•					201	608 L CMB No. 1545 0047
Form	99	90	Return of Organization Exempt From Inc	come Ta	ıχ	
			Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (exce	pt private fo	undations	,  20 <b>15</b>
<b></b>		the Treasury	Do not enter social security numbers on this form as it may be			*Open to Public
inter	al Feven	no house	▶ Information about Form 990 and its instructions is at www irs	goviform99	<u> </u>	Inspection
A	or the		ndar year, or tax year beginning 09/01 , 2015, and endin		/31	, 20 16
			C Name of organization SAN ANTONIO ALLIANCE OF TEACHERS AND SUPPO		D Employ	or identification number
		egnrna	Doing husiness as SAN ANTONIO ALLIANCE OF TEACHERS AND SUPPOR  Number and street (or P.O. box if mail is not delivered to street address)   Room/su		E Telepho	74-1073253
	Vame ch nitial ret	•	120 ADAMS ST		L (CO)	210-225-7174
,		rriternisiated	City or town, state or province country, and ZIP or foreign postal code			210-223-1114
=			SAN ANTONIO, TX 78210-1103		G Gross m	cepts \$1,896,627
	Applica	gnitxner nor	F Name and address of principal officer GRACIE OVIEDO	Hiad is the og	roup return for	s.bordineres? Yes 🗸 No
			23222 DRAGON ROCK, ELMENDORF, IX 78112			s makaded? 🗌 Yes 🔲 No
		mus status	☐ SQ 1(c)(3)	-		list (see instructions)
	Nobsite		ANTONIOALLIANCE ORG		evemption	
100			Corporation Trist Association (2 Other ► LABOR UNIN L Year of forms)	on 1929	M Stare	of legal connote TX
	1	Summ	scribe the organization's mission or most significant activities. TO RE	PRESENT PI	JBLIC ED	UCATION
Activitios & Governance		CONDITIO	ES IN LABOR-RELATED MATTERS, INCLUDING MATTERS RELATED TO VIN OF EMPLOYMENT.  s box ► 1 If the organization discontinued its operations of disposed of	VAGES, HOL	IRS, AND	THEIR
3	2 3		s oox ► ☐ if the organization discontinued its operations of disposed to of voting members of the governing body (Part VI, line 1a)	or more mai	3	12
ن م	4		of independent voting members of the governing body (Part VI, line 1b)	•	4	
103	5		nber of individuals employed in calendar year 111 (in e.2a)		5	14
ķ	6		nper of volunteers (estimate if necessary)		6	
. ₹	7a		elated pusiness revenue from Part VIII, colum		78	
·!	ь	Ner unrel	ated pusiness taxable income from Form 990-T, line 34		7b	
!				Prior Y	ear	Current Year
g	8		ions and grants (Part VIII, line 1h)		1,851,140	1,895,047
Revenue	9	-	service revenue (Part VIII line 2g)		0	· · · · · · · · · · · · · · · · · · ·
e l	10 11		nt income (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3.500	22
Ì	12		enue – add tines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>2,598</u> 1,853,789	1,538
	13		nd similar amounts paid (Part IX column (A), lines 1-3)		0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	14		paid to or for members (Part IX, column (A), line 4)		0	
69	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5–10)		588,926	633,110
Expenses	16a	Professio	nal fundraising fees (Part IX column (A) line 11e)			
ğ	ь		draising expenses (Part IX, column (D) line 25) ▶			
۳ ا	17		penses (Part IX, column (A), lines 11a-11c, 11'-24e)		,220,391	1,212,226
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,809,317	1 845,326
	19	revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu	44,472	51,301 End of Year
Balances	20	Total assi	ets (Part X line 16)	- gaming or oc	166.830	218,375
4 -	21		lities (Part X, line 26)		44,909	45,153
E.E.	22		s or fund balances. Subtract line 21 from line 20		121,921	173,222
Pa		Signat	ure Block			
Und	conec	ities of perjuit	y Tueula e that I have examined this return including accompanies in the property to become more proparer (other than officer) is based organismos entorior which premite	has any knowi	he best of r edge	nv knowledge and belief it is
Sigi Her			The Control of the Co	Da	- -13-1	7
		J	or print name and title OGDEN, UT	J		
Pai	d	1	ne preparer's signature De	, ,	Check [	
	pare	' [	NDRAG NAVA, CPA alexander & Mong (PA)	$Luu_{r}$	self-emi	P000361468
Use	e Oni	y Firm's the			s EIN >	
May	the IF	S discuss	this return with the preparer shown above? (see astronomy)	Pho	ne no	512-461-4742

For Paperwork Reduction Act Notice, see the separate instructions

Part i	90 (2015) Stateme	ent of Program Servic	e Accomplishma-4-			<del></del>
e il		-	e Accomplishments a response or note to arry	line in this Part III		_
1		be the organization s mis		and rait III		<del>-</del>
			SION MPLOYEES IN LABOR RELA	TED MATTERS		
	- REPHESEN	JULIU EDUCATION E		v.mn11cK5		
					***************************************	
_ <u></u>	Did the organ	zation undertake eer -	gnificant program services	during the year time	ch were not listed *	he
-	Did the organ: prior Form 990		Program Services	g the year Whit	TO THE HELD ON I	:ne 〔]Yes ☑No
	•	in or 990-62.7	on Schedule O			NO∐No،بي
3			on Schedule O ing- or make significant o	channes in hem t	conducts any array	ım
J	Did the organ	on cease conduct	or make significant of	now it פאפושי ב	January, any progra	
		uho ther " -1	chedide ()			☐ Yes ☑ No
,		inbe these changes on S		ine nach - r	lament = ·	ac an see
4	ехрегьов Ser	ection 501(c)(3) and 501(	service accomplistiments f c)(4) organizations are req. y, for each program service	uired to report the ar		
4-	(Code	) (Expenses \$	including grants	s of S	) (Revenue e	
₩â						
	***************************************		OF PER CAPITA PAYMENTS	POWERLY TO THE	AND AND THE AMER	
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	<del>20</del> (20 · 5)			Page 3
Part	Checklist of Required Schedules		,	
1	In the acceptance we had a control floor VIV a MOTO VIVA AND A CONTROL		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes," complete Schedule A.	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to calid dates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the rax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including casements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			,
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount fo, investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? !! "Yes," complete Schedule D. Part X. Did the organization's separate or consolicated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions i inder FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ь	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		1
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		1
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 Schedu'e F, Parts III and IV	16		<u>·</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A) Tines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report, more than \$15,000 total of fundraising event gross income and contributions or Parl VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u> ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G, Part III	19		<u>,</u>
			990	(2015)

