EEA

Return of Organization Exempt From Income Tax

2016

Department	of the	Treasury
Internal Rev	enue S	Service

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.

Che Add Nan	r the 2016 c		$\overline{1}$	inspection
Add Nan		lendar year, or tax year beginning 09-01, 2016, and ending	08-	
Nan	eck if applicable	C Name of organization SACRAMENTO CITY TEACHERS ASSOCIATION	D	Employer identification no.
ī	tress charnge	Doing business as		94-1459981
١	ne change	Number and street (or PO box if mail is not delivered to street address) Room/suite	E	Telephone number
	al retum	5300 ELVAS AVENUE		(916) 452-4591
Fina	al retum/termina	City or town, state or province, country, and ZIP or foreign postal code		670,564
] Am	ended retum	SACRAMENTO, CA 95819	G	Gross receipts \$
] App	olication pending	F Name and address of principal officer DAVID FISHER H(a) is this a (group return for s	subordinates? Yes X No
			subordinates	ncluded? Yes No
Tax	exempt status	501(c)(3)	No," attach a l	ist (see instructions)
Wel	bsite· 🛌		exemption ni	umber <u></u>
_	m of organization		State of legal of	domicile CA
Part	1.01	• • • • • • • • • • • • • • • • • • • •		
	1 Brnefly	escribe the organization's mission or most significant activities TO REPRESENT THE WELFARE	AND W	RKING
B	COND	TIONS OF THE TEACHERS.		
				·
Activities & Governance		his box \blacktriangleright If the organization discontinued its operations or disposed of more than 25% of its net assets		
5		of voting members of the governing body (Part VI, line 1a)		5
8		of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	C
		mber of individuals employed in calendar year 2016 (Part V, line 2a)	- 5	
		mber of volunteers (estimate if necessary)	6	
_ {		related business revenue from Part VIII, column (C), line 12	· 7a	
	b Net un	elated business taxable income from Form 990-T, line 34 💢 · - ΜΔΥ· 🕅 7 · 20-18 · · · · · · · · · ·	. 7b	
		Pnor Yea	ar i	Current Year
	8 Contrib	itions and grants (Part VIII, line 1h)		C
Ž			38,521	643,856
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)	5,481	2,161
_		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,415	3,137
+			46,417	649,154
		and similar amounts paid (Part IX, column (A), lines 1-3)		0
		paid to or for members (Part IX, column (A), line 4)		0
S.		, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses		onal fundraising fees (Part IX, column (A), line 11e)		
χbe		draising expenses (Part IX, column (D), line 25)		
ű			67,914	509,795
			67,914	509,795
	19 Reveni	e less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	78,503	139,359
3 or		Beginning of Cur	rent Year	End of Year
Sala			26,808	2,361,987
- č			16,559	212,379
		<u> </u>	10.249	2,149,608
æ ⊑ ।		ets or fund balances Subtract line 21 from line 20	10,249	2 149

	990 (2016) SACRAMENTO	CITY TEACHERS ASSO	CIATION		94-145998	1 Page 2
Pa		ogram Service Accom				
		contains a response or note to	any line in this Part III		• • • • • • • • • • • • • • • • • • • •	[]
1 、			O.W. T. M. T. O.W. O. D. T.	W. T		
	TO REPRESENT THE WEI	LEARE AND WORKING C	ONDITIONS OF T	THE TEACHERS.		
				· · · · · · · · · · · · · · · · · · ·		
						
2	Did the organization undertake	any significant program service	es dunna the year who	ch were not listed on the		
	prior Form 990 or 990-EZ? •					No No
	If "Yes," describe these new ser					
3	Did the organization cease con-	ducting, or make significant ch	anges in how it condu	icts, any program		
	services?					X No
	If "Yes," describe these change	s on Schedule O			_	_
4	Describe the organization's pro-					
	expenses Section 501(c)(3) and	id 501(c)(4) organizations are	required to report the	amount of grants and alloc	ations to others,	
	the total expenses, and revenue	e, if any, for each program sen	vice reported			
4a		enses \$509,795) (Revenue \$)
	TO REPRESENT THE WEI	LFARE AND WORKING CO	ONDITIONS OF 1	THE TEACHERS.		
						
