		<u>د</u>	3	1	-				_		_		, IU.		J OMB	No 1545-0047	
	Form	99	90		Retu	rn of C	rganiz	ation i	xemp	ot Fron	m inco	ome	Tax	1 1		2016	
				Under	r section 501	(c), 527, or	4947(a)(1) of the int	ernal Rev	enue Co	de (exce _l	pt privat	e foundation	ons)	L	2010	
5 5 5 5 5 5 5 5 7 5 7 7 7 7 7 7 7 7 7 7	Denar	tment of t	he Treasury		► Do not	enter socia	al security	numbers	on this fo	rm as it ı	may be m	ade put	blic.		Ор	en to Public	
erik Pakk			e Service		► Inform	ation abou	ıt Form 99	0 and its i	nstructio	ns is at v	vww.irs.g	jov/for n	1990.		<u> </u>	nspection	
·"	<u>A I</u>	For the	2016 calenda	ar year, or t	ax year beg	inning			09-	-01 <u>,</u> 2	016, and	ending		08-3	1,20	017	
岦	B (Check if a	pplicable	C Name of o	rganization SA	N JUAN	TEACHER	S ASSOC	IATION	1				o	Employe	er identification no.	
	ַ עַ	Address c	hange	Doing busi	iness as	_ ~								94	94-1498717		
3	□ .	Name cha	inge	Number ar	nd street (or PO	box if mail is n	not delivered to	street addres	s)			Room	v/suite	E	Telephon	ne number	
` G3	ַ וַ	Initial retu	m	5820	LANDIS A	VENUE						1			916)4	87-7582	
· ` ;	⊔յ	Fınal retui	m/terminated	City or tow	vn, state or provir	nce, country, ar	nd ZIP or forei	gn postal code	:						1,0	00,736	
`	닏 ′	Amended	retum	CARMI	CHAEL, C	CA 95608	<u> </u>							G	G Gross receipts \$		
	□ /	Applicatio	n pending	F Name and	address of princ	upal officer	BILL :	SIMMONS				H(i	a) is this a group	return for sub	ordinates?	Yes X No	
				SAME	AS C ABO					1	\triangle) H(I	b) Are all subor	rdinates inc	duded?	∐ Yes ∐ No	
		Tax-exem		501(c)(3)	∑ 501(c) (5) 4 (ins	ert no)	4947(a)(1	or	527	<u>ر</u>		If "No," a	attach a list	(see ins	tructions)	
		Website	67	A.ORG					· —	1			c) Group exer				
		Form of o	rganization X	Corporation	Trust	Association	Other ▶		<u> </u>	L Year of	formation	1962	M State	of legal do	micile	CA	
	Га		Summar					-444	1								
- ^		1	Briefly descri	-	nization's mis	ssion or mo	st significal	nt activities	\ RE	PRESEN	T MEMB	ERS I	N EMPLO	YER/EM	TPLOY	EE	
	9		RELATION	<u>5.</u>													
	nan																
=	Activities & Governance	2	Chook this be	w ▶ □ .6:	the ergenized	on disconti	nuad ita an	orations or	diapasad	of more t	han 25%	of its not					
2	Ô	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)										2		2			
rdv	රේ	1	Number of in	•	•	•	• •	•	l line 1h\	• • • •				4			
-	ties	5	Total number		_	_	_							5			
ار آلاء	ξ	6	Total number				-							6			
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いいかいいいかい		 	110.10.10.10.10.10.10.10.10.10.10.10.10.										Prior Year	1	Cu	urrent Year	
W		8	Contributions	and grants	s (Part VIII, III	ne 1h) .								,374		970,573	
	e	9	Program sen						<i></i>					,395		16,024	
	Revenue	10	Investment in		="		3, 4, and 7d)						,583		1,702	
	æ	11	Other revenu	e (Part VIII	, column (A),	lines 5, 6d,	8c, 9c, 10	c, and 11e)						,172)	-	(8,031	
		12	Total revenue	e - add lines	8 through 1	1 (must equ	ai Part VIII	, colu <u>mn (</u> A), line 12)					,180		980,268	
		13	Grants and s	ımılar amoı	unts paid (Pa	rt IX, colum	n (A), lines	(1-3)	اماري وهي ميرانو الماري وهي ميرانو	M. J. K.						0	
		14	Benefits paid	to or for me	embers (Parl	IX, column	(A), line 4)									0	
	c n	15	Salaries, other						[ines 5-10	رو) روسیر (0	.18		618	,337		767,771	
	Expenses	16a	Professional	fundraising	fees (Part IX	(, column (A	A), line 11e)	Y 7.4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. Z.Z	'Thio	·\ •53 · ·					0	
	Per	Ь	Total fundrais	sing expens	es (Part IX, o	column (D),	line 25)	►_ <u> </u>		معاوي والما	<u>-∮ 0′- ₹</u>	<u>L</u>					
	ŭ	17	Other expens	ses (Part IX	, column (A)	, lines 11a-1	1d, 11f-24e	e) • ((.)	シップ <u>皇</u> 認	1. 1157.	. .		232	,991		228,510	
		18	Total expens	es Add line	es 13-17 (mu	ist equal Pa	rt IX, colun	nn (A), line	25) .	· · · ·			851	,328		996,281	
		19	Revenue less	s expenses	Subtract lin	e 18 from li	ne 12 ·	<u> </u>	· · · · ·	<u></u>	<u></u>		64	,852		(16,013	
	ŏ	583										Beginn	ing of Current	Year	E	nd of Year	
	Net Agsets or	20	Total assets	•	•		• • • • •						1,332	,570		1,403,737	
	LASS	21	Total liabilitie	•	•		• • • • •			• • • •	• • • • •	<u></u>		,221		102,401	
			Net assets o			ct line 21 fro	om line 20	<u> </u>	· · · · ·	• • • •	· · · · ·	<u> </u>	1,317	,349		1,301,336	
		irt II		re Block													
			es of perjury, I dec and complete Dec									knowledge	e and belief, it i	ıs			
		,	1		12.00.000		11		•								