<ul> <li>20 a) Oil tho organization operate one or more hospital facilities? If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or part IX column (A), inc 17 If "Yes," complete Schedule I, Parts I and III.</li> <li>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A), inc 27 If "Yes," complete Schedule I, Parts I and III.</li> <li>23 Did the organization any organization and former officers, directors, trustees key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI. Section A Inc. 3.4, or 5, about compensation of the organization naver at the compensation of the organization of the last day of the year, that was issued aller December 31 2002* If "Yes," answer lines 24 243 244 245 245 246 247 247 247 247 247 247 247 247 247 247</li></ul>	art.	Checklist of Required Schedules (continued)			
b If "Yes" to line 20a did the organization natach a copy of its audited financial statements to this return?  Did the organization or more than \$5.000 of grains 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  Did the organization report more than \$5.000 of grains or other assistance to or for domestic individuals on Part IX (column (A), line 2? If "Yes," complete Schedule I, Parts I and II  Did the organization asswer "Yes" to Part VII Section A line 3. 4, or 5 about compensation of the organization asswer "Yes" to Part VII Section A line 3. 4, or 5 about compensation of the organization asswer "Yes" to Part VII Section A line 3. 4, or 5 about compensation of the organization of the year. That was issued after December 31.2002? If "Yes," answer lines 24b brough 24d and complete Schedule K. If "No." or to line 25a.  Did the organization of the year. That was issued after December 31.2002? If "Yes," answer lines 24b brough 24d and complete Schedule K. If "No." or to line 25a.  Did the organization maintain an escrow account other than a refunding corrow at any time during the year of odelease any tix-exemptib bronds?  Did the organization of the year of the than a refunding at any time during the year of odelease any tix-exemptib bronds?  Section 501(2)3, 501(2)4), and 501(2)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit in property and that the transaction has not been reported on any or the organization of home 50 organizations and the time transaction with a disqualified person in a price of the organization provide a grant or other sensitive strong or page in an excess benefit transaction with a disqualified person in the previous of the property in the property in th	_		<u> </u>	Yes	N
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 17 II "Fes," complete Schedule I, Part II and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A), line 27 II "Yes," complete Schedule I, Part I I and III 22 Did the organization are were "Yes," to Part VII. Section A line 3.4, or 5 about compensation of the organization is current and former officers, directors, trustees key employees, and highest compensated employees? II "Yes," complete Schedule II. Trust was issued after December 3.1, 2002? If "Yes," answer lines 24b Intrough 24d and complete Schedule K If "No "go to line 25a.  24d Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, trait was issued after December 3.1, 2002? If "Yes," answer lines 24b Intrough 24d and complete Schedule K If "No "go to line 25a.  24d Did the organization and an escrow account other than a refuncing escrow at any time during the year?  25d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  26d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  27d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  28d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  28d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  28d Did the organization act as an "on benalf of" issuer for bones outstanding at any time during the year?  28d Did the organization and the section of the sections of the organization with a disqualified person in a prior year and that the transaction has been reported on any other sent part of the organization and account and the par			-	<u> </u>	∠
22 Did the organization report more than \$5.00 of grants or other assistance to or for domestic individuals on Part IX column (A), line 27 if "Yes," complete Schedule I, Parts I and III  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, trusteas key employees, and highest compensated employees; if "Yes," complete Schedule I.  24 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, trail was issued after December 31 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No" go to line 25a  Did the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization revet any proceeds of tax-exempt bonds beyond a temporary period exception?  Of the organization are an **Ton benalf of "issuer for boncs outstanding at any time during the year?  Section \$01(e)(3), 501(e)(4), and \$01(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any or the organization engage in an excess benefit transaction with a disqualified persons? If "Yes," complete Schedule I, Part II  Of the organization report any amount on Part X, line 5, 6 or 22 for receivables from or payables to any outperformers of the organization period and provide schedule I, Part II  Of the organization party to a		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	205	<del> </del>	-
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240 dillbe organization nave 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 compiler Schedule K if "No" of a lone 25a 24b of the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization maintain an excross ow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  Did the organization act as an "on benalf of" issuer for boncs outstanding at any time during the year of defease any tax-exempt bonds?  Did the organization and that the reason of the second of the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization of the transaction with a six qualified person of unity of maintain or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes, complete Schedule L, Part II is a former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes, complete Schedule L, Part II is a former officer, director, trustee or key employee? If "Yes," complete Schedule L, Part IV is a former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is a family member of any of these persons? If "Yes," complete Schedule L, Part IV is a family member of any of these persons? If "Yes," complete Schedule R, Part II is a family member of any of these persons? If "Yes," complete Schedule R, Part II is a family member of any of these persons? If yes, complete Schedule R, Part II is a family member of any of these persons? If yes, complete Schedule R, Part II is a family member of any of these persons? If yes, complete Schedule R, Part II is a family member of a current or former officer, director, frustee, or key employee? If "Yes," complete Schedule R, Part II is a family member of a current or form	23	organization's current and former officers, directors, trustees key employees, and highest compensated			,
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Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30: 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I.  Was the organization related to any fax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. or IV, and Part V. Inne 1.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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.  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.  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.  Big 1. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and	2				,
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Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  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 \$12(b)(13)? If "Yes" complete Schedule R, Part V, line 2  Section \$01(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  Did the organization conduct more than \$% 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  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			,
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  7 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  8 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	þ	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a did the organization receive any payment from or engage in any transaction with a	358		١,
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.  Build the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			٧
8 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		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,			
	8		37		_

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Û	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yos	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if no; applicable		101	
•	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.  1b 0			
;	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	1	
è	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return 2a 14			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
1	Dio the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
)	If "Yes" has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3b		L
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	43		1
)	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)		í	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	~	7
:	If "Yes' to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
•	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		1
b	If "Yes ' did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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	li		
	and services provided to the payor?	7a		
	If "Yes" did the organization notify the donor of the value of the goods or services provided?	7b		
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
di e	If 'Yes' indicate the number of Forms 8282 filed during the year	! _	-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
1	If the organization received a contribution of qualified intellectual property, did the organization rile Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		_
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		_	
3	Dic the sponsoring organization make any taxable distributions under section 4966?	9a	-	~
נ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII line 12   10a			
3	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	Ì	1	
	Gross income from members or snareholders		į	
,	Gross income from other sources (Do not not amounts due or paid to other sources		l	
	against amounts due or received from them)	٠		
	the state of the s	128		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization in sequired to maintain by the states in which	}		
	the progration is been sed to use us qualified health place.	İ		
:	Enter the amount of reserves on hand	}	]	
,	Did the organization receive any payments for indoor tanning services during the tax year?	148		7
,	If "Yes," has if filed a form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del> -
	The second of th			(2015

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si	and l	or a truçti	ons
· 4.	Check if Schedule O contains a response or note to any line in this Part VI		<u>.</u>	<u> </u>
ecu	on A. Governing Body and Management	1	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or			. 1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь 2	Enter the number of voting members included in line 1a, above, who are independent   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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	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?	5		<u> </u>
6	Did the organization have members or stockholders?	6	✓	
70	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_	1	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		ا ـــا	
а	The governing body?	8a	<b>√</b>	
9 9	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	8b	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schodule O	9		1
ecu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	Je Co	Yes	No
_	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,	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	<del></del> -,
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			,
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12a 12b	<b>√</b>	<del>-</del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes" describe in Schedule O how this was done	12c	<u>,</u>	
13	Dio the organization have a written whistleblower policy?	13	7	
14	Did the organization have a written document retention and destruction policy?	14	Ż	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
ь	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a "axable entity during the year?		-	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<del>/</del>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(	)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so how) the organization made its governing documents, conflict of intellina icial statements available to the public during the tax year	rest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	<b>&gt;</b>	

Form 990 (2015)							_			Page 7
Part VII Compensation of Officers, Dir Independent Contractors	ectors, I	ruste	es,	ĸe	y E	:mpi	oye	es, nignest	Compensated	Employees, and
Check if Schedule O contains a re	esponse or	note	to	any	/ line	e in ti	his f	Part VII	-	
Section A. Officers, Directors, Trustees, Key	Employee	es, an	d H	lıyh	est	Com	per	sated Employ		
1a Complete this table for all persons required organization's tax year	d to be list	ed A	epc	ort o	com	pens	atio	n for the cale	ndar year endin	g with or within the
<ul> <li>List all of the organization's current office compensation. Enter -0- in columns (D), (E), and</li> </ul>								viduals or orga	anizations), rega	rdless of amount of
<ul> <li>List all of the organization's current key en</li> </ul>	nployees, if	any	See	ins	struc	tions	for:	definition of "F	key employee "	
<ul> <li>List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations</li> </ul>										
<ul> <li>List all of the organization's former offices \$100,000 of reportable compensation from the organization.</li> </ul>	organizatio	n and	ary	rei	ated	d orga	anız	ations		
<ul> <li>List all of the organization's former direct organization, more than \$10,000 of reportable c</li> </ul>	ompensatio	on fro	m th	ne o	orga	nızatı	on a	and any related	d organizations	
List persons in the following order individi compensated employees and former such pers	ions									
Check this box if neither the organization no	t any relate	d orga	anız	alic	on c	ompe	ensa	ited any curren	it officer, directo	r, or trustee
				(4	CI					
(A)	(8)	(de n	to to		sition more	e inan	one	(D)	(E)	(F)
Name and Title	Average hours per	50×	unles	55 CE	erson	is both	h ar	Peportable	Reportable	Estimated
	week dist any		,	-		or/trus	<del></del>	compensation from	compensation from related	amount of other
	hours for related	1 5 6	랿	Officer	Key.	3 9	Former	the	organizations (W-2/1099 MISC)	compersation
	organizations	3 5	5 E	œ	emplovee	0 25	1 19	organization (W-2/1099-MISC)		from the organization
	below coffec	ž	É		9,6	E G		!		and related organizations
		Individual trustee or director	Institutional trustee		l e	Highest compensated employee				(Agamzesers
	<del> </del>	<u> </u>		_	┼	<u>8</u>	ļ-—			
(1) SHELLEY POTTER	40									
PRESIDENT	† <del>?</del> 9	1		1				89,862	0	0
(2) GRACIE OVIEDO	15			-	$\vdash$	$\vdash$	T	03,992	<u>-</u>	<u> </u>
ICE PRESIDENT / TSTA REGION 1D		1		1		ł		17,560	0	0
(3) RACHEL MARTINEZ	40						Π			
ICE PRESIDENT		1		1	<u> </u>	<u> </u>	L.	52 232	0	0
(4) YVONNE CLEMONS	2						ŀ			
ECRETARY	<del> </del>	/		✓	<u> </u>	<u> </u>		0	0	1,010
(5) JAMES CASIANO REASURER	2,	/		1			İ			
(6) CYNTHIA PAREDES	2	<u> </u>		<u> </u>	╁	-	├-	0	0	1,200
IS TEACHER REP / TREASURER	† · <b>*</b> ·	1					1	o	o	0
(7) MARY CATHY HAZZARD	2	ļ		_	✝		<b>†</b>			
IS TEACHER REP		1					<u> </u>	O	0	0
(8) CLAUDINE ROBINSON	2									
LEM TEACHER REP		1						0	0	0
(9) JACK C CRUM	2									
ARAPROFFSSIONAL REP	<u> </u>	<b>√</b>			<u></u>	· 	<u> </u>	0	0	0
O) CYNTHIA ESQUIVEL	2	,								
ARAPROFESSIONAL REP	<del> </del>	✓		ļ	-		-	0	0	0
1) TERRY ARMSTRONG LASSIFIED REP	2	/				ĺ		_ ا		_
2) HILDA CANTU	2	- <del></del> -	-					0	0	0
LASSIFIED REP	· · · · · · · · · · · · · · · · · · ·	1						6,922	a	a
[3]								0,322	U	
14)	!				$\left  \cdot \cdot \right $				-	
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Form **990** (2015)

