			EXTENDED TO MAY 15, 201	19		
	Ω	00	Return of Organization Exempt Fro	om lr	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	de (exc	ept private foundatior	<sup>15)</sup> 2017
		of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
_		enue Service	► Go to www.irs.gov/Form990 for instructions and the			Inspection
		1		ing J	JN 30, 2018	
B c a	heck if		organization FORNIA SCHOOL BOARDS ASSOCIATION		D Employer identific