BILL SIMMONS Sign Signature of officer Here BILL SIMMONS, PRESIDENT Type or print name and title Print/Type preparer's name Paid PATRICK ISLIP Preparer Firm's name ISLIP + COMPANY, **Use Only** Firm's address 3465 American River Dr Sui Sacramento CA 95864

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

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

	990 (2016) SAN JUAN TEACHERS ASSOCIATION			9	4-1498717	Page 2
<u>(Pa</u>	Statement of Program Service Accomp					
	Check if Schedule O contains a response or note to ar	ny line in this Part III	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	· · · ·
1	Briefly describe the organization's mission					
	REPRESENT MEMBERS IN EMPLOYER/EMPLOYEE F	ELATIONS.		 _		
						
						
2	Del the appropriate and details and appropriate and appropriat	duna the constitution	th ware and links does it			
2	Did the organization undertake any significant program services prior Form 990 or 990-EZ?				□ voc	X No
	If "Yes." describe these new services on Schedule O				□ ເອ	XI NO
3	Did the organization cease conducting, or make significant chan	and in how it conduct	nto one program			
3	services?	-			□ vos	No No
					🗀 163	XI NO
	If "Yes," describe these changes on Schedule O	ar acab of the three le		aa aa maaassaad bis		
4	Describe the organization's program service accomplishments for the service accomplishment fo			-		
	expenses Section 501(c)(3) and 501(c)(4) organizations are rec		imount of grants and a	silocations to others,		
	the total expenses, and revenue, if any, for each program service	e reported				
4a	(Code) (Expenses \$ 996,281		•	\ /Davanua		
44			a) (Revenue \$		'
	REPRESENT MEMBERS IN EMPLOYER/EMPLOYEE F	ELATIONS.	_	-	-	
						
						 .
						
						
		<u> </u>		 		
						
		<u> </u>				
4b	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
						
						
4c	(Code) (Expenses \$	including grants of	\$) (Revenue \$		
						-
						_
		·				
						
						. — .
	Other program sequence (Decembe in Schedule C.)					
4d	Other program services (Describe in Schedule O)		\ /D=		,	
	(Expenses \$ including grants of \$) (Revenue \$			
40	Total program service expenses ▶ 996,	78T				000 (0040)
EEA					For	m 990 (2016)

Page 3

Form 990 (2016)

Part IV C 6) SAN JUAN TEACHERS ASSOCIATION 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,"	l	ļ	
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	}	}	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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,	į	ļ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		1.7
_	Part	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Χ
۵	Complete Schedule D, Part III	-		
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		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable		İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b				
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		`		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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 and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			 ,,
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.		١.,
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		<u>X</u>

