efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493191007410 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 C Name of organization D Employer identification number B Check if applicable California Faculty Association (SEIU LOCAL 1983) □ Address change 23-7418998 % PARVINDER KANG ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (916) 441-4848 City or town, state or province, country, and ZIP or foreign postal code sacramento, CA 95814 G Gross receipts \$ 19,181,261 Name and address of principal officer H(a) Is this a group return for **CHARLES TOOMBS** ☐Yes **☑**No subordinates? 1110 K ST H(b) Are all subordinates sacramento, CA 95814 ☐ Yes ☐No ıncluded? Tax-exempt status ✓ 501(c)(3) 4947(a)(1) or 501(c) (5) ◀ (insert no) If "No," attach a list (see instructions) H(c) Group exemption number \triangleright Website: ► http://www.calfac.org/ L Year of formation 1976 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 30 4 23 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 170 **6** Total number of volunteers (estimate if necessary) . . . 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 20,598,612 17,316,446 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 99,689 265,503 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,928 40,314 20,736,229 17,622,263 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,429,464 6,942,287 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,941,488 7,079,913 14,370,952 14,022,200 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 6,365,277 3,600,063 Assets or d Balances Beginning of Current Year End of Year 27,365,161 31,647,299 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 5,855,348 4,279,784 Net assets or fund balances Subtract line 21 from line 20 21,509,813 27,367,515 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-08 Signature of officer Sign Here SUSAN GREEN treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01827839 Paid self-employed Firm's name MILLER KAPLAN ARASE LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 4123 LANKERSHIM BLVD Phone no (818) 769-2010 NORTH HOLLYWOOD, CA 916022828 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	rt III Statemen	t of Program Service Acc	omplishments		
	Check if Sch	edule O contains a response or	note to any line in this Part III		🗹
1		organization's mission			
SEE S	SCHEDULE O				
2			ram services during the year which v		
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
		nese new services on Schedule (
3	Did the organization	n cease conducting, or make sig	nificant changes in how it conducts, a	any program	
					🗌 Yes 🗹 No
	If "Yes," describe th	nese changes on Schedule O			
4	Section $501(c)(3)$ a		plishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Schedule O)			
	(Expenses \$	ıncludıng g	rants of \$	(Revenue \$)
4e	Total program sei	rvice expenses ►			

Form	990 (2018)			Page 3
Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "S	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 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,	10		No

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization 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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

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

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

or X as applicable

15

16

19

21

Yes 11a Nο 11b

Nο 11c

Yes

Yes

Yes

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

No

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Pa	tIV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, 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		
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 🔧

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Nο

No

37

38

51

0

1a

1b

Yes

Yes

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38

Part V

b Gross income from other sources (Do not net amounts due or paid to other sources

11b

12b

13b

13c

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

12a

13a

14a

14b

15

No

No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	onse to i	lines
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		✓
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 1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?			NI-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	2 sion 3		No No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.	4	Yes	
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 momembers 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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	у		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code		I
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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)			
	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
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemplication with respect to such arrangements?		l	
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PARVINDER KANG 1110 K ST sacramento CA 95814 (916) 441-4848			

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f reportable compensation from the organization and any related organizations

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

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

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

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

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Part VII Section A. Officers, Direc	tors, Trustees	s, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

1b Sub-Total	art VII , Section	Α		>			
d Total (add lines 1b and 1c)				▶	1,012,122	0	468,097

				_	-			_		-					
	Sub-Total						>						1		
	otal (add lines 1b and 1c)	•					•		1,012,122				0		468,097
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than	\$10	0,000				
														Yes	No
3	Did the organization list any former of	•			•				•						
	line 1a? If "Yes," complete Schedule J	for such individ	dual .	•	•	•		٠		•		•	3		No

c T	oub-Total	Part VII , Sectior	nΑ.				•			$oxed{\top}$					
d T	otal (add lines 1b and 1c)			<u> </u>			>		1,012,	122		0			468,097
2	Total number of individuals (including of reportable compensation from the			se list	ed ab	ove) who	rece	eived more th	1an \$1	00,000				
														Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>	•		•				_					3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than	\$150,00	00? <i>Iḟ</i>	"Yes,	," со	mplet	te Sc.	hedule J for		n the				
												Í	_	[i	
	maividuai				•	•				•		[4	Yes	

	Fotal from continuation sheets to Part VII, Section A ▶ 1,012,122	0		468,097
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 23			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 J for such individual	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	5		No