						
						
		-				-
						
						
				· · · · · · · · · · · · · · · · · · ·	·	
		-			***************************************	
4b	(Code:) (Expe	enses \$	including grants of	\$) (Revenue \$)
		·	· · · · ·		· · · · ·	
						
	-					
			.		· · · ·	
		<u> </u>				
				•		
		······································			-	
				· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expe	enses \$	including grants of	\$) (Revenue \$)
					·	
						
						<u> </u>
					<u></u>	
						
						
4d	Other program services (Descri	aha in Schadula ())				
-ru	(Expenses \$	including grants of	\$) (Revenue \$	١	
4e	Total program service expenses		,795) (itevenue \$		
EEA	- p. 53. dill col floo dapolloci		,		Fo	rm 990 (2016)

94-1459981

Form 990 (2016) SACRAMENTO CITY TEACHERS ASSOCIATION

Part IV Checklist of Required Schedules

			Yes	No
1 ,				
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		٠,,
	Part III	5		<u>X</u>
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			37
_	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		
9	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	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	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		:	
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	
t	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
6	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	,	4		.,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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				
	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		v
45	g., ,	140		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		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	-13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X_

Form 990 (2016) SACRAMENTO CITY 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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Χ
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			ľ
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		<u> </u>
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		<u> </u>
Ь	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?			1
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ļ	
	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			
20	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)			
a	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	206		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	25		
•	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 30		
•	Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32	1	Χ
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		Х
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		i	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part V)	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	_
				_

SACRAMENTO CITY TEACHERS ASSOCIATION
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	• • • •	<u>··</u>	Ц
		}	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ŀ	ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			v
•	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- 1	
	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?	20		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	X	
3a 	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-30	Λ	
4a	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	-		
	account)?	4a		Х
h	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]	r
	(FBAR)		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Î	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ľ	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b]	_
0	Section 501(c)(7) organizations. Enter	İ		
а	Initiation fees and capital contributions included on Part VIII, line 12	Ì		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[1	
1	Section 501(c)(12) organizations. Enter	İ		
а	Gross income from members or shareholders	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	l		
•	against amounts due or received from them)	42-	- 1	-
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ	ł	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
L	Note. See the instructions for additional information the organization must report on Schedule O	1		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	ļ	Į	
_	the organization is licensed to issue qualified health plans	}		
C 1/1-a	Enter the amount of reserves on hand	14a		X
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		11
<u> b</u>	in res, rias it filed a Putili 720 to report these payments. In 140, provide an explanation in Generale C	··•		

Form 990 (2016) SACRAMENTO CITY TEACHERS ASSOCIATION 94-1459981 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

	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			ŀ
	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 1b 0			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
_	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l I		
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		`	
	the year by the following			ļ
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			, <i>,</i>
202	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
566	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	ļ		
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	_	X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· · · a	^	_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125	^	
•	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	X	- 1
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1	Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	`	
Sec	tion 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			
	Own website			
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			
	LAURA SHIRLEY (916) 452-4591, 5300 ELVAS AVENUE, SACRAMENTO, CA 95819			

Form 990 (20)		94~1459981	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employee	s, and
	Independent Contractors		•
	Check if Schedule O contains a response or note to any line in this Part VII	. <u> </u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or with tax year.	in the	
• Listall (of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of	amount of	

- 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

EEA

Check this box if neither the organization nor any related	organization	compe	nsat	ed a	iny c	urrent	offic	er, director, or trus	tee		
		(C) Position									
(A) Name and Title	Average hours per week (list any	box, offic	unles	eck m is per	ore th	nan one s both an (trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) DAVID FISHER PRESIDENT	5.00_			Х				0	o	0	
(2) NIKKI MILEVSKY 1ST VICE PRESIDENT	_ 5.00_			Х				0	0	. 0	
(3) HASAN MC WHORTER 2ND VICE PRESIDENT	5.00			Х				0	0	. 0	
(4) LARRY HOPPER SECRE TARY	5.00			Х				0	0	0	
(5) LAURA SHIRLEY TREASURER	5.00			Х				0	0	0	
(6)											
(7)											
(8)											
<u>(9)</u>											
(10)											
(11)		-									
(12)											
(13)											
(14)											