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hours for relative to the sum of	Part N	VII Section A. Officers, Directors, Trust (A) Name and life	(B) Average hours per	(da nr bo> U office	nt che	(C) Position eck minus s perse		one olh an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
15]  16]  17)  18]  20]  21]  22]  23]  24)  25]  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  25]  26]  27]  28]  29]  20]  20]  20]  21]  22]  23]  24)  25]  25]  26]  27]  28]  29]  20]  20]  20]  21]  22]  23]  24)  25]  26]  27]  28]  29]  29]  20]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  29]  20]  20]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  29]  29]  20]  20]  20]  21]  22]  23]  24]  25]  26]  27]  26]  27]  27]  28]  29]  29]  20]  20]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  29]  20]  21]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  26]  27]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  28]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  28]  29]  29]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]  28]  28]  28]  28]  29]  29]  20]  21]  22]  23]  24]  25]  26]  27]  27]			week (list any hours for relater) organizations below dotted	וחלו אולועפו מר לוופכוס	$\overline{}$	$\overline{}$	employee Key employee	Former Highest compensati	the organization	organizations rW 2/1009-MISC)	compensation from the organization and related
177  189  290  291  293  294  295  105  105  105  105  105  105  105  1	15)				H	$\top$	+	+			
16)  27)  28)  29)  29)  21b Sub-total  27 Total from continuation sheets to Part VII, Saction A  28)  29  29  29  20  20  20  21  22  23  25  26  27  27  28  29  29  20  20  20  20  20  20  20  20	(16)					+					
19)  20)  21)  22)  23)  24)  25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total from continuation sheets to Part VII, Section A  3 Did the organization list any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, its the sum of reportable compensation and other compensation from the organization are related organizations are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  1A)  1A)  1A)  1A)  1A)  1A)  1A)  1A	(17)				$\vdash$			-			
29) 21) 22) 23) 24) 25) 26) 27) 28) 29) 29) 29) 29) 20) 20) 20) 21) 20) 21) 22) 21) 22) 23) 24) 25) 25) 26) 27) 28) 29) 29) 20) 20) 20) 21) 20) 21) 21) 22) 23) 24) 25) 25) 26) 26) 27) 27) 26) 27) 28) 29) 29) 20) 20) 20) 20) 20) 21) 20) 21) 21) 21) 22) 21) 23) 24) 25) 25) 26) 26) 27) 26) 27) 26) 27) 28) 28) 29) 29) 29) 20) 20) 21) 20) 21) 21) 21) 22) 21) 23) 24) 25) 25) 26) 26) 26) 26) 27) 27) 28) 28) 29) 29) 29) 20) 20) 21) 21) 21) 22) 21) 21) 22) 23) 24) 25) 25) 26) 26) 26) 27) 28) 28) 28) 29) 29) 29) 20) 20) 20) 21) 21) 21) 22) 21) 22) 23) 24) 25) 26) 26) 26) 27) 27) 28) 28) 28) 28) 28) 29) 29) 29) 20) 20) 21) 21) 21) 22) 21) 21) 22) 23) 24) 25) 26) 26) 27) 28) 28) 28) 28) 28) 28) 28) 28) 28) 29) 29) 20) 20) 21) 21) 22) 21) 22) 23) 24) 25) 26) 26) 27) 28) 28) 28) 28) 28) 28) 28) 28) 28) 28	18)				H	+	+	+			
22)  23)  24)  25)  1b Sub-total  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation. Stark pears and reserved more than \$100,000 of compensation from the organization.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation. It is any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such person.  3 Did any person histed on line 1a receive or accrue compensation from any unrelated organization or individual for such person.  4 V  Section B Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C	19)					+	1	-			
22)  23)  24)  25)  1b Sub-total  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation. Stark pears and reserved more than \$100,000 of compensation from the organization.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation. It is any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such person.  3 Did any person histed on line 1a receive or accrue compensation from any unrelated organization or individual for such person.  4 V  Section B Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20)				-		+	+			
23)  24)  25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals including but not Imited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  6 Section B Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  1A)  1B)  1B)  1B)  1B)  1B)  1B)  1B)	(04)		ļ			+	+	+		<del>                                     </del>	
23)  24)  25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals including but not Imited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person  6 Section B Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  1A)  1B)  1B)  1B)  1B)  1B)  1B)  1B)	22)		<del> </del>			!- <del>- </del>	+	+	1		
25)  1b Sub-total c Total from continuation sheets to Part VII, Section A D				<del> </del>		+	+	+			<del> </del>
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation. From the organization ▶  3 Did the organization list any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for sinchices rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax  1 Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax  1 Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax  1 Compensation from the organization for the calendar year ending with or within the organization's tax  1 Compensation from the organization's tax year.  1 Compensation from the organization for the calendar year ending with or within the organization's tax.	24)		-			$\dashv$	+	+	-	1	1
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Did the organization list any former officer, director, or trustee key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual issed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B Independent Contractors  Complete this lable for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  IA)  Name and business address  Pescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.    Vea   2	Total number of individuals (including but		to th	ose	fiste	d abc	ve) w				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  IA)  Section B Independent Contractors  (B)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	3	Did the organization list any former of employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations	fficer, direct Schedule J e sum of rep	for suportat	uch i ble d	<i>indivi</i> comp	<i>idual</i> pensat	tion a	and other comp	pensation from th	ed 3 ✓
Total number of independent contractors (including but not limited to those listed above) who received more than \$100 000 of compensation of compensation of the calculation of the cal	5	Did any person listed on line 1a receive of								ation or individua	(a)
Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	Section	n B Independent Contractors									
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization •		compensation from the organization. Rep	compensat sort compe	ed inc nsatio	lepe in fo	ender or the	nt cor caler	ntracti ndar y	ors that receive rear ending with	ed more than \$10 h or within the cr	00 000 of rganization's tax
received more than \$100 000 of compensation from the organization ▶			ress	_	_					irvices	
received more than \$100 000 of compensation from the organization ▶						_		=			
received more than \$100 000 of compensation from the organization ▶								$\pm$			
	2	Total number of independent contractor received more than \$100,000 of compens.	irs (includin	ig bu	t no	ot lin	ગાted 1 ▶	to th	ose listed abo	ove) who	
											Farm <b>990</b> (2015)