Form 990 (2016)

SAN JUAN TEACHERS ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			}
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II - · · · · · · · · · · · · · · · · ·	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		,	
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23	X	
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		X
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 arry			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)		ļ	<u> </u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Ì
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	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-chantable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	1_
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
CE.		Form	1 990	(2016)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 7 1a 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 9 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h b 10 Section 501(c)(7) organizations. Enter а Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? ь If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2016) Page 6 SAN JUAN TEACHERS ASSOCIATION Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 1b 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 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken durring the year by the following Χ Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 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? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b Χ 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 16a with a taxable entity during the year? 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? Section 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule 0) 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

State the name, address, and telephone number of the person who possesses the organization's books, and records

JUDITH MANNIS (916)487-7582, 5820 LANDIS AVENUE SUITE 1, CARMICHAEL, CA 95608

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SAN JUAN TEACHERS ASSOCIATION

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)	Officer Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) THOMAS ALVES	40.00									
PAST EXECUTIVE DIRECTOR		Х						155,465	0	0
(2) EDWARD BURGESS	40.00	Х						120 215	0	o
PAST ASSOC EXEC DIRECTOR (3) SHANNAN BROWN	40.00	Λ						128,315		<u> </u>
PRESIDENT				X				24,220	o	0
(4) BILL SIMMONS VICE PRESIDENT	5.00			Х				0		0
(5) LARRY EDGEMON	5.00									
SECRETARY/TREASURER	ļ			X				0	0	0
<u>(6)</u>										
(7) 										
	ļ									
<u>(9)</u>										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)	} -									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an hours per officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	1	(F) Estimated amount of other		
	hours for related organizations below dotted line)	Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and relate organization organizatio	e on ed
(15)		-							-			
(16)		-							-			
(17)		-										
(18)		-										
(19)		-										
(20)		-										
(21)		-										
(22)		-										
(23)		-										
(24)		-										
(25)		-										
1b Sub-total	rt VII, Section A						•					
d Total (add lines 1b and 1c) · · · · · 2 Total number of individuals (including bit)								308,000 an \$100,000 of)	0		0
reportable compensation from the orga										2		
3 Did the organization list any former off	icer, director, or trustee,	key em	ploye	ee, o	r hiq	hest c	omp	ensated			Yes	No
employee on line 1a? If "Yes," complete	e Schedule J for such in	dıvıdual								. 3		Х
4 For any individual listed on line 1a, is the organization and related organizations	· ·	•										
individual	=									. 4	X	<u></u>
5 Did any person listed on line 1a receive							zatıor	n or individual				
for services rendered to the organization Section B. Independent Contracto		hedule	J foi	suc	h pe	rson				. 5		<u> X</u>
Complete this table for your five highes compensation from the organization R year	t compensated independ											-
(A) (B) Name and business address Description of services							(C)					
Hame and U								Description of	23,1,003		porisall	
								 				
2 Total number of independent contractor received more than \$100,000 of compe	=		se li	sted	abov	ve) wh	10					

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Form 990 (2016)
Part VIII Sta