Form 990 (2016)

(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an 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)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	pensation the anization of related anization	n d	
<u>(15)</u>													
(16)													
(17)					-								
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)							·						
(25)													
	total	n A · ·						* • •	0	0			0
	number of individuals (including but not limited table compensation from the organization	to those listed	d abov	e) wl	no re	eceive	ed mo	re th	nan \$100,000 of	0	!		
	ne organization list any former officer, director, oyee on line 1a? If "Yes," complete Schedule J								ensated		3	Yes	No X
orgar	ny individual listed on line 1a, is the sum of repo nization and related organizations greater than dual	\$150,000? <i>If</i>	"Yes,"	' соп	plet	e Scf	-				4	-	X
for se	ny person listed on line 1a receive or accrue co ervices rendered to the organization? If "Yes," or Independent Contractors	•		-			-		n or individual		5		X
1 Com	plete this table for your five highest compensate pensation from the organization. Report compensation is a second compensation.												
	(A) Name and business address								(B) Description of			C) ensation	n
	number of independent contractors (including by ved more than \$100,000 of compensation from			se lis	ted	above	e) wh	0	1				

Form 990 (2016)
Part VIII

•		Check if Schedule O contains	a response of	i riote to	any meninana	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
m 93	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
5 6	c	Fundraising events	<u> </u>	1c		Ì	1		
# F	d	Related organizations)	1d			i		
ا <u>ت</u> ق	е	Government grants (contribution		10		İ			
Sign	f	All other contributions, gifts, gran	· —	-		1			
E E	-	and similar amounts not include		1f			1		
d it	a	Noncash contributions included	<u> </u>		<u> </u>				
ပ္သန္	h			_			1		
					Rusiness Code				
en l	2a	MEMBERSHIP DUES ASSES	! Q	⊢	00099	641,576	641,576		
Ne N		DONATIONS INCOME			00099	2,280	2,280		
ě,	c			_ -	00033	2,280	2,280		
rvic	d			_					
Š	e			_		-	·		_
Program Service Revenue	_	All other program service revenue		├─					
e G		Total. Add lines 2a-2f				643,856			<u> </u>
						043,630			
	3	Investment income (including divided and other similar amounts)				2,161	2,161		
	4	Income from investment of tax-ex				2,101	2,161		
	5	Royalties · · · · · · · · · · · · · · · · · · ·							
		Noyalies 111111111					· -		
	62	Gross rents	(i) Real	E 4 7	(ii) Personal				
		Less rental expenses · · · ·	24,5	- $-$			į		
	ļ.	Rental income or (loss)	21,4						
		, ,		137	>	3 1 2 7	2 127		
		· · · F		- $ -$		3,137	3,137		
!	7a	Gross amount from sales of assets other than inventory	(i) Securities		(II) Other				
		· F							
	b	Less cost or other basis and sales expenses · · · ·							
	_	Gain or (loss)				<u> </u>	ŀ		,
	ĺ	Net gain or (loss)							
ق	!	Gross income from fundraising		· -			-		
enne	\ Oa	•							
		events (not including \$ of contributions reported on line 1		-]					'
ř	Ì	See Part IV, line 18 · · · · · ·	-						ı
Other Re		Less direct expenses · · · ·							
O	l	Net income or (loss) from fundrai						-	
	ļ	Gross income from gaming activi	-	·					
	Ja	See Part IV, line 19 · · · · ·		2		ŀ			
	J	Less direct expenses · · · ·			•				
	1	Net income or (loss) from gaming	denvines	· · · · ·					
	10a	Gross sales of inventory, less returns and allowances		a					
	١	Less cost of goods sold · · ·		<u> </u>					
	I	Net income or (loss) from sales of							!
	<u> </u>	Miscellaneous Revenue	ranversory		usiness Code				
	11a				20.11000 0000		-	-	,
	ь		-	- -					
	C			- -					
	_	All other revenue · · · · · ·		- -					
		Total. Add lines 11a-11d · ·							
		Total revenue. See instructions				649,154	649,154	0	n
		Total levelide. Oce illatidetions				0=2,104	377,134		

