROB FECKNER	104,129	EMPLOYMENT		No
(2) LUCI CLARK	SPOUSE OF DIRECTOR ALLAN CLARK	122,142	EMPLOYMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

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

94-1301733

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS WHO HAVE THE RIGHT TO ELECT MEMBERS OF THE GOVERNING BODY AND THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY
	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 BY LAWS AND THE ANNUAL BUDGET ARE APPROVED BY THE BOARD AND THEN BROUGHT TO THE MEMBERSHIP FOR APPROVAL BEFORE THEY ARE IMPLEMENTED OR IN EFFECT
	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 FOR THE DEPARTMENT HEADS DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE AT THE BOARD LEVEL FOR BOARD MEMBERS AND BY THE EXECUTIVE DIRECTOR FOR STAFF
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR ALL MANAGEMENT POSITIONS WERE LAST REVIEWED IN 2006 AN INDEPENDENT CONSULTING FIRM WAS CONTRACTED TO REVIEW THE POSITIONS AND JOB DESCRIPTIONS, MEET WITH INCUMBENTS AND SENIOR MANAGEMENT THEY UTILIZED COMPARABLES RELATIVE TO GEOGRAPHY, EMPLOYER SIZE, NATURE OF SERVICES PROVIDED, LABOR MARKET POSITION AND OTHER FACTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -214,292 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -49,898,843 TOTAL TO FORM 990, PART XI, LINE 5 -50,113,135

DLN: 93493304001162

2011

OMB No 1545-0047

Open to Public **Inspection**

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

(Form 990)

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

				94-1301733			
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes"	on Form 990, Pai	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
			+				
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		f the organization	answered "Yes" o	on Form 990, Part	: IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 51 contr organi	12(b)(1: olled
						Yes	No
3045 H INITY WENTE	TO PROTECT RIGHTS AND WELFARE OF CSEA MEMBERS	CA	501(C)(3)	PF	N/A		No

						res	NO
(1) CSEA INSTITUTE FOR PUBLIC EDUCATION 2045 LUNDY AVENUE SAN JOSE, CA 95131 77-0575885	TO PROTECT RIGHTS AND WELFARE OF CSEA MEMBERS	СА	501(C)(3)	PF	N/A		No
(2) PACE OF CSEA PAC 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 95814 68-0236443	TO PARTICIPATE IN STATE AND/OR LOCAL CANDIDATE ELECTIONS	CA	527		N/A		No
(3) PACE OF CSEA LOCAL STATE FEDERAL CANDIDATES 555 CAPITOL MALL SUITE 1425 SACRAMENTO, CA 95814 27-2195724	TO PARTICIPATE IN LOCAL, STATE AND FEDERAL CANDIDATE ELECTIONS	CA	527		N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No. 50	1135Y		Schedule R (Fo	orm 990)	2011

Part III	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.)		

(a) ddress, and EIN of l organization	Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		ns? amount in box 20 of Schedule K-1 (Form 1065)) ral or ging ner?	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Ye	s No							
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	s II-IV?	Γ		1							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			14	a	No							
b	Gift, grant, or capital contribution to related organization(s)			11	b	No							
c	Gift, grant, or capital contribution from related organization(s)			10	С	No							
d	Loans or loan guarantees to or for related organization(s)			10	d	No							
e	Loans or loan guarantees by related organization(s)			10	e	No							
f	f Sale of assets to related organization(s)												
g	g Purchase of assets from related organization(s)												
h	h Exchange of assets with related organization(s)												
i	i Lease of facilities, equipment, or other assets to related organization(s)												
j	Lease of facilities, equipment, or other assets from related organization(s)			1		No							
k	Performance of services or membership or fundraising solicitations for related organization(s)			11	k	No							
ı	Performance of services or membership or fundraising solicitations by related organization(s)			1	<u> </u>	No							
m	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
n	Sharing of paid employees with related organization(s)			1:	n Ye	š							
0	Reimbursement paid to related organization(s) for expenses			10	•	No							
р	Reimbursement paid by related organization(s) for expenses			1	р	No							
q	Other transfer of cash or property to related organization(s)			10		No							
r	O ther transfer of cash or property from related organization(s)			1	r	No							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relati	onships and transact	ion thresholds									
	(a)	(b) Transaction	(c)	(d) Method of determ		mount							
	Name of other organization	type(a-r)	Amount involved	involve									
(1) 2)													
۷,													
3)													
-,													
4)													
-													
5)													
6)													

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General of managin partner?			(k) Percentage ownership
			311/	Yes	No			Yes	No		Yes	No	ĺ
												<u> </u>	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 94-1301733

Name: CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

) (Expenses \$\quad \text{including grants of \$}\quad \text{) (Revenue \$}\quad \text{)}