	990 (2015 1-1/11	Statement of Revenue				Page
		Check if Schedule O contains a response or note	to any line in this	Part VIII		Ć
* LOT 10	-17.		(A) Total Jevenue	(B) Related or exempl function revenue	(C) Unresated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants		Federated campaigns 1a				1
la Grants Amounts	1	Membersh.p dues 1b 1,447,34	15	i		
		Fundraising events . 1c	]			
اقِ قَ	1	Related organizations 1d	_			
Contributions, Giffs and Other Similar A		Government grants (contributions) 1e	<b>⊣</b> [	:		
Contributions, Giff and Other Similar	'	All other committees gifts grants and similar amounts not included above 11 447.72				
50	g	Noncash contributions included in lines 1a-11 \$	<u>'2</u>			
9 5		Total Add lines 1a-1f	1,895,067			1
e e	† <del></del>	Business Cody				i
Program Service Revenue	2a				-	
e Re	b					
Š	C					
လို့ ၂	d		<del></del>			
ran	8	All other program annual smooth				<u> </u>
Prog	g	All other program service revenue  Total Add lines 2a-2t				
<del>-</del>	3	Investment income (including dividends, interest,			<u> </u>	T
ŀ	-	and other similar amounts:				
1	4	Income from investment of tax-exempt bond proceeds	22			
l	5	Royalties				
1	1	(i) Rea' (ii) Personal				
ŀ	1	Gross rents	]			
1	1	Less rental expenses	_			
	ľ	Hental income or (loss)	-			_
- 1		Net rental income or (loss)  Gioss amount from sales of (ii) Securities (iii) Other	+			.
1	ł	assets other than inventory	-			
1	1	Less cost or other basis	-			
	_	and sales expenses	1			
ļ	c	Gain or (loss)	-			
1	ŀ	Net gain or (loss) . ▶	-  <u>_</u>			l
anne		Gross income from fundraising				
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
Ĕ	i	Less direct expenses b	-			
٠ <sub> </sub>	С	Net income or (loss) from fundraising events	1 [			
	9a	Gross income from gaming activities See Part IV, line 19				
1		Less direct expenses b	]	_ !	-	
Í		Net income or (loss) from gaming activities	<del> </del>			
!		Gross sales of inventory, less returns and allowances		İ		
1		· · · · · · · · · · · · · · · · · · ·	-	1		
		Net income or (loss) from sales of inventory	-			
ŀ	<del></del> _	Miscellaneous Revenue Business Code	+			···-
I	11a	RENTAL INCOME	1,530			
		MISCELLANEOUS INCOME	1,530		<del></del>	
- 1	С			İ		<del> </del>
ì	d	All other revenue				
		Total. Add lines 11a–11d	1 538			
	12	Total revenue. See instructions	1,896,627			

	t IX Statement of Functional Expenses				
estu	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Ai	l other organization	ns must complete colu	ımıı (A)
)c -	Check if Schedule O contains a response			100	
6. O	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
•	Gran's and other assistance to demestic organizations and domestic governments. See Part IV, line 21			]	
2	Grants and other assistance to domestic			<del> </del>	
_	individuals See Part IV, line 22			1	
2	•			1	
3	Grants and other assistance to foreign		i		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
A				<del> </del>	
<b>4</b> 5	Benefits paid to or for members  Compensation of current officers directors			<del>                                     </del>	
ن	Compensation of current officers, directors, trustees, and key employees		i	į l	
e	trustees, and key employees	157 238		<b></b>	
8	Compensation not included above, to disqualified		i	Γ	
	persons (as defined under section 4958(f)(1)) and		i		
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	339,908			
8	Pension plan accruals and contributions (include			·	
	section 401(k) and 403(h) employer contributions)	38,594			
9	Other employee benefits	56,546			
10	Payroll taxes .	40,814			
11	Fees for services (non employees),				
а		2,210			
b	Legal	4,831			
С	Accounting .	4,300			
	, , , , , , , , , , , , , , , , , , ,	4,300		<del> </del>	
e	Professional fundraising services. See Part IV. line 17		<del></del>	<del> </del>	
f	Investment management fees	<del></del>		<del> </del>	
g	Other (If line 11g amount exceeds 10% of line 25, column			<del> </del>	
-	(A) amount, list the 1 tg expenses or Schedule ()	ł	i	!	
12	Advertising and promotion			<del>                                     </del>	
13	Office expenses		<del></del>	<del></del>	
13 14	· <u>L</u>	13,246		1	<del></del>
14 15	Information technology  Boyalties	11,642		<u> </u>	
	Population .				
16 17	Occupancy .	37,993			
17 18	Travel	866		<u> </u>	_ <del>-</del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			1	_
	for any federal state, or local public officials				
19	Conferences, conventions and meetings	7,954			
20	Interest				
21	Payments to arfiliates	1,073,164			
22	Depreciation, depietion, and amortization	911			
23	Insurance	3,221			
24	Other expenses Itemize expenses not covered			1	1
	above (List miscellaneous expenses in line 24e. If		Ì	1	}
	line 24e amount exceeds 10% of line 25, column		ł	·	1
	(A) amount, list line 24e expenses on Schedule (C)			1	į
а	PHONE/CELL PHONE	10,255			
b	MILEAGE	20,843			<del></del>
C	ORGANIZING EXPENSES	20,843	<del></del>	<del></del>	
ď					
	All other expenses	· <del></del>			
25	Total functional expenses Add lines 1 through 24e				
?5 ?6	Joint costs Complete this line only if the	1,845,326			<del></del>
.~	organization reported in column (B) joint costs		1		
	from a combined educational campaign and		1	J	
	fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		1		
			İ	1	

_	art X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Pa			
_		Check is Schedule of contains a response of note to any line in this Pa	(A)	<del>i</del>	(B)
			Beginning of year		End of year
	1	Casn÷non-interest bearing .	132,004	1	165,8
	2	Savings and temporary cash investments	1,661	2	16
	3	Pledges and grants receivable, net	16,962		30,9
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, cirectors,			i
		trustees key employees, and nighest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	·	۲	
	"	4958(fi(1)), persons described in section 4958(c)(3)(B), and contributing employers and		ļ	İ
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			!
•	İ	organizations (see instructions). Complete Part II of Schedule L.		- 6	
	7	Notes and loans receivable, net		7	
Ċ	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment cost or		-	
		other basis Complete Part VI of Schedule D 10a 65,544		Ì	
	b	Less: accumulated depreciation 10b -47,171	16,203	10¢	18,3
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	In anothe assets		14	
	15	Other assets. See Part IV, line 11	0	15	1,5
	16	Total assets. Add lines 1 through 15 (must equal line 34)	166,830		218,3
	17	Accounts payable and accrued expenses	44,909		45,1
	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 cricers, 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	
	24	Unsecured notes and loans payable to unrelated third carties		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	
_	26	Total liabilities. Add lines 17 through 25	44,909	26	45,15
,		Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and			`
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	121,354	27	171,90
	28	Temporanly restricted net assets	567	28	1,2
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34			
	30	Capital stock or trest principal, or current funds		30	
	31	Paic-in or capital surplus or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income or other funds		32	
	33	Total net assets or fund balances .	121,921	33	173,22
	34	Total liabilities and net assets/fund balances	166,830		218,37