2	of reportable compensation from the organization ► 23			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 J for such individual	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	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ition	

	line 1a? If "Yes," complete Schedule J for such individual		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compen organization and related organizations greater than \$150,000? If "Yes," complete Schedule J individual	for such	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organiza	tion or individual for		1	
	services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
Se	ction B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the organization.		pensa	ation	
	(A)	(B)		(C)
	Name and business address	Description of services		Compen	sation

	organization and related organizations greater than \$150,000 Ir "Yes," complete Schedule J for individual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization 2 If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received mo from the organization. Report compensation for the calendar year ending with or within the organization.		npensa	ition	
	(A) Name and business address	(B) Description of services		(C Compen	

	Name and pusiness address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization \blacktriangleright 0	eceived more than \$100,000 of	
			Form 990 (2018)

	VIII Statement of	Revenue						rage 3
	Check ıf Schedul	e O contains a res	ponse or note to any	line in this Part VII		<u></u>		🗆
				(A) Total revenue	(B) Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns 1a			revenue			512 - 514
nts ints	b Membership dues	<u> </u>	<u> </u>					
ora nou	c Fundraising events	<u> </u>						
s, (An	d Related organizatio		<u> </u>					
Sitt Iar	e Government grants (co	<u> </u>						
.ĕ. ⊞.ÿ.	f All other contributions	· <u> </u>	<u> </u>					
ion S 7	and similar amounts n	ot included 1f						
a t	g Noncash contribution	ons included	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$							
3 ಕ	h Total. Add lines 1a	-1f	•	0				
ı			Business	Code				
JU &	2a MEMBER DUES AND ASS	SESSMENT		900099	,316,446	.7,316,446		0 0
æ	h —							
AC to	c —							
}	d							
E	е							
Program Service Revenue	f All other program se	rvice revenue	47.7	 316,446	l		<u> </u>	1
Δ	9 Total. Add lines 2a-2	2f	▶	516,446				
	3 Investment income (ii			217,6	51	0	0	217,651
	sımılar amounts) . 4 Income from ınvestm		bond proceeds >		0			·
	5 Royalties			-	0			
		(ı) Real	(II) Personal	İ				
	6a Gross rents	20.05						
	b Less rental expenses	39,95	14	-				
	c Rental income or (loss)	39,95	[4]					
	d Net rental income o	r (loss)		39,9	54	o	0	39,954
		(ı) Securities	(II) Other					
	7a Gross amount from sales of	1,606,85	50					
	assets other than inventory							
	b Less cost or			-				
	other basis and sales expenses	1,558,99	18					
	C Gain or (loss)	47,85	72					
	d Net gain or (loss) .		<u> </u>	47,8	52	0	0	47,852
a)	8a Gross income from fi (not including \$	undraising events of						
ř	contributions reporte	ed on line 1c)						
eve	See Part IV, line 18		0	_				
r R	b Less direct expense c Net income or (loss)		·		0			
Other Revenue	9a Gross income from g	_	events	1				
0	See Part IV, line 19							
	h		0	_				
	b Less direct expense c Net income or (loss)		'L	_	0			
	10a Gross sales of invent			1				
	returns and allowand	es	-					
	b Less cost of goods s		a 0 b 0	_				
	© Net income or (loss)		<u> </u>	J	0			
	Miscellaneous		Business Code					
	11aMISCELLANEOUS IN	ICOME	900099	30	60	360	0	0
	b		†					_
	с							
	d All other revenue .							
	e Total. Add lines 11a	-11d	•	34	60			
	12 Total revenue. See	Instructions .				6 806	0	3UE 1E2
				17,622,20	63 17,31	0,000	0	305,457 Form 990 (2018)

For	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	_			_
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	431,443			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,011,176			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	755,816			
9	Other employee benefits	1,347,209			
10	Payroll taxes	396,643			
11	Fees for services (non-employees)				
ā	a Management	0			
ı	Legal	55,883			
•	a Accounting	46,495			
•	ilLobbying	66,000			
•	e Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	0			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,658			
12	Advertising and promotion	0			
13	Office expenses	418,020			
14	Information technology	192,332			
15	Royalties	0			
16	Occupancy	163,391			
17	Travel	487,103			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	940,843			
20	Interest	50,565			
21	Payments to affiliates	3,083,466			
22	Depreciation, depletion, and amortization	216,592			
23	Insurance	63,524			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a GOVERNMENT RELATIONS	235,540			
	b MEMBER BENEFITS	172,719			
	c RELEASE TIME AND STIPENDS	671,868			
	d ALL OTHER EXPENSES	123,914			
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	14,022,200			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	Check liefe F Li ii following 50r 30°2 (A3C 330°720)				1

Page **11**

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1,104,763

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27,367,515

31,647,299

Form **990** (2018)

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1,190,920

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21,509,813

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31 32

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Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

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

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

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

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗀 🗀
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,950,495	1	3,928,237
	2	Savings and temporary cash investments .		[2,291,535	2	15,640,796
	3	Pledges and grants receivable, net		,	0	3	0
	4	Accounts receivable, net	2,512,392	4	1,847,464		
ıts	6	Loans and other receivables from current and for trustees, key employees, and highest compensations and other receivables from other disqualisection 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under s(c)(3)(B), and sf section 501(c)(9) structions) Complete	0	6	0	
ssets	8	Inventories for sale or use		_	0	8	0
Ř	9	Prepaid expenses and deferred charges		- H	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,665,507			
	ь	Less accumulated depreciation	10b	968,711	2,887,373	10 c	2,696,796
	11	Investments—publicly traded securities .			6,645,064	11	7,444,177

- 1	•				ı	I .
b	Less accumulated depreciation	10 b	968,711	2,887,373	10c	2,696,796
11	Investments—publicly traded securities .			6,645,064	11	7,444,177
12	Investments—other securities See Part IV, line	11 .		0	12	0
13	Investments—program-related See Part IV, line	11 .		0	13	0
14	Intangible assets			0	14	0
15	Other assets See Part IV, line 11			78,302	15	89,829
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	27,365,161	16	31,647,299
17	Accounts payable and accrued expenses			1,401,160	17	1,532,190
18	Grants payable			22,500	18	0

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2018)

Additional Data



Software ID:

Name: California Faculty Association (SEIU LOCAL 1983)

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	,				,	/	' I	(1)	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldue Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RAFAEL GOMEZ ASSOC V P NORTH	20 0	×		×				0	0	0
BONNIE THORNE DIRECTOR	5 0	×						10,947	0	0
NIESHA FRITZ DIRECTOR	40 0	×						112,778	0	61,618
MARJORIE BOMMERSBACH DIRECTOR	5 0	×						0	0	0
Rıchard Saenz	5 0	v								

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DIRECTOR	
MARJORIE BOMMERSBACH	
DIRECTOR	
Richard Saenz	
RET FACULTY REPRESENTATIVE	

KEVIN WEHR

VICE PRESIDENT

ASSOC V P SOUTH

MOLLY TALCOTT

LILLIAN TAIZ

STEVEN FILLING

DIRECTOR

director

director

DAREL ENGEN

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

JENNIFER EAGAN

CHARLES TOOMBS

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ASSOC V P RAC & JUST SOUTH

director

PRESIDENT

DIRECTOR

DIRECTOR

NATE THOMAS

SHARON ELISE

ANTONIO GALLO

	,				,	,	·	(11) 2 (1000	(14) 2/4 200	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID BRADFIELD	20 0	X						0	0	0
director	0 0									
LESLIE BRYAN	20 0	×		x				6,842	0	0
ASSOC V P LECTURERS, SOUTH	0 0			^				0,042	O	Ĭ
SUSAN GREEN TREASURER	20 0	×		х				0	0	0
	0.0			_	⊢	\vdash				

		ı		- 1					
SUSAN GREEN	20 0	×		x			0	0	
TREASURER	0 0	_ ^							
CECIL CANTON	35 0	V						0	
ASSOC V P AFF ACTION	0 0	_ ^		^				0	
JONATHAN KARPF	35 0	V		V			5,473	0	
ACCOC VAR LEGT. N		l ^	1 1	^ I	ll] 3,4/3	0	

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TREASURER	0 0					Ĭ		
CECIL CANTON	35 0	,						
ASSOC V P AFF ACTION		0 0 X		×		0	O	
JONATHAN KARPF	35 0	,				5 470		
ASSOC VP LECT, N	0.0	×		×		5,473	U	

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Fornier	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Nicole Mehta	15 0									
DIRECTOR	0 0	×						5,773	0	0
PAUL KAUPILLA	5 0									
DIRECTOR	0 0	×						0	0	0
Diane Blair	20 0									
SECRETARY		Х		X				0	0	0
	0.0				_					
Mark Karplus	15 0	×						1,095	0	0
DIRECTOR	0 0							1,093	0	
Lisa Kawamura	5 0									

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Diane Blair	
SECRETARY	
Mark Karplus	1
DIRECTOR	
Lisa Kawamura	
DIRECTOR	

Sheila Tully

DIRECTOR

Mike Chavez

DIRECTOR

DIRECTOR

DIRECTOR

Monica Pereira

Dorothy Chen Maynard

MARGARITA BERTA AVILA

ASSOC V P NORTH

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation from the

	any hours and a director/trustee)						· 1	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	lostitutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MEGHAN O'DONNELL ASSOC V P LECTURERS, NORTH	15 0	×		х				4,789	0	0	
CHRIS COX ASSOC V P RAC & JUST NORTH	35 0 0 0	x		х				2,737	0	0	
G CHRIS BROWN DIRECTOR	15 0	×						0	0	0	
RENEE BIRD DIRECTOR	10 0	×						0	0	0	
DAVID GOVE	10 0						\Box		1		

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DIRECTOR	
RENEE BIRD	
DIRECTOR	
DAVID GOVE	

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JAMES MARTEL

ALI MORADMAND

WILLIAM ARCE

SUSAN FRAWLEY

DELPHIA WILLIAMS

and Independent Contractors

(A) (C) (D) (E) (F) (B) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from the week (list from related compensation and a director/trustee) any hours organization organizations from the

	1				.,		′	1		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARTHA CUAN	5 0	x						0	0	0
DIRECTOR	0.0	l '''							0	
PAUL HARRIS GENERAL MANAGER	40 0				×			171,567	0	76,821
REBECCA LANGEN FIELD REPRESENTATIVE	40 0					х		121,415	0	64,464

70,262

64,137

64,472

66,323

124,770

135,180

135,188

	•••••		x		171,567	
GENERAL MANAGER	0 0				·	
REBECCA LANGEN	40 0					
	•••••			Х	121,415	
FIELD REPRESENTATIVE	0 0					
PARVINDER KANG	40 0					
	•••••			Х	140,385	

0 0 40 0

0.0

and Independent Contractors

DIRECTOR OF FINANCE

MICHELLE CERECEREZ

KATHRYN SHEFFIELD

DJIBRIL DIOP

SO REGIONAL ORGANIZING DIR

DIRECTOR OF REPRESENTATION

DIRECTOR OF GOV RELATIONS

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

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

As Filed Data -

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493191007410

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

	fornia Faculty Association				Emb	noyer iden	itilication	number
	IU LOCAL 1983)					418998		
Pa	ort I Organizations Maintaining Donor Advi	sed Funds or C	ther	Similar Funds o	or Acc	ounts.		
	Complete if the organization answered "Ye			IV, line 6. sed funds		/h\Fimala	and other a	
	Total number at end of year	(a) Doll	or auvi	sea runus		(D)Fullus a	and other a	iccounts
	Aggregate value of contributions to (during year)							
•	· · · · · ·							
	Aggregate value of grants from (during year) Aggregate value at end of year							
	,							
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's expension of the organization's expension of the organization of the organ	clusive legal contr	ol?					Yes 🗌 No
,	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						issible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if the	ne organization a	answe	red "Yes" on Fori	m 990	, Part IV,	lıne 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all	that a	oply)				
	\square Preservation of land for public use (e g , recreatio	n or education)		Preservation of an	histor	ically impor	tant land a	rea
	Protection of natural habitat			Preservation of a	certifie	d historic st	ructure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a	qualified conserva	tion co	ntribution in the fo	rm of a	conservati	on	
	easement on the last day of the tax year					Held at	the End o	f the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histor		•	•	2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	, and n	ot on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extin	guished	l, or terminated by	the org	ganızatıon d	luring the	
ŀ	Number of states where property subject to conservation	on easement is loc	ated ►			_		
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		rıng, ır	spection, handling	of viola	itions, [☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	/iolatio	ns, and enforcing c	onserva	ation easem	nents durin	g the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violat	ons, a	nd enforcing conser	vation	easements	during the	year
3	Does each conservation easement reported on line 2(d)	above satisfy the	require	ements of section 1	.70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	·	•		. , .	[Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				,		
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Histori			ner Sii	milar Ass	ets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition,	educat	ion, or research in t				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub	16 (ASC 958), to re	eport ir	ıts revenue staten				
(following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
	ii)Assets included in Form 990, Part X					· <u></u>		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncıal g			
а	Revenue included on Form 990, Part VIII, line 1	110 (MJC JJ0) TEN	anny t	, arese items		▶ \$		
b	Assets included in Form 990, Part X					· · · ——		
_	· · · · · · · · · · · · · · · · · · ·					· •		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reasu	ires, oi	r Other	Similar As	ssets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accessior	n, and other	records,	check a	any of	the fol	llowing t	that are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Other	r					
С		Preservation for future	e generations											
4	Provid Part X	e a description of the III	organızatıon's col	lections and	l explain h	now the	y furth	ner the	e organiz	zation's ex	kempt purpo	se in		
5		the year, did the org to be sold to raise fur									ular	☐ Yes		lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	m 990	, Part	IV, lıı	ne 9, o	r reporte	ed an amou	unt on Fo	rm 990,	Part
1a		organization an agent ed on Form 990, Part I		an or other	ıntermedi	ary for	contril	butions	s or othe	er assets	not	☐ Yes		lo
Ь	If "Yes	s," explain the arrange	ement in Part XIII	and comple	ete the fol	lowina	table				Α	mount		_
c		ning balance								1c				_
d	_	ons during the year								1d				_
е	Distrib	outions during the year	r							1e				_
f	Ending	g balance								1f				_
2 a	Did th	e organization include	an amount on Fo	rm 990, Par	rt X, line 2	21, for	escrow	or cu	stodial a	account lia	ability?	Yes		– lo
b	If "Yes	s," explain the arrange	ement in Part XIII	Check here	e if the ex	planatı	on has	been	provide	d in Part)	XIII			
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ization a	nswer	ed "Y							
	D			(a)Curren	nt year	(b) Pi	rior yea	r	(c) Two y	ears back	(d)Three yea	ars back (e)Four yea	rs back
	_	ng of year balance .												
		utions												
		estment earnings, gair	·											
		or scholarships												
е		xpenditures for facilition	es											
f	·	strative expenses .												
q	End of y	ear balance												
2	Provid	e the estimated perce	ntage of the curre	ent vear end	l balance	(line 1	ı. colu	mn (a))) held a	ıs	I	ı		
а		designated or quasi-e	=	,		····-	,	(,	, ,					
b	Perma	nent endowment >												
c	Tempo	orarily restricted endov	wment ▶											
•		ercentages on lines 2a		ld equal 100	0%									
3a		ere endowment funds	not in the posses	sion of the o	organızatı	on that	are h	eld and	d admın	istered fo	r the			
	-	zation by										2.	Yes	No
	• •	related organizations					•					3a(i	-	
ь		lated organizations .s" on 3a(ii), are the rel		s listed as r	eauired o	n Sche	 dule R	· .				3b		
4		be in Part XIII the inte												<u> </u>
Pa	rt VI	Land, Buildings,												
		Complete if the or												
	Descrip	otion of property	(a) Cost or oth (Investme		(b) Cost (or other	basis (d	other)	(c) Acc	umulated o	lepreciation	(d)	Book valu	ie
1a	Land .						80	00,000						800,000
	Building							39,929			467,628		:	1,572,301
	_	old improvements					, -:-				,			
		ent					87	25,578			501,083			324,495
u	_quipiiii							-,5,0	-		551,005			

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

Schedule D (Form 990) 2018 Part VII Investments—Other Securities. Complete if the organization.	anization answere		Page 3
See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	value		
(2) Closely-held equity interests			
(3)Other	_		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. Part IV. line	11c. See Form 990. Part X. line 13.	
	(b) Book value	(c) Method of valuation	
(1)		Cost or end-of-year market value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' o	n Form 990 Part IV	/ line 11d See Form 990 Part V line 15	
(a) Description	1110mm 990, Fait 1	(b) Book valu	1e
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	ed 'Yes' on Form	990, Part IV, line 11e or 11f.	
1. (a) Description of liability	(b) Book	value	
(1) Federal income taxes DEFERRED COMPENSATION		0 89,829	
POSTRETIREMENT MEDICAL BENEFIT		1,553,002	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
		1	
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	1,642,831	

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities . . .

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d

Subtract line 2e from line 1

Part XI

2

b

d

e

3

Schedule D (Form 990) 2018

1

2e

3

154,938

2,102,701

Page 4

2,257,639

17,622,263

17,622,263

Schedule D (Form 990) 2018

_			 -	_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b 2c

2d

1 14,022,200 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . 2a 2b Prior year adjustments 2c c Other (Describe in Part XIII) . 2d d

Add lines 2a through 2d . . 2e e 3 Subtract line 2e from line 1 3 14,022,200 4 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 4h b

Add lines **4a** and **4b** 4c c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 5 14.022.200 **Supplemental Information** Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: **Software Version:**

EIN: 23-7418998

Name: California Faculty Association (SEIU LOCAL 1983)

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	Accounting principles generally accepted in the United States of America require managemen to evaluate tax positions taken by the CFA and recognize a tax liability if the CFA has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The CFA is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. PART XI, LINE 2D. NET ADJUSTM ENT FOR IMPLEMENTATION OF EMPLOYERS' ACCOUNTING FOR POSTRETIREMENT BENEFITS \$2,102,701.

efil	e GRAPI	IIC pr	int - DO NOT PROCESS As F	iled Data	a -	DLN: 93	49319	1007	410	
Sch	edule	J	Comp	ensati	ion Information	OI	MB No	1545-0	0047	
(Forr	n 990)		► Complete if the organiza	Compensation answ ► Attach	rustees, Key Employees, and Hig sted Employees ered "Yes" on Form 990, Part IV to Form 990.	, line 23.	2018			
•	tment of the al Revenue S		► Go to <u>www.irs.gov/For</u>	<u>m990</u> for	instructions and the latest infor	mation.	Open i Insp	to Pul ectio		
Nar	ne of the o	organiza				Employer identifica				
	fornia Facult IU LOCAL 19		ation			23-7418998				
Pa	rt I Q	uestic	ons Regarding Compensation			23 7 110330				
								Yes	No	
1a	Check th 990, Par	e appro t VII, Se	ppiate box(es) if the organization provi ection A, line 1a Complete Part III to	ded any of provide an	the following to or for a person liste y relevant information regarding the	ed on Form se items				
	_		or charter travel		Housing allowance or residence for	•				
			companions	님	Payments for business use of perso					
			nification and gross-up payments	片	Health or social club dues or initiati					
		scretion	ary spending account	ш	Personal services (e g , maid, chau	meur, cner)				
b			kes in line 1a are checked, did the orga ill of the expenses described above? If			nent or reimbursement	1 b			
2			ation require substantiation prior to rei			- 1-2	2			
	directors	, truste	es, officers, including the CEO/Executi	ve Director	r, regarding the items checked in line	e la'				
3	organiza	tion's Cl	if any, of the following the filing organ EO/Executive Director Check all that a d organization to establish compensat	apply Dor	not check any boxes for methods					
	☑ c∘	mpensa	ation committee	✓	Written employment contract					
		•	ent compensation consultant	✓	Compensation survey or study					
	✓ Fo	rm 990	of other organizations	✓	Approval by the board or compensa	ation committee				
4	During th		, did any person listed on Form 990, Pa tion	art VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive	a severa	ance payment or change-of-control pa	yment?			4a		No	
b			r receive payment from, a supplement		ified retirement plan?		4b		No	
c	Participa	te ın, or	r receive payment from, an equity-bas	ed comper	nsation arrangement?		4c		No	
	If "Yes" t	o any o	of lines 4a-c, list the persons and provi	de the app	olicable amounts for each item in Par	t III				
	Only 50	1(c)(3)), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9.					
5			ed on Form 990, Part VII, Section A, lir ontingent on the revenues of	ne 1a, did i	the organization pay or accrue any					
а	The orga	nızatıon	۹۲				5a			
b		_	anization?				5b			
	•		5a or 5b, describe in Part III							
6			ed on Form 990, Part VII, Section A, lir ontingent on the net earnings of	ne 1a, did i	the organization pay or accrue any					
а	The orga						6a			
b		_	anization?				6b			
-	•		6a or 6b, describe in Part III		the community of	ـ	1			
7	payment	s not de	ed on Form 990, Part VII, Section A, lir escribed in lines 5 and 6? If "Yes," des	cribe in Pa	rt III	a	7			
8		o the in	nts reported on Form 990, Part VII, pa litial contract exception described in Re			escribe	8			
9	If "Yes" o		3, did the organization also follow the	ebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwor	k Redu	ction Act Notice, see the Instruction	ons for Fo	orm 990. Cat No. 5	50053T Schedule 3	(Form	1 990)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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. Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note. The sum of column	ıs (B)(ı)-(ııı) for each listed ind	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	la, applicable column (D)) and (E) amounts for tha	t individual
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 NIESHA FRITZ DIRECTOR	(i)	112,778			22,615	39,003	174,396	
	(ii)	0	0	0	0	0	0	
2 PAUL HARRIS GENERAL MANAGER	(i)	171,567			34,979	41,842	248,388	
	(ii)	0			0	0	0	
3 REBECCA LANGEN FIELD REPRESENTATIVE	(i)	121,415			22,615	41,849	185,879	
	(ii)	0	0	0	0	0	0	
4 PARVINDER KANG DIRECTOR OF FINANCE	(i)	140,385			28,420	41,842	210,647	
	(ii)	0	0	0	0	0	0	
5 MICHELLE CERECEREZ SO REGIONAL ORGANIZING	(i)	124,770			25,141	38,996	188,907	
DIR	(ii)	0	0	0	0	0	0	
6 KATHRYN SHEFFIELD DIRECTOR OF	(i)	135,180			27,327	37,145	199,652	
REPRESENTATION	(ii)	0	0	0	0	0	0	
7 DJIBRIL DIOP DIRECTOR OF GOV	(i)	135,188			27,327	38,996	201,511	_
RELATIONS	(ii)	0	0	0	0	0	0	
,								
							Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPH	IC print	t - DO NOT PROCESS	As Filed Data -		DLN: 93	3493191007410
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 c	vide information fo or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	90-EZ ons on n.	2018 Open to Public Inspection
Name Brtหลางกิต California Faculty A (SEIU LOCAL 1983	ssociation				Employer identific 23-7418998	ation number
990 Schedule	O, Sup	pplemental Informatio	n			
Return Reference				Explanation		
PART I, LINE 1 AND PART III, LINES 1 AND 4A	er educa professi dvocacy s, and o freedom ompt co econom demic e rs party ND 7A THE CF H CHAF FORM ED BY 1 LINE 12 ANGES E PROC KEY EN MPARA TIONS SATION 19 CFA THE CF T FINAL ARE AL	ation for the public good, to on, to provide a democratic to provide a democratic to maintain collective bargither items and conditions of the ritems and academic due insideration of problems and ic interests of CFA and all by mployees and thereby enhands, line 4 CFA's ByLaws well the MEMBERS OF THE CA CONSIST OF TWENTY-PER HAS ITS OWN BY-LA 1990 WAS DISTRIBUTED THE CHALL OF THE CFA STAFIN THEIR INTERESTS THE CESS FOR DETERMINING INCUMENTATION FOR DOCUMENTATION IS MAIL ARRANGEMENT THE LA SBY-LAWS, CONFLICT OA'S OFFICE CFA'S BY-LANCIAL STATEMENTS ARE	promote and maintain voice for academic en aining agreements coremployment, to obtain process, to create order grievances, to promote argaining unit members are amended during the FA ELECT THE MEMICHEE CHAPTERS, OF ALL MEMBERS OF AND BOARD MEMICAT COULD GIVE RISING COMPENSATION FOR FUNCTIONALLY CONTAINED OF THE DEST TIME THIS PROCEST TIME THIS PROCEST INTEREST POLICY WS AND CONFLICT OF AVAILABLE TO MEMICHEE TO MEMICHE TO MEMICHEE TO MEMICHE TO MEMICHEE TO MEMICHEE TO MEMICHEE TO MEMICHEE TO MEMICHE TO MEMICHE TO MEMICHEE TO MEMICHEE TO MEMICHE TO MEMICHE TO MEMICHEE TO MEMICHE T	d to strengthen the cause of high the standards and ideals of the highly east of the explicit guarantees of academi derly and clear procedures from the highly east of the CFA in representing its more current year PART VI, LINES OF THE GOVERNING BODE WITHIN EACH CALIFORNISTENT WITH THE CFA'S BY-LATE COMMITTEE BEFORE IT WAS BERS ARE REQUIRED TO NOT BETO CONFLICTS PART VI, LINES OF THE GOVERNING BODE TO CONFLICTS PART VI, LINES OF THE TOP MANAGEMENT OF ALBY THE GOVERNING BODE OF THE TOP MANAGEMENT OF ALBY THE GOVERNING BODE OF AND THE GOVERNING BODE OF THE TOP MANAGEMENT OF THE TOP M	n c pr ind acca embe 3 A DDY PART VI, LINE 1 A STATE UNIVERSI WS PART VI, LINE 1 HE FORM 990 WAS F S FILED PART VI, TIFY THE CFA OF AN NES 15A AND 15B TIFICIAL, OTHER OFF Y AND USE OF DAT, IMILARLY SITUATED DF 2016 PART VI, LII TS ARE MAINTAINED AILABLE UPON RECONTED TO THE CONTEQUEST CFA'S ENTER TO THE CONTEQUEST CONTE	TY EAC 11B REVIEW IY CH H FICERS AND A FOR CO O ORGANIZA C COMPEN NE D IN QUES BY-LAWS

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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

OMB No 1545-0047
2018

DLN: 93493191007410

Open to Public Inspection

Employer identification number

23-7418998

Department of the Treasury
Internal Revenue Service
Name of the organization

California Faculty Association (SEIU LOCAL 1983)

(Form 990)

► Attach to Form 990.
► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) (f) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-vear assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes (1) FACULTY FOR OUR UNIVERSITY'S FUTURE PAC CA 527 N/A NA No 1110 k st SACRAMENTO, CA 95814 93-0986841 (2) FAC FOR OUR UNIVERSITY'S FUTURE LO COM PAC CA 527 N/A NA No SACRAMENTO, CA 95814 68-0470076 (3)CA FACULTY ASSC POLITICAL ISSUES COMMT PAC CA 501(C)(4) N/A NA No SACRAMENTO, CA 95814 68-0149444 (4) SERVICE EMPLOYEES INTERNATIONAL UNION DC LABOR ORG 501(C)(5) N/A NA No 1800 MASSACHUSETTS NW WASHINGTON, DC 20036 36-0852885 (5) AMERICAN ASSOC OF UNIVERSITY PROFESSORS LABOR ORG DC 501(C)(6) N/A NA No 1133 19TH ST NW STE 200 WASHINGTON, DC 20036 80-0320904 (6) national education association DC 501(C)(5) No labor org n/a na 1201 16th st ste 418 washington, DC 20036 53-0115260 (7)california teachers association CA 501(c)(5) No labor org n/a na 1705 murchinson dr burlingame, CA 94010 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca	rtionate	(i) Code V-UB amount in be 20 of Schedule K- (Form 1065	I Gen ox mar par	(j) eral or naging tner?	(k) Percent owners
					314)			Yes	No		Yes	No	
											+		
												1	l
											+	-	
Identification of Related Organiza because it had one or more related or						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I\	/, line	÷ 34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		corporation doing (state of		st during th	(d) controlling Tyentity	(e)	wered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Pero	/, line (h) tentage tership	5 ((I) Section 51 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pero	(h)	5 (ection 5: 13) contr
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pero	(h)	5 (ection 5: 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pero	(h)	5 (ection 5 13) conti entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pero	(h)	5 (ection 5 13) cont entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Pero	(h)	5 (ection 5 13) cont entity

Schedule R (Form 990) 2018

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1	3	No
b Gift, grant, or capital contribution to related organization(s)	. 11	,	No
c Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
d Loans or loan guarantees to or for related organization(s)	. 10	1	No
e Loans or loan guarantees by related organization(s)	10	2	No
f Dividends from related organization(s)	1	f	No
g Sale of assets to related organization(s)	19	3	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	i	No
			$oldsymbol{\perp}$

g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		П		i
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10	Yes	

k	Lease of facilities, equipment, or other assets from related organization(s)	1k	1	No
I F	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m F	Performance of services or membership or fundraising solicitations by related organization(s)	1m	า	No
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	No
О	Sharing of paid employees with related organization(s)	10	Ye	5
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Ye	3
r (Other transfer of cash or property to related organization(s)	1r	+	No
	Other transfer of cash or property from related organization(s)	1s		No
2]	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	•		
i				
	(a) (b) (c) (d)			

п	Sharing of facilities, equipment, maining lists, or other assets with related organization(s)	11		140
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			_
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining am	ount in	nvolved	

q	Reimbursement paid by related organization(s) for expenses				1q Ye	S	
r	Other transfer of cash or property to related organization(s)				1r	No	
s	Other transfer of cash or property from related organization(s)				1s	No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trai	nsaction thresholds			
	(-)	(1.)	(-)	(4)			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			

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	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or ig ?	(k) Percentage ownership
			sections 512- 514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
			·							Schedul	e R (Form	n 99	0) 2018		