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
ROB FECKNER PAST PRESIDENT	5 00	Х						600	0	0		
MARTHA PENRY AREA DIRECTOR A	5 00	Х						600	0	0		
LINDA BLANCHARD AREA DIRECTOR B	5 00	Х						600	0	0		
CYNTHIA ZECHER AREA DIRECTOR C	5 00	Х						600	0	0		
RAMELDIA MARK AREA DIRECTOR D	5 00	Х						600	0	0		
KAREN GARDNER AREA DIRECTOR E	5 00	Х						600	0	0		
DALE SORENSON AREA DIRECTOR F	5 00	Х						600	0	0		
WILLIAM RAWLINGS AREA DIRECTOR G	5 00	Х						600	0	0		
CAROLYN EVERETT AREA DIRECTOR H	5 00	Х						600	0	0		
DONALD SYNDER AREA DIRECTOR I	5 00	Х						450	0	0		
TERESA MINOUX AREA DIRECTOR K	5 00	Х						600	0	0		
JENNIE BATISTE PRIOR AREA DIRECTOR I	5 00	Х						150	0	0		
IVAN PASTRANO PRIOR ASSOCIATION 2ND VP	5 00	Х						150	0	0		
DONNA DARCY PRIOR ASSOCIATION SECRETARY	5 00	Х		Х				150	0	0		
ALLAN CLARK ASSOCIATION PRESIDENT	40 00	Х		Х				1,200	0	0		
MICHAEL BILBREY ASSOCIATION 1ST VP	5 00	Х		Х				600	0	0		
BENJAMIN VALDEPENA ASSOCIATION 2ND VP	5 00	Х		Х				600	0	0		
DOLORES RODRIGUEZ ASSOCIATION SECRETARY	5 00	Х		Х				450	0	0		
DAVID LOW EXECUTIVE DIRECTOR	40 00			Х				256,307	0	130,204		
JEFF KUMATAKA CHIEF FINANCIAL OFFICER	40 00			Х				172,657	0	98,663		
MICHAEL CLANCY CHIEF COUNSEL	40 00			Х				186,450	0	104,754		
DENISE JENSEN SENIOR EXECUTIVE MANAGER	40 00				х			152,203	0	88,145		
ROY RAMOS DIRECTOR OFFICE SERVICES	40 00				Х			152,111	0	89,355		
KEITH PACE DIRECTOR FIELD OPERATIONS	40 00				х			188,047	0	101,349		
ARNIE BRAADFLADT DEPUTY CHIEF COUNSEL	40 00					х		152,739	0	85,511		

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

(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	pensat Oyee		mpens	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MICHAEL GANLEY DIR ORGAN/SPEC PROJ	40 00					х		157,185	0	87,503
SHARON FURLONG FIELD DIR , SACRAMENTO	40 00					х		155,271	0	90,880
ROSE ROACH FIELD DIR , RIVER DELTA	40 00					Х		155,337	0	90,754
JANET JONES FIELD DIR , RANCHO CUCAMONGA	40 00					х		153,925	0	90,218