ck if Schedule O contains a response or note to any line in the nucleust equal Part VIII, column (A), line 12) enses (must equal Part IX column (A), line 25) eass expenses. Subtract line 2 from line 1 is or fund balances at beginning of year (must equal Part X, line 3 fized gains (losses) on investments envices and use of facilities at expenses. It expenses is or fund balances at end of year Combine lines 3 through 9 (in (B)) included the same tend of year Combine lines 3 through 9 (in (B)) included the prepare the Form 990. Cash Accrual anization changed its method of accounting from a prior year or particular anization changed its method of accounting from a prior year or a separate basis, consolidated basis. Both consolidated and so organization's financial statements audited by an independent account in financial statement accounting from a prior year organization's financial statements audited by an independent account in the pass. Consolidated basis. Both consolidated and so organization's financial statements audited by an independent account in the pass. Consolidated basis. Both consolidated basis, consolidated basis.	independent accountant? its for the year were comparate basis			1,84 5 12	6,627 5.326 1,301 1,921
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enses (must equal Part IX column (A), line 25) ess expenses. Subtract line 2 from line 1 s or fund balances at beginning of year (must equal Part X, line 3 fized gains (losses) on investments services and use of facilities at expenses. It expenses is on a dijustments and services in net assets or fund balances (explain in Schedule O) is or fund balances at end of year. Combine lines 3 through 9 (in (B)).  Included Statements and Reporting to the foliation of the foliation of the foliation changed its method of accounting from a prior year. Or organization's financial statements compiled or reviewed by an incheck a box below to indicate whether the financial statement in a separate basis, consolidated basis. Both consolidated and so organization's financial statements audited by an independent account of strong process or both the basis. Consolidated basis, or both the basis, consolidated basis, or both	must equal Part X, line  In S Part XII  Other  or or checked "Other," exit of the year were com- integrate basis	2 3 4 5 6 7 8 9		1,84	5.326 1,301 1,921
ess expenses. Subtract line 2 from line 1 s or fund balances at beginning of year (must equal Part X, line 3 fized gains (losses) on investments services and use of facilities at expenses.  In adjustments and adjustments are good adjustments are fund balances (explain in Schedule O) is or fund balances at end of year. Combine lines 3 through 9 (in (B))  Inicial Statements and Reporting the first schedule O contains a response or note to any line in the graph graph of the first schedule O contains a response or note to any line in the graph	must equal Part X, line  In S Part XII  Other  or or checked "Other," exit of the year were com- integrate basis	3 4 5 6 7 8 9 10 10		5 12	1,301
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fized gains (losses) on investments services and use of facilities at expenses. The adjustments and adjustments are services are the form of the facilities at expenses. The adjustments are assets or fund balances (explain in Schedule O) is or fund balances at end of year. Combine lines 3 through 9 (in (B)).  Incide Statements and Reporting the form of the fact of	must equal Part X, line  In S Part XII  Other  or or checked "Other," exit of the year were com- integrate basis	5 6 7 8 9 10 10 plain in		17	
services and use of facilities at expenses.  In discontinuous and the porting of the properties of the	Other Other Other," exindependent accountant? its for the year were comparate basis	6 7 8 9 10 10 plain in			3,222
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ad adjustments and adjustments or fund balances (explain in Schedule O) is or fund balances at end of year. Combine lines 3 through 9 (in (B)) inicial Statements and Reporting ck if Schedule O contains a response or note to any line in the granted used to prepare the Form 990. Cash. Accrual anization changed its method of accounting from a prior year contains a financial statements compiled or reviewed by an incheck a box below to indicate whether the financial statements on a separate basis, consolidated basis. Both consolidated and statements in the contains a statements audited by an independent acceptable of the consolidated basis, co	Other Other Other," exindependent accountant? its for the year were comparate basis	8 9 10 10 plain in			3,222
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g method used to prepare the Form 990	Other			I	
g method used to prepare the Form 990	Other			V	П
anization changed its method of accounting from a prior year O organization's financial statements compiled or reviewed by an incheck a box below to indicate whether the financial statement on a separate basis, consolidated basis or both the basis. Consolidated basis or both the basis. Consolidated basis both consolidated and soorganization's financial statements audited by an independent archeck a box below to indicate whether the financial statement basis, consolidated basis, or both	or or checked "Other," ex andependent accountant? tits for the year were com- separate basis				No
anization changed its method of accounting from a prior year O organization's financial statements compiled or reviewed by an incheck a box below to indicate whether the financial statement on a separate basis, consolidated basis or both the basis. Consolidated basis or both the basis. Consolidated basis both consolidated and soorganization's financial statements audited by an independent archeck a box below to indicate whether the financial statement basis, consolidated basis, or both	or or checked "Other," ex andependent accountant? tits for the year were com- separate basis				
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check a box below to indicate whether the financial statement pasis, consolidated basis, or both			2b	1	
pasis, consolidated basis, or both		ed on a			
	,	-		- 1	ł
te basis 🔲 Consolidated basis 🔲 Both consolidated and s	eparate basis				į
line 2a or 2b, does the organization have a committee that as	sumes responsibility for o	versiaht	- 1		1
it, review, or compilation of its financial statements and selection	n of an independent accor	ıntant?	2c	1	
inization changed either its oversight process or selection proce			-	•	<del></del> ,
0	<b>, ,</b>			ļ	ļ
t of a federal award, was the organization required to undergo	an audit or audits as set	forth in			
Audit Act and OMB Circular A-133?			3a	Ì	
lid the organization undergo the required audit or audits? If the	organization did not unde	ergo the	<del></del> -	<del>-i</del>	
ucit or audits, explain why in Schedule O and describe any step	is taken to undergo such a	udits	3ь	-	
			Force	990	(2015)
					12013)

# SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545 0047

epartment of the	1 -0.0	Organizations Exempt From Income	rax under section	ontic) sug a	ection 321	Z(U) 15
terral Revenue		plete if the organization is described lation about Schedule C (Form 990 or 99				Open to Public Inspection
the organiza	ation answered "Ye	es," on Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, I	ine 46 (Politica	l Campaign Act	livities), then
<ul> <li>Section 56</li> </ul>	01(c)(3) organization	s Complete Parts I-A and B. Do not co:	mplete Part I-C			
<ul> <li>Section 5f</li> </ul>	DI(c) (other than sec	tion 501(c)(3)) organizations. Complete l	Parts I-A and C below	<ul> <li>Do not comp</li> </ul>	lete Part I-B	
	-	omplete Part I-A only				
		es," on Form 990, Part IV, line 4, or Fo			-	
	-	s that have filed Form 5/68 (election units that have filed Form 5/68 (election units that have filed form 5/68 (election)		-	•	
		is that have NOT filed Form 5768 (elections," on Form 890, Part IV, line 5 (Prox				
	arate instructions),		y ruxy (oue separate		OI 1 O/111 330 E2	-, - , - , - , - , - , - , - , - , - ,
• Section 5	01(c)(4) (5) or (6) or	gai izations. Complete Part III				
artie of organ	ization	-		E	mployer identif	cation number
		ACHERS AND SUPPORT PERSONNE				1073253
art I-A		he organization is exempt und	·	<del></del>		anization
		f the organization's direct and indire	ect political campa	iign antivities i	_	
	al expenditures				▶ \$	***************************************
3 Volun	teer hours .					
Part I-B	Complete if t	he organization is exempt und	fer section 5010	c)(3)		
		y excise tax incurred by the organiz			<b>▶</b> \$	
		y excise tax incurred by organizatio			. <b>&gt;</b> \$	
		rred a section 4955 tax, did r file Fo	-			Yes No
	correction made					Yes No
b If "Ye	s," describe in Pai	rI IV				
Part I-C	Complete if the	he organization is exempt und	ler section 501(	c), except se	ection 501(c)	(3).
		ctly expended by the filing organi	zation for section	527 exempt	function	
activit	ies				► \$ <sub></sub>	
		e filing organization's funds contri-	outed to other erg	janizations for		
	xempt function ac			= 44	<b></b> \$	
3 Total line 13		expenditures Add lines 1 and 2	thier here and	on Form 11	20-POL, ► \$	
		on file Form 1120-POL for this year	• • •			Yes No
		sses and employer identification nu		ection 527 noi	itical croanizat	
		ooot are ample, in marining in the				
organ		nents. For each organization listed,	enter the amount			
_	_	nents. For each organization listed, contributions received that were pro-		paid from the	filing organizat	ion's funds. Also enter
the an	nount of political o	<del>-</del>	omptly and directly	paid from the delivered to a	filing organizat separate polit	ion's funds. Also enter lical organization, such
the an	nount of political o	contributions received that were pro	omptly and directly	paid from the delivered to a	filing organizat separate polit seded, provide	ion's funds. Also enter lical organization, such
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	I if the filing organization be name, address, EIN, expe	nses, and sha	ire of excess lob	bying expenditu	res)	oup member's
Check >	If the filing organization ch Limits on Lobb			trol" provisions	<del>                                      </del>	
	(The term "expenditures" m			1	(a) Filing organization s totals	(b) Affiliated group totals
Total !	obbying expenditures to influence		<u>-:</u>	<del></del>	<del> </del>	
	ophying expenditures to influence					<del></del>
	opbying expenditures (add lines 1		•			
d Other	exempt purpose expenditures					
	exempt purpose expenditures (ad-					
f Lobby columi	ing nontaxable amount. Enter	the amount t	nwellol art mov	g table in both		
	···	. The labbers				
	mount on line 1e, column (a) or (b) is ir \$500 000	·	nontaxable amour mount on line 1e	IL IS:	_ i	~ by~
·	00,000 but not over \$1 000,000		s 15% of the excess	over \$500,000	٠,٠*	
	000,000 but not over \$1,500,000		s 10% of the excess			والمجار أيواء
Over \$1	500,000 but not over \$17,000,000	<del></del>	s 5% of the excess of			Ultradit in .
Over \$1	7 000,000	\$1 000,000				
	oots nontakable amount (enfer 25					
	ict line 1g from line 1a. If zero or li					
		-O-ratos se			1	
	ect line 1f from line 1c. If zero or lo				(1) E 4700	
If there	e is an amount other than zero ing section 4911 tax for this year 4-Yi ie organizations that made a se	on either line ? ear Averaging ction 501(h) el	Period Under sec	etion 501(h) e to complete all		Yes No
If there reports	e is an amount other than zero ing section 4911 tax for this year  4-Yo le organizations that made a se See the	on either line? ear Averaging ction 501(h) el separate inst	Period Under sed	etion 501(h) re to complete all 2a through 2f.)		
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11.II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h))	meu				
each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(;	» <b>)</b>		(b)	
cription of the lobbying activity	Yes	No	A	moun	ì
During the year, did the filing organization attempt to influence loreign, national, state or local	+				
legislation including any attempt to influence public opinion on a legislative matter or					
referencum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?	<u> </u>				
Mailings to members, legislators, or the public?					
Publications or published or broadcast statements?     Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h Railles demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b> </b>				
Other activities?					
Total Add lines to through ti					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
bill "Yes" enter the amount of any tax incurred under section 4912		!			
the files or executation increases a section 4912 tax indicates the files from 4720 for the war?					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  It III-A Complete if the organization is exempt under section 501(c)(4), section 501(	C)(5)	or ec	ction		
501(c)(6).	C)(O), (	<i>J</i> . 30	Cuon		
				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			1		<b>\</b>
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	11	
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 5016			3_	<u> </u>	
answered "Yes."  Dues assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount	s of	1			
political expenses for which the section 527(f) tax was paid)					
a Current year		2a			
Carryover from last year		2b			
c Total		2c	!		
Aggregate arrount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c excess does the organization agree to carryover to the reasonable estimate of nondeductible job					
and political expenditure next year?	Jynng	4			
Taxable amount of lobbying and political expenditures (see instructions)		5			
rt IV Supplemental Information		نستسا	L		
uide the descriptions required for Part I-A, line 1 Part I-B line 4 Part I-C, line 5, Part II-A (affiliated gree instructions) and Part II-B line 1 Also, complete this part for any additional information	oup lis	) Par	1 II-A, I	lines 1	and
	<b></b>	<b>-</b>			
······································					
			<i>.</i>		•••••
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			n 990 ar		