ŧ	ement	of R	evenu	۵

		Check if Schedule O contains a response or	note to any line in this	Part VIII		· · · · · · · · · · · · · · · · · · ·	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
o 23	1a	Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	` • •	b 970,573	1			
5 6	C	•	c 3,0,3,3				
ar A	ď		d	1 }		i	
ο <u>Έ</u>	e		e				
Sign	f	All other contributions, gifts, grants,		1	İ		
the per	'		f				
돌 D	g	Noncash contributions included in lines 1a-1f		ł	ļ		
ပ္ပ 🛎	h	Total. Add lines 1a-1f		970,573		,	
	"	Total. Add lines ta-11	Business Code	970,573			
9	22	OWNED DESIGNATE		16 024	16 024		
Ne Y	b	OTHER REVENUE	900099	16,024	16,024		
æ			-				
ξ	C		-	-			
န္	d		-				
Program Service Revenue	9	All other program and an arms	-				
ē		All other program service revenue · · · · · · · ·					
		Total. Add lines 2a-2f		16,024			
	3	Investment income (including dividends, interes	t,			1	
		and other similar amounts)		1,702	1,702		
		Income from investment of tax-exempt bond pro					
-	5	Royalties					
		(ı) Real	(II) Personal				
		Gross rents					
		Less rental expenses · · · · 20,4					
		Rental income or (loss) · · · (8,0				·	<u> </u>
	d	Net rental income or (loss)	·····	(8,031)	(8,031)	<u></u>	
	7a	Gross amount from sales of assets other than inventory	(II) Other				<u> </u>
	b	Less cost or other basis					
	_	and sales expenses · · ·		-			}
		Gain or (loss)		 			
ø.		Net gain or (loss)		 		_	
enne	ва	Gross income from fundraising		1	}		
		events (not including \$					
Other Rev		of contributions reported on line 1c)					
the	}	See Part IV, line 18 · · · · · · · · · · ·	. —	1 1			
Ò	!		p				ļ <u>-</u> -
	ì	Net income or (loss) from fundraising events	• • • • • • • •	 			
	9a	Gross income from gaming activities		1	Ì		{
		See Part IV, line 19 · · · · · · · · · · · ·		1			
	l		ь	. I]
	C	Net income or (loss) from gaming activities	· · <u>· · · · · · · · · · · · · · · · · </u>				
	10a	Gross sales of inventory, less returns and allowances	a				
	ь	Less cost of goods sold	b	1	}		1
	С	Net income or (loss) from sales of inventory		1	-1		
		Miscellaneous Revenue	Business Code				
	11a			<u> </u>		· 	
	ь						
	С (
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	1	Total revenue. See instructions		980,268	9,695	0	0
							 -

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) Check if Schedule O contains a response or note to any line in this Part IX . Do not include amounts reported on lines 6b, 7b, (C) Total expenses Management and Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 308,000 308,000 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 145,356 145,356 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 183,625 183,625 101,033 101,033 10 29,757 29,757 11 Fees for services (non-employees) 91 91 11,960 11,960 d Lobbying Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 2,715 2,715 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 27,485 **27,485** 23 2,144 2,144 24 Other expenses litemize 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) BANK CHARGES/PAYROLL FEES 1,767 1,767 b EQUIP REPAIR AND MAINTENANCE 7,497 7,497 C TELEPHONE 8,560 8,560 POSTAGE/COURIER 142 142 All other expenses 166,149 166,149 25 Total functional expenses. Add lines 1 through 24e 0 996,281 996,281 0 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 following SOP 98-2 (ASC 958-720)