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DLN: 93493304001162

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•		Attachment Sequence No 179						
Name(s) shown on return CALIFORNIA SCHOOL E	MPLOYEES ASS	OCIATION		or activity to w	hich thi	s form	relates		Identifying number
Dowt T. Election	To Evenence (Coutoin Duo		PAGE 10	170				94-1301733
	To Expense (ou have any li					com	nlete Part I		
1 Maximum amount (see		steu property	, complet	e rait v beid	ne you	COIII	viete rait 1.	1	500,000
•	•	ed in conuce	· · ·	tions)	•	•		2	'
2 Total cost of section 1			•	•				-	
3 Threshold cost of sect				•	uctions)	•		3	
4 Reduction in limitation	Subtract line 3	from line 2 If	zero or less	, enter -0-				4	
5 Dollar limitation for tax	x year Subtract	line 4 from line	1 Ifzero o	rless, enter-C)- If ma	rried f	iling		
separately, see instru	ctions							5	
6 (a)	Description of pr	operty		(b) Cost (bu		use	(c) Elected	Lost	
(4)				onl	y)		(4) 2100000		_
									4
									4
7 Listed property Enter	the amount from	line 29 .			٠ ل	7			
8 Total elected cost of s	ection 179 prop	erty Addamou	ınts ın colur	mn (c), lines 6	and 7			. 8	
9 Tentative deduction E	nter the smaller	of line 5 or line	8					. 9	
10 Carryover of disallowe	d deduction from	line 13 of vou	r 2010 Forr	n 4562 .				. 10	,
11 Business income limitation		· ·			e instruct	ions)		11	
12 Section 179 expense					ו line 11 ד			12	!
13 Carryover of disallowe	d deduction to 2	012 Add lines	9 and 10, le	ess line 12	.▶	13			
Note: Do not use Part									
Part III Special D	epreciation A	<u>llowance a</u>	<u>nd Other</u>	Depreciation	on (Do	not	ınclude lısted	prope	rty) (See instructions)
14 Special depreciation a		ified property	(other than I	listed property) placed	ın ser	vice during tl	ne	
tax year (see ınstructı	ons)							14	
15 Property subject to se	ction 168(f)(1) e	election .						15	;
16 Other depreciation (in	cluding ACRS)							. 16	1,170,166
Part IIII MACRS De	preciation (I	Oo not includ	de listed pi	roperty.) (Se	e instr	uction	ns.)		
			Sec	ction A			•		
17 MACRS deductions for	r assets placed ı	n service in ta:	x years beg	ınnıng before 2	011			17	,
18 If you are electing	to group any a	ssets placed	in service	during the ta	ax veai	rinto	one or mor	e 🗀	<u>'</u>
general asset accou		•			•		▶□	- 1	
Section B-Ass									iation System
	T	(c) Bası							
(a) Classification of	(b) Month and	deprecia	ition	(d) Recovery					(g)Depreciation
property	year placed in	(business/inv	estment	period	(e) Co	nventı	on (f) Me	thod	deduction
property	service	use		porrou					40440000
10-2	<u> </u>	only—see inst	tructions)				_		
19a 3-year property	 								
b 5-year property									
c 7-year property	1				1				
d 10-year property	1				1				
e 15-year property	1				1				
f 20-year property	4								
g 25-year property				25 yrs			S/L		
h Residential rental				27 5 yrs	М		S/L		
property				27 5 yrs	М		S/L		
i Nonresıdentıal real				39 yrs	М		S/L		
property					M	M	S/L		
	on C—Assets Plac	ced in Service I	Ouring 2011	Tax Year Using	the Ali	ternat			stem
20a Class life	1						S/L		
b 12-year				12 yrs			S/L		
c 40-year				40 yrs	M	М	S/L		
Part IV Summai	r y (see instruc	tions)							_
21 Listed property Enter	amount from line	28						21	
22 Total. Add amounts from and on the appropriate								re 22	1,170,166
23 For assets shown above portion of the basis at					·	23			

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See t	the i	nstruct	ions fo	or lim	its f	or pa	sseng	er au	tomob	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гио		24	lb If "Ye	es," is th	he ev	idence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia s/investr e only)		(f) Recovery period	Metl	j) nod/ ention	1	(h Depreck deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi			erty placed	in service (during the	tax year	and ι	ised more	than	25						
26 Property used more	e than 50%		business	use												
		%														
		%														
27 Property used 50%	orless in a		iness us	e	1			•								
		%							S/L - S/L -					-		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	ıh 27 En	ter here a	and on lu	ne 21, p	oage	1 .	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and o	n line 7,	page 1							29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/inv				(;	a)	(l)		(c)		(d)	(6)	(f)
year (do not inclu			•	Vehi	cle 1	Vehi	cle 2	V e	hicle 3	<u> </u>	/ehic	le 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ve	ar .							+						
32 Total other persor										+						
33 Total miles driven										+						
through 32 .										\perp						
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Yes	No	<u> </u>	es	No	Yes	No	Yes	No
during off-duty ho										_						
35 Was the vehicle us owner or related p		by a more the	nan 5%													
36 Is another vehicle		r personal us	e? .							\top						
Section	on C—Que	stions for	Employ	yers W	ho Pro	vide \	/ehi	cles fo	or Use	e by	The	ir En	nploy	ees	<u> </u>	
Answer these question 5% owners or related				eption to	comple	tıng Se	ction	B for ve	ehicles	used	by e	mploy	ees wh	o are	not mo	re thai
37 Do you maintain a employees? .	-	y statement	•					cles, inc	luding •	comm	uting •	g, by y •	our •	Y	es	No
38 Do you maintain a												your				
employees? See t						ers, dire	ector	s, or 1%	ormo	re owr	ners			_		
39 Do you treat all us			•				•	•		•	•		•	<u> </u>		
40 Do you provide movehicles, and reta		-	-	oyees, ol	btaın ınfo	rmatio	n froi	m your e	mploy:	ees ab •	out 1	the us	e of the	2		
41 Do you meet the re	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstruc	tions) .					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Yes	s," do no	t comple	te Sect	ion E	of the	covere	d veh	ıcles	i				
	rtization	· · ·		<u>, </u>	· ·											
(a) Description of c	(b) Date			(c) A mortizable amount			(d) Code section		р	(e) A mortizat period o percenta		ation or		(f) rtızatı nıs ye		
42 A mortization of co	sts that ben		ur 2011	tax vear	(see ins	truction	ns)		1 20		5-					
		= = , 0		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/									
									-							
43 A mortization of co	sts that beg	an before you	ur 2011 t	ax year							13					
44 Total. Add amount	ts ın column	(f) See the II	nstructio	ns for wh	ere to re	port					44					