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Part IV Supr	plemental Information (continued)	Page (
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	54	chedule C (Form 990 or 990-EZ) 201

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 113, 119, 11c, 11d, 11c, 11l, 12a, or 12b

OMB No 1545-0047 2015

	ent of the Treasury Revenue Sehvice ► tr		► Attach to Form 990. orm 990) and its instructions is at ww	w irs gov/forms	990 Inspection
ma c	f the organization	· · · · · · · · · · · · · · · · · · ·		Employer ide	entification number
NΑ		TEACHERS AND SUPPORT PE			74-1073253
	11 Organizatio	ns Maintaining Donor Adv	rised Funds or Other Similar F	unds or Acc	
	Complete if	the organization answered	"Yes" on Form 990, Part IV, line	6	
			(a) Donor advised funds	(b)	Funds and either accounts
1	Total number at end				
2		contributions to (during year)			
3		rants from (during year)			
4	Aggregate value at e			l <u></u> _	
5			advisors in writing that the assets ne organization's exclusive legal cor		
8		•	•		Yes 🗍 No
•			and donor advisors in writing that g fit of the donor or donor advisor, o		
	conferring impermiss		in of the contor of donor advisor, t	or tor any onic	· · · Yes · No
-10		n Easements			· [_] TES [_] INC
-			"Yes" on Form 990, Part IV, line	. 7	
1			organization (check all that apply)	<del></del>	· <del></del>
			tion or education)    Preservation	e of a historica	lly important land area
	Protection of nat				historic structure
	Preservation of o		_ Treservation	. 0. 5 0000	Thatana In datum
2			eld a qualified conservation contribu	ution in the for	m of a conservation
	easement on the last		•	[ <del></del>	Held at the End of the Tax Yea
а	Total number of con-	servation easements		2a	<del></del>
b	Total acreage restric	ted by conservation easemen	ts	2b	
С	Number of conserva	tion easements on a certified	h storic structure included in (a)	2c	
đ	Number of conserve	ation easements included in	(c) acquired after 8/17/06, and n	ot on a	
	historic structure list	ed in the National Register		2d	
3	Number of conserva	tion easements modified, tran	sferred refeased extinguished, or t	erminated by I	the organization during the
	lax year ▶				
1			rvation easement is located >		
5			garding the periodic monitoring,	inspection, ha	
		cerrient of the conservation ea			📋 Yes 🗌 No
}	Staff and volunteer hou	irs devoted to monitoring, inspec	ling, nandling of violations, and enforcing	ng conservation	easements during the year
,	Amazak at a a a a a a a a a a a a a a a a a				
7	Amount of expenses : ► \$	ncurred in monitoring, inspectir	ig handling of violations, and enforci	ng conservation	n easements during the year
3	and the second s	non agramment reported on livin	2/40 mbu up / start star management	-f 170	3/-3/4///3/41
•	and section 170(h)(4)		2(d) above satisfy the requirements	or section 170	
,		, .	conservation easements in its reven		☐ Yes ☐ No
	balance sheet, and in	clude if applicable, the text of	of the footnote to the organization's	tioancial expens	se statement, and
	organization's accou	n'ing for conservation easeme	ents.	manusar state	ments mar describes in e
ärt			s of Art, Historical Treasures,	or Other Sur	nilar Assets
	Complete if t	he organization answered '	'Yes" on Form 990, Part IV, line	8.	mar riggeta,
a	If the organization el	ected as permitted under SF	AS 116 (ASC 958), not to report in	its revenue et	atement and halance choo
	works of art, historic	cal treasures, or other similar	assets held for public exhibition,	education or	research in furtherance of
	oublic service provid	le, in Part XIII, the text of the f	ootnote to its financial statements t	hat describes	these items
b			FAS 116 (ASC 958), to report in it		
	works of art, historic	al treasures, or other similar،	assets held for public exhibition,	education, or	research in furtherance of
	public service provid	e the following amounts relati	ng to these items	· - ·, ·	
		on Form 990, Part VIII, line 1	•		<b>▶</b> \$
	(ii) Assets included in	Form 990 Par X			► \$
2	If the organization re	eceived or held works of art,	historical treasures, or other similar	lar assets for	financial gain, provide the
	following amounts re	quired to be reported under S	FAS 116 (ASC 958) relating to these	e Items	<u> </u>
а		Form 990 Part VIII, line 1		1	<b>▶</b> \$
ь	Assets included in Fo	orm 990, Part X			<b>▶</b> §
Pap	erwork Reduction Act	Notice, see the Instructions for	Form 990 Cai No 522	83D	Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015