Form 990 (2016) **Balance Sheet**

Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
2 Sawings and temporary cash investments 2 3		•		Beginning of year		End of year
3 Pledges and grants receivable, net 1,060 4 2,128			,	992,558		1,089,058
4 Accounts receivable, net 1,060 4 2,128					-	
S Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			· ·			
Trustices, key employees, and inphesis compensated employees S			in the second of	1,060	4	2,128
Complete Part II of Schedule		5	, , ,			
Section Company Com					-	
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part I of Schedule L		_	·		5	
Specific Specific		0	· · · ·			
The comparison of the payable and account lability Complete Part IV of Schedule Days and convert assets and other payables to current and former officers, directors, trustees, key employees, and discussion Standards and other labilities and other labilities and other bases. See Part IV, line 11 10 10 10 10 10 10 10						
Notes and loans receivable, net					-	
8		_				
10a	8		<u> </u>			
10a	886		h			
Secured mortgages and notes payable to current and former officers, directors, trustees, key employees, highest competed third parties 22 23 32 32 32 32 33 34 33 34 34	ď		· · · · · · · · · · · · · · · · · · ·		9	1,084
B		10a				
11 Investments - publicly traded securities 11 12 12 12 12 13 14 12 13 14 14 15 15 15 15 15 15						
12 Investments - other securities See Part IV, line 11 13 13 14 15 15 15 15 15 15 15				338,952		311,467
13 Investments - program-related See Part IV, line 11 13 14 14 15 15 15 15 15 15			, , , , , , , , , , , , , , , , , , ,		+	 -
14						
15 Other assets. See Part IV, line 11 16 15 15 16 16 16 17 16 16 17 16 17 16 17 16 17 17			<u> </u>			
16 Total assets. Add lines 1 through 15 (must equal line 34) 1,332,570 16 1,403,737 17 Accounts payable and accrued expenses 15,221 17 102,401 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 25 26 Total liabilities. Add lines 17 through 25 27 28 Temporanily restricted net assets 27 28 Temporanily restricted net assets 28 29 Permanentty restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 21 21 21 21 21 21 21			<u>-</u>			
17			·			
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 25 26 102,401 27 28 Temporally restricted net assets 27 27 27 28 Temporally restricted net assets 28 28 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 30 Capital stock or trust principal, or current funds 30 30 31 31 31 31 31 31						
19 Deferred revenue 19 20 Tax-exempt bond labilities 20 21 22 22 22 23 24 24 25 26 27 26 27 26 27 26 27 27				15,221		102,401
Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 21 Padd not restricted net assets 22 Permanently restricted net assets 23 Perman			Fig. 1			
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities and follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 28 Temporanly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Unsecured notes and done payable to unrelated third parties 25 Date II is 22 I 25						
Capital stock or trust principal, or capital stock or fund building, or equipment fund					-	
trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporanity restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Total net assets or fund balances 22 Unsecured mortgages and notes payable to unrelated third parties 23 22 23 24 22 23 24 22 25 Other liabilities (including federal income tax, payables to related third parties 24 24 25 Other liabilities, (including federal income tax, payables to related third parties 25 Total liabilities, (including federal income tax, payables to related third parties 25 Total liabilities, (including federal income tax, payables to related third parties 26 Total liabilities, (including federal income tax, payables to related third parties 26 Total liabilities, (including federal income tax, payables to related third parties 26 Total liabilities, (including federal income tax, payables to related third parties 27 Including federal income tax, payables to related third parties 28 Temporally restricted included income tax, payables to related third parties 29 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 20 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplies, or land,	,,				21	·
23 Secured mortgages and notes payable to unrelated third parties	tie	22				
23 Secured mortgages and notes payable to unrelated third parties	pil		- I - I - I - I - I - I - I - I - I - I		22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	Lia	22	· · · · · · · · · · · · · · · · · · ·			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			, ,		 	
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			· ,		24	
Section Schedule D Comparison Com						
26 Total liabilities. Add lines 17 through 25			, ,		25	
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	ļ-	1 5 221	 	102 401
Complete lines 27 through 29, and lines 33 and 34. 27				15,221	20	102,401
33 Total net assets or fund balances	S					
33 Total net assets or fund balances	uc.	27	_		27	
33 Total net assets or fund balances	ala			-		
33 Total net assets or fund balances	d E			<u> </u>	 -	
33 Total net assets or fund balances	-un		<u> </u>			
33 Total net assets or fund balances	orl					
33 Total net assets or fund balances	क्	30	· •		30	
33 Total net assets or fund balances	SS		· · · ·		 	
33 Total net assets or fund balances	¥ A		- · · · · · · · · · · · · · · · · · · ·	1 317 340	 	1 301 336
2/02/03/	ž		;		 	

Form		4-149	<u> 3717 </u>	P	age 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🔲</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		980,2	268_		
2	Total expenses (must equal Part IX, column (A), line 25)	2		996,2	281		
3	Revenue less expenses Subtract line 2 from line 1	3		(16,0	013)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	317,	349		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	7 Investment expenses						
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1	301,	336		
Pa	rt XII Financial Statements and Reporting		_				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌		
				Yes	No		
1	Accounting method used to prepare the Form 990						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 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?		20		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O						
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		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
			3t				
EEA			For	m 990 (2016)		

SCHEDULE D (Form 990)

Department of the Treasury

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.

► Attach to Form 990.

Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

Name	of the organization	Employer identification number							
SAN	N JUAN TEACHERS ASSOCIATION	94-1498717							
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	ınts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6								
	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year								
2	Aggregate value of contributions to (during year)	<u> </u>							
3	Aggregate value of grants from (dunng year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised								
	funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose								
	conferring impermissible private benefit?								
Pai	rt II Conservation Easements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7								
1	Purpose(s) of conservation easements held by the organization (check all that apply)								
	Preservation of land for public use (e.g., recreation or education)	mportant land area							
	Protection of natural habitat	•							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a consi	ervation							
	easement on the last day of the tax year	Held at the End of the Tax Year							
а	Total number of conservation easements								
b	Total acreage restricted by conservation easements								
С	Number of conservation easements on a certified historic structure included in (a)								
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a								
	historic structure listed in the National Register	. 2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization								
	tax year •								
4	Number of states where property subject to conservation easement is located								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation of								
	•	3 ,							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments duning the year							
	▶ \$,							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(1)							
	and section 170(h)(4)(B)(ii)?	C. C							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describes the							
	organization's accounting for conservation easements								
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	her Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8								
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furth	herance of							
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items								
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet							
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	herance of							
	public service, provide the following amounts relating to these items								
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$							
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the								
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items								
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · > \$							
ь	Assets included in Form 990, Part X	·							