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 (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and Fundraising 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 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 Fees for services (non-employees) 11 а 668 668 ь Accounting C 17,810 17,810 d Professional fundraising services See Part IV, line 17 е Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 8,182 8,182 13 14 15 Royalties 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 31,572 31,572 Insurance 23 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) 70,685 70,685 PRESIDENTS RELEASE b PRESIDENTS EXPENSE 12,701 12,701 89,475 89,475 RELEASE STAFF RELEASE EXPENSE 13,418 13,418 All other expenses 265,284 265,284 0 Total functional expenses. Add lines 1 through 24e 0 25 509,795 509,795 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)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 2 1,715,996 2 2,084,863 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 55,413 47,606 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a 10a other basis Complete Part VI of Schedule D 1,103,776 Less accumulated depreciation 10b 937,136 193,776 10c 166,640 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 61,623 62,878 16 2,361,987 16 2,026,808 17 17 16,559 203,871 18 18 8,508 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 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 23 23 Secured mortgages and notes 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 25 26 16,559 26 212,379 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Temporanly restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,010,249 2,149,608

2,149,608

33

34

2,010,249

2,026,808

33

34

Total liabilities and net assets/fund balances

		4-1459	981	Pa	age 12
Par	t XI . Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>.</u>	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,1	154_
2	Total expenses (must equal Part IX, column (A), line 25)	2		509,1	795
3	Revenue less expenses Subtract line 2 from line 1	3	1	139,3	359_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,0	10,2	249
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	2,1	149,0	608_
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🛮 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🗋 Other		Ì		
	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				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			~ -	l]
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		- · 2c		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		j		
	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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	- · 3b		
EEA			Form	990 (2016)

SCHEDULE D (Form 990)

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.

Department of the Treasury 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

Employer identification number

SAC	CRAMENTO CITY TEACHERS ASSOCIATION	94-1459981
Pa		
	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)	
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?	· · · · · · · · · · · · · · · · · · ·
Pa	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)	•
	Protection of natural habitat	onc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
ď	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	on during the
	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	О. П.
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
_		and don to the
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
_	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
	and section 170(h)(4)(B)(ii)?	<u> </u>
9	·	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de organization's accounting for conservation easements	scribes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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 ba	plance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	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 balan	ce sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide the following amounts relating to these items	Tance of
	(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, pro-	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	100 0.0
9	Revenue included on Form 990, Part VIII, line 1	▶ \$
a h	Assets included in Form 990. Part X	

	le D (Form 990) 2016 SACRAMENTO CITY					94-145		Page 2
Part III . Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3 .	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its							
	collection items (check all that apply)							
a	Public exhibition	d 🗌 Loa	n or exchange pr	ograms				
ь	Scholarly research	e 🗌 Oth	er					
C	Preservation for future generations							
4	Provide a description of the organization's collection	is and explain how	they further the	organization's exe	mpt purp	ose in Part		
	XIII							
5	During the year, did the organization solicit or receiv	e donations of art,	historical treasur	res, or other simila	ar			
	assets to be sold to raise funds rather than to be ma	aintained as part o	f the organization	's collection?			Y	es 🗌 No
Par	t IV Escrow and Custodial Arrange	ments.						
	Complete if the organization answ	wered "Yes" or	n Form 990, I	Part IV, line 9,	or rep	orted an amo	unt on Fo	rm
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custodian or o	ther intermediary f	or contributions of	or other assets no	t			
							🛮 Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following	ig table				_	_
	· ·	•	·			Ar	nount	
С	Beginning balance				1c			
d	Additions during the year	. .			1d			
8		<i></i>						
f	Ending balance							
2a	Did the organization include an amount on Form 99						· · · [] Y	es No
b	If "Yes," explain the arrangement in Part XIII Check							=
Par		: <u>-</u>	<u> </u>					
	Complete if the organization ansi	wered "Yes" or	n Form 990, I	Part IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	(4/_94119.37941	(=,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.0,	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ь	Contributions							-
c	Net investment earnings, gains, and							
	losses		{		}			
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	er end balance (line	e 1g. column (a))	held as				
a	Board designated or quasi-endowment		- , 3, (-,,					
b	Permanent endowment %							
c	Temporanly restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should equal							
3a	Are there endowment funds not in the possession of the organization that are held and administered for the							
Ju	organization by	The organization	and are more and				ſ	Yes No
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·					. <i></i>	- 3a(i)	100 110
	(ii) related organizations · · · · · · · · · ·						- 3a(ii)	
ь	If "Yes" on 3a(II), are the related organizations listed	l as required on So	hedule R?				. 3b	
4	Describe in Part XIII the intended uses of the organi						L_ <u></u> _	
Par			int lands					
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10								
	Description of property	(a) Cost or oth		Cost or other basis		Accumulated	(d) Book	
	Description of property	(investme	' '	(other)		epreciation	(4) 500	. 14,40
1a	Land		 					
b	Buildings							
	Leasehold improvements	———						
d	Equipment			1,103,776	<u> </u>	937,136		66,640
e	0.1			1,103,116	 	931,130		.00,040
	I. Add lines 1a through 1e (Column (d) must equal	Form 000 Part V	column (R) line	1001				66,640
- otal	- Add times to through the (Coldina (a) must equal	· Jim 330, Paic A,	אווופט, וווופ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			00,040

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial (Out of your market value	
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col (B) line 12)	•	- 	
Part VIII	Investments - Program Relate Complete if the organization an	ed. swered "Yes" on Form 990, Part	IV, line 11c. See Form 990, Part	X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· <u></u>			
(8)				
(9)				
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization an	swered "Yes" on Form 990, Part	IV, line 11d See Form 990, Part	X, line 15
		(a) Description		b) Book value
(1) INVES	TMENTS			62,878
(2)				
(3)				
(4)				
_(4)				
(5)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, col (B)	line 15)		62,878
(5) (6) (7) (8) (9)	Other Liabilities.	line 15)		
(5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization and line 25			
(5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part		
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	swered "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990	
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (t	Other Liabilities. Complete if the organization an line 25 (a) Description of liability	(b) Book value		

	tule D (Form 990) 2016 SACRAMENTO CITY TEACHERS ASSOCIATION	94-1459981	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	 	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2 .	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	_	
þ	Donated services and use of facilities	_	
C	Recovenes of pnor year grants		
d	Other (Describe in Part XIII)		
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	, , , , , , , , , , , , , , , , , , ,		
5 Do	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per neturn.	
_		. 1	
1	Total expenses and losses per audited financial statements	' -	
2	Donated services and use of facilities		
a	Pnor year adjustments		
b	Other losses		
Ç	Other (Describe in Part XIII)		
d	Add lines 2a through 2d	. 2e	
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	· • • • • • • • • •	
+ a	investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	rt XIII Supplemental Information.		
	ride 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 IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b and 2b a	rt X. line	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
- , · ·	art in 100 20 and 10, and 1 art in, miss 20 and 10 7 100 bompets and participation and any additional members		
_			
EEA		Schedule D (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 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

OMB No 1545-0047

Open to Public

Inspection Employer identification number

SACRAMENTO CITY TEACHERS ASSOCIATION	94-1459981
01. Form 990 governing body review (Part VI, line 11)	
THE GOVERNING BOARD RECEIVES A COPY OF FORM 990 FOR REVIEW PRIOR TO FILING.	ANY QUESTIONS
&/OR COMMENTS ARE DISCUSSED WITH THE CPA.	
02. Governing documents, etc, available to public (Part VI, line 19)	
ALL GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
03. List of other expenses (Part IX, line 24e)	
FOR A LIST OF OTHER EXPENSES PLEASE SEE THE OVERFLOW STATEMENT ATTACHED.	