	Pe U (Form 990) 2015	Callastina -4	A-4 1.12-	toric -1 3	F4000:	A-	nor Cincilar An	Page
1207 3	Using the organization's acquisition.							
J	collection items (check all that apply)	uccession, and t	mer recu	ius cilec	n any or me	1011UM	my uarated S	gimeun use or
а	☐ Public exhibit on		d	[] Loan	or exchange	יחוממי	ams	
-	Scholarly research			☐ Othe	•			
	Preservation for future generations		U	C Ouic	r 			
4	Provide a description of the organiza		and avai	an how t	hav further ti	ha ara	anization's over	ot nurnonu in P
7	XIII	non a conections	and expi	an now t	ney unner ti	ne org	Binzanon S exen	-pr porsose in Fi
5	During the year, did the organization	solicit or receive	donation	ne of art	historical fro	2011724	or other similar	ır
•	assets to be sold to raise funds rather							Yes □ N
Par	IV Escrow and Custodial Arra			part 57 til	e angum and			L res Li
	Complete if the organization	•	" on Fo	ന വാവ	Part IV line	0 or	reported an am	ount on Form
	990. Part X, line 21	answered res	Onrio	111 350,	art IV, IIIIe	3, 01	reported an an	iount on Form
1a	Is the organization an agent, trustee	custodian or oti	ner interr	nediary 5	or contributio	105 Or	other assets no	
	included on Form 990, Part X?	, 000100,011 01 011		iounary ii	o. Commodic	3113 01	011101 033213 110	Yes 🗌 N
ь	If "Yes," explain the arrangement in P	ad XIII and compl	eto the fo	llowood t	ablo			٠٠٠ ال
-	ii 100, explain the arangement i	ert xiii eria campi	ote tite it	moving i	abio		A	nount
c	Beginning balance					10	<del></del> -	
						_	<del></del>	
	Additions during the year					10		
e	Distributions during the year Ending balance					1e		
		at an Enror ()00 0	V 1	. 04 /			<del></del>	2 CT V-2 CT N
	Did the organization include an amou							( U tes Ur
	If "Yes," explain the arrangement in P	an Alli Check nei	e ii ine e	xpianatio	n nas been p	roviac	d on Part XIII	
Par	Endowment Funds.		· C-		D- 4 B / /	40		
	Complete if the organization	,			,			4.55
	Daniel Control	(a) Current year	(0) 147	or year	(c) Two years	Dack	(a) Inreo years back	(e) Four years had
13	Beginning of year balance		Ļ		<u> </u>	_		
	Contributions		<u> </u>		<del> </del>			<b></b>
С	Net investment earnings, gains, and		ł					1
	losses		<u> </u>					
	Grants or scholarships	ļ						ļ <u></u>
6	Other expend-tures for facilities and							
	programs				<b>1</b>			- <del> </del>
•	Administrative expenses							.1
g	End of year balance				i	ŀ		<u>!</u>
2	Provide the estimated percentage of	he current year er	nd baland	e (line 1g	, column (a))	heid a	15	
а	Board designated or quasi-endowine	nt 🕨	. %					
b	Permanent endowment ►	96						
С	Teniporarily restricted endowment ▶	76						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%					
3а	Are there endowment funds not in th	e possession of the	ne organi	zation th	at are held ar	nd adı	ministered for th	P
	organization by							Yes N
	(i) unrelated organizations							3a(ı)
	(ii) related organizations	-						3a(ii)
ь	If "Yes" on line 3a(ii), are the related of	rganizations listed	l as recu	red on Se	chedule R7			3b
4	Describe in Part XIII the intended uses							<u> </u>
Part	VII Land, Buildings, and Equip	ment.					<del></del>	
	Complete if the organization		" on For	m 990. I	Part IV. line	11a S	See Form 990.	Part X, line 10
	Description of property	(a) Cost or o			r other basis		v.cumulated	(d) Book value
	• • • •	(nvestm			rher)		precration	10, 0000. 1000
1a	Land			i <del></del>	11,024			11.03
b	Buildings .			<del> </del>			12 000	11,02
	Leasehold improvements				12,096		12,096	
d	Equipment	<del> </del>		<del> </del>	27 220		0 25 000	
•	Other	<del>                                     </del>		<del> </del>	33,239		25,890	7,34
B								
e	Add lines 1a through 1c (Column (d) n	aust soud feet	00 0	<u> </u>	9,185		9,185	18,37

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	Investments—Other Securities Complete if the organization ar		rm 990, Part IV, lin	ne 11b See Form 990, Part X, line 1
	(a) Description of security or cating (including name of security)		(b) Book value	(c) Method of valuation Cost or end of year market value
Financ al	derivatives			
	neld aquity interests		ļ	
Other	•••• ••• ••• •• •• •• •• •• •• •• •• ••			
^) B)			ļ	
Ci · ·		······································	<del></del>	
D)	······································			
F)	-			
F)	*** ** ** *** * ***			
G)				<u> </u>
H)				
r VIII	b) mus' equal Form 990 Part 1, cor (8) line 12 )   Investments — Program Relat		<del></del>	
48(41)			mu 990 Part IV Ju	ne 11c See Form 990, Part X, line 1
	(a) Description of investment	<u> </u>	(b) Bock value	(c) Method of valuation Cost or end-ut year market value
		T-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
			<u> </u>	<b></b>
			<del> </del>	<b></b>
			· · · · · · · · · · · · · · · · · · ·	
		·		
il (Column (	til must equal Form 990-Part X, coi (6) line 13.) I			
	Complete if the organization ar	(a) Description	rm 990, Part IV, Iir	ne 11d See Form 990, Part X, line 1 (b) Rook value
	Complete if the organization ar		rm 990, Part IV, Iir	
	Complete if the organization ar		rm 990, Part IV, Iir	
	Complete if the organization ar		rm 990, Part IV, lir	
	Complete if the organization ar		rm 990, Part IV, lir	
	Complete if the organization an		rm 990, Part IV, lir	
	Complete if the organization an		rm 990, Part IV, lir	
		(a) Description	rm 990, Part IV, Iir	(h) Rook value
	mn (b) must equal Form 990, Part Y, Other Liabilities.	(a) Description		
al. (Colu	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	(a) Description		(b) Rook value
al. (Colu	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar	cal (B) line 15 )		(b) Rook value
al. (Colu	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
al. (Colu art X) Federal in	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
al. (Colu art X	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
an X Federal in	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
al. (Colu art X	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
an X Federal in	mn (b) must equal Form 990, Part X.  Other Liabilities.  Complete if the organization ar line 25  (c) Description of liability	cal (B) line 15 )		(b) Rook value
al. (Colu and X	mn (b) must equal Form 990, Part Y,  Other Liabilities.  Complete if the organization ar line 25 (e) Description of liability,  come taxes	cal (B) line 15 )  nswered "Yes" on Fo		(b) Rook value
al. (Column )	mn (b) must equal Form 990, Part X,  Other Liabilities.  Complete if the organization ar line 25 (e) Description of liability icome haxes	cal (B) line 15 )  nswered "Yes" on Fo	rm 990, Part IV, Iir	th) Rook value
Federal in	mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization ar line 25 (e) Description of liability come taxos	(a) Description  cal (B) line 15 )  nswered "Yes" on Fo  (b) Book value	rm 990, Part IV, Iir	(b) Rook value

Reconciliation of Revenue per Audited Financial State			
Complete if the organization answered "Yes" on Form 9		a	
Total revenue, gains, and other support per audited financial statement	ents	1 1	1.896,627
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
Net unrealized gains (losses) on investments	2a		
Donated services and use of facilities	2b		
Recoveries of prior year grants	2c		
Other (Describe in Parl XIII )	2d		
Add lines 2a through 2d		2e	0
Subtract line 2e from line 1		3	1 896,627
Amounts included on Form 990, Part VIII, line 12, but not on line 1			
Investment expenses not included on Form 990. Part VIII. Ine 7b.	4a		
Other (Describe in Part XIII.)	46		
Add lines 4a and 4b		4c	0
Total revenue Add lines 3 and 4c (This must equal Form 990, Part I,	line 12 j		1,896,627
t XII Reconciliation of Expenses per Audited Financial Sta	stements With Exp	penses per Return.	
Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12	<u>a</u>	
Total expenses and losses per audited financial statements		1	1,845,326
Amounts included on the 1 but not on Form 990, Part IX. line 25		1 - 1	
Donated services and use of facilities	20		
Prior year adiustments .	2b		
Other losses	2c		
Other (Describe ia Part XIII.)	2d		
Add lines 2a through 2d		2e	0
Subtract line 2e from tine 1		3	1,845,326
Amounts included on Form 990, Part IX, line 25, but not on line 1			
Investment expenses not included on Form 990. Part VIII. line 7b.	4a		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b		4c	.0
·	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information, de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information, de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information, de the descriptions required for Part II lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part XIII Supplemental Information. de the descriptions required for Part III lines 3, 5, and 9 Part III, I nes 1.	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III, lines 3, 5, and 9. Part III, lines 1. If XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18)	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III lines 3, 5, and 9. Part III, tines 1. If XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III lines 3, 5, and 9. Part III, tines 1. rt. XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III lines 3, 5, and 9. Part III, tines 1. rt. XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III lines 3, 5, and 9. Part III, tines 1. rt. XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III lines 3, 5, and 9. Part III, tines 1. rt. XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II lines 3, 5, and 9. Part III, Tines 1.  A.I., lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II lines 3, 5, and 9. Part III, tines 1  At Al, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part  XIII Supplemental Information.  Ide the descriptions required fo. Part II lines 3, 5, and 9. Part III, tines 1  If XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 Ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part II lines 3, 5, and 9. Part III, tines 1  At Al, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 ib and 2b, Part V, line idditional information	1,845,326
Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  de the descriptions required for Part III, lines 3, 5, and 9. Part III, lines 1.  rt xI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	I line 18) a and 4, Part IV, lines part to provide any a	5 ib and 2b, Part V, line idditional information	1,845,326

redule D (Form 990) 2015  TO XIII Supplemental Informat	Page 5 Non (continued)
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	Schedule D (Form 990) 2015
	Octobration (North 490) S012

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 Royenue Service Name of the organization

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

CM3 No 1545-0047 2015

Open to Public Inspection

SAN ANTONIO ALLIANCE OF TEACHERS AND SUPPORT PERSONNEL

Employer identification number 74-1073253

NARRATIVE The San Antonio Alliance of Teachers and Support Personnel (the Organization) is an affiliate of the Texas AFT, AFL-CIO
and the Texas State Teachers Association NEA. The Organization, chartered by the Texas AFT since 1918 as local #67, has approximately
2,800 members representing teachers and other employees of primary and secondary schools in the San Antonio, Texas area lit is a self-
governing unit that maintains a staff of approximately 11-14 persons dedicated to the purpose of improving the wages, hours, and working
conditions of its members - In addition, the Organization is dedicated to providing advocacy, training, and publications on behalf of its
members. The Executive Board of the Organization is elected from its members every two years. The Executive Board makes all significant
decisions regarding the Organization including but not limited to approval of firing decisions and approval of the budget and any amend-
ments. The Executive Board is guided by its charter and by-laws.
FORM 990, PART VI, SECTION A: GOVERNING BODY AND MANAGEMENT
FORM 990, PART VI, LINE 6- DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? Yes, members. The members consist of
teachers and para-professionals from the various school building and other work-sites in the San Antonio ISD, and who apply for member-
ship and pay annual dues. The general membership elects at-large the Executive Council, and the Officers. (See below.) The general
membership cleats members to the Representative Assembly (See below)
FORM 990, PART VI, LINE 7a-DESCRIPTION OF ELECTION PROCESS
ELECTION AND CONSTITUENCY OF THE EXECUTIVE COUNCIL. The Executive Council shall consist of the five officers, two elected para-
professional unit representatives, two elected classified unit employee representatives, four elected teacher unit representatives, and the
chairpersons of the standing committees. The chairpersons shall serve as ex-officio members, without vote. Members serving as officers
of state or national affiliates shall serve as ex-officio members. The four teacher unit representatives shall include one elementary
representative one middle school representative, one high school representative, and one non-classroom representative
The process for the election for elected members of the Executive Council is as follows
1 Shall be conducted in the spring of even numbered years
2 Shall comply with applicable laws and the policies and procedures of the state and national affiliates
3 All contested elections shall be conducted by open nomination and secret ballot
4 All elected Executive Council members shall be elected at-large by the general membership
The term for elected members of the Executive Council starts on June 1 of even numbered years and shall be for two (2) years or until
their successors are elected
For Paperwork Reduction Act Notice, see the instructions for Form 990 or 890-EZ Cat No 510564 Schedule O (Form 990 or 990-EZ) (2015

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Schedule O (Form 990 or 990-EZ) (2015)

chedule O (Form 990 or 990 EZ) (2015) Jamo of the urganization	Page Employer Identification number
SAN ANTONIO ALLIANCE OF TEACHERS AND SUPPORT PERSONNEL	74-1073253
the President shall appoint with the approval of the Executive Council replacements for all el	ected Executive Council members who resign
r vacate their positions. All appointees shall be from the same constituency as the member:	s they are replacing
LECTION AND CONSTITUENCY OF THE REPRESENTATIVE ASSEMBLY	,
representatives to the Representative Assembly shall be elected to serve at a ratio of one rep	resentative for every twenty members or major
raction thereof. Each building or site shall be guaranteed at least one representative. It shall	I be the goal of the Organization to have the
epresentatives reflect its membership. The elected officers and elected members of the Exec	cutive Council shall also serve as voting
nembers of the Representative Assembly Committee Chairpersons shall serve as ex-officio	members, without vote, to the Representative
ssembly	
he duties of the Representative Assembly shall include	
Approval of the annual budget	
Recommending policies and procedures to the Executive Council	
Communicating issues, concerns, and needs for their respective buildings or sites	
depresentatives will be elected in the spring semester by members at a site to a one-year term	n and shall serve without limitation as to the
number of terms to which they may be re-elected. Vacancies shall be filled through a building	g or site election
LECTION OF OFFICERS	
ive officers are elected consisting of the President, two Executive Vice Presidents, Secretary	and Treasurer All officer elections shall be
onducted in the spring of even numbered years. All elections shall comply with applicable la	aws and the policies and procedures of the
late and national affiliates	
ill contested electrons shall be conducted by open nomination an secret ballot sent to every	member All officers and all elected Executive
ouncil members shall be elected at large by the general membership. The term of office sha	Il start on June 1 of even numbered years and
nall be for four (4) years or until their successors are elected. The Executive Council shall a	dopt dates and necessary policy(les) to
aplement the elections. The President and Executive Vice President shall be delegates to all	affiliate governance conventions
the President resigns or vacates his/her position, the Executive Vice Presidents shall act as	co-Presidents until a successor is elected
	iree (3) years of the term, a special election
tie newly elected President shall take office immediately. If the vacancy occurs in the first th	
the newly elected President shall take office immediately. If the vacancy occurs in the first the hall be called. If the vacancy occurs in May, June, or July, the election will be conducted in the hall be called. If the vacancy occurs in the last year of the term, the Execu	September, otherwise the election will accur

resident shall appoint with the approval of the Executive Council replacements for all other officer ons. All appointees shall be from the same constituency as the member they are replacing.  1990, PART VI. LINE 7b—DESCRIPTION OF DECISIONS OF THE EXECUTIVE COUNCIL of the which decisions of the Executive Council that have to be approved by the members, and how the soft the Executive Council consists of the following velop policies for the Organization sist in building the member base.  Sure a system of effective advocacy for employee rights wide a long-range stategic plan induction of the program sommend the annual budget.  Soft such policies that are required by the By-Laws or are necessary to insure the smooth operation and the budget between Representative Assembly meetings.  1990, PART VI. LINE 11b—DESCRIPTION OF HOW THE 990 IS REVIEWED BY THE ORGANIZATION 1990 needs to be reviewed by the Executive Council as required by the new 990 form.)  1990 of the 990 will be provided either by e-mail to each member of the Executive Council or presente ecutive Council, as necessary, and approval by each member is gathered by a sign-off list and employ if absent from Council meeting.	
All appointees shall be from the same constituency as the member they are replacing 1990, PART VI, LINE 7bDESCRIPTION OF DECISIONS OF THE EXECUTIVE COUNCIL tibe which decisions of the Executive Council that have to be approved by the members, and how to tree of the Executive Council consists of the following trees of the Executive Council consists of the following trees of the Executive Council consists of the following trees of the Executive Council consists of the following trees of the Executive Council consists of the following trees of the Executive Council consists of the following trees of the Executive Council that in program and the annual budget the budget between Representative Assembly meetings the budget between Represent	
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ecutive Council, as necessary, and approval by each member is gathered by a sign-off list and an	
	d at the meeting of
meniber if absent from Council meeting	neil backup of approval
990.PART VI, LINE 126- DESCRIPTION OF HOW THE ORGANIZATION MONITORS AND ENFORCE	S COMPLIANCE WITH THE
LICT OF INTEREST POLICY -DISCLOSURES REQUIRED BY BOARD MEMBERS	
iew 990 requires that a Conflict of Interest Policy be in place and approved by the Board, and requi	ires disclosures by the hoard
ers -see questionnaire to be maintained on each Board member.) The Organization inquires at the	e Executive Council meeting.
fly, whether there are any interests that could rise to a conflict of interest, in the office of the Vice-	Presdient
990, PART VI, LINE 153-PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT	
ocess for determining compensation for the Organization's President is by recommendation by the	ne Executive Council and with
proval by the Representative Assembly in consideration of comparison data of other top executive	es and in line with competitive

Name of the organization SAN ANTONIO ALLIANCE OF TEACHERS AND SUPPORT PERSONNEL	Friployer identification number 74-1073253
teacher organizations	
FORM 990, PART VI, LINE 156-PROCESS FOR DETERMINING COMPENSATION FOR OIL	HER OFFICERS OR KEY EMPLOYEES
The process for determining compensation for the Organization's other officers or key er	nployees is by recommendation by the
executive Council and with the approval by the Representative Assembly in consideration	n of comparison data of other top executives
and in line with competitive teacher organizations	
FORM 990, PART VI, LINE 19- DESCRIPTION OF HOW THE ORGANIZATION MAKES ITS O	GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC No do	cuments available to the public
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	Schedule O (Form 990 or 990 EZ) (201