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		110,000		110,000
b	Buildings				
C	Leasehold improvements				
d	Equipment		941,331	739,864	201,467
е	Other				
ota	I. Add lines 1a through 1e (Column (d) must equal Fort	n 990, Part X, column (B), line 10c)		311,467

Schedule D (Form		CHERS ASSOCIATION	94-1498717	Page
Part VII	Investments - Other Securities. Complete if the organization answer	ered "Yes" on Form 990. Pa	urt IV, line 11b See Form 990, Part X, line	e 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	<u> </u>
	(including name of security)	, , , , , , , , , , , , , , , , , , , ,	Cost or end-of-year market value	
(1) Financial o	denvatives · · · · · · · · · · · · · · · · · · ·			. <u>.</u>
(2) Closely-he	eld equity interests	•		
(3) Other		_		
_ (A)				
(B)				
(C)		_ [
(D)		-		
(E)		_		
(F)		_		
(G) (H)		-		
) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments - Program Related.			
(- ()		ered "Yes" on Form 990, Pa	irt IV, line 11c See Form 990, Part X, line	e 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	, mast squar, sim ses, t art x, ser (2) mis to y	<u> </u>		
Part IX	Other Assets. Complete if the organization answer	ered "Yes" on Form 990, Pa	art IV, line 11d See Form 990, Part X, lin	e 15
		a) Description	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line	15)		
Part X	Other Liabilities.			
		ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Par	t X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(=, ====		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

chedule D (Form 990) 2016 SAN JUAN TEACHERS ASSOCIATION	94-1498717	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recovenes of pnor year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2е	_
Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	· 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
	. 2e	
	. 3	
	. 3	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
- 100 miles 100 miles	4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	- 5	
Part XIII Supplemental Information.		
rovide 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, F	Part X, line	
, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		
	···· <u>-</u>	
		
		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization SAN JUAN TEACHERS ASSOCIATION

Part I Questions Regarding Compensation Employer identification number

94-1498717

Га	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			1		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			ļ		
	1a?					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the					
_	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	☐ Compensation committee ☐ Written employment contract	ļ				
	Independent compensation consultant Compensation survey or study					
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		\vdash		
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of					
а	The organization?	5a		<u> </u>		
b						
	If "Yes" on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of					
а		6a				
ь	Any related organization?	6b				
	If "Yes" on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			ļ		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	in Part III	8		1		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
-	Regulations section 53 4958-6/c)?	- q		1		

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 aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

THE SUM OF SCIENTIS (E)(I) (III)			W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
THOMAS ALVES	(i)	155,465	0	0	0		155,465	0	
1 PAST EXECUTIVE DIRECT	(ii)	0	0	0)	0	0	0	
	(i)								
2	(ii)								
	(i)	<u> </u>							
3	(ii)								
	(i)								
4	(ii)		V=						
_	(i)								
5	(ii)								
	(i)								
6	(ii)								
_	(i)								
	(ii)								
•	(i) (ii)								
•	(i)								
9	(ii)		-						
-	(i)	-							
10	(ii)							-	
	(i)								
11	(ii)						7		
	(i)								
12	(ii)		-						
	(i)								
	(ii)			-					
	(i)								
14	(ii)								
	(i)								
	(ii)								
	(i)								
16	(ii)					<u> </u>			

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

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SAN JUAN TEACHERS ASSOCIATION	94-1498717
THE BOARD RECEIVES A COPY OF FORM 990 FOR REVIEW PRIOR TO FILING. A	ANY QUESTIONS &/OR
COMMENTS ARE DISCUSSED WITH THE CPA.	
02. Governing documents, etc, available to public (Part VI, line 1	9)
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
03. List of other expenses (Part IX, line 24e)	
FOR OTHER FUNCTIONAL EXPENSES SEE OVERFLOW STATEMENT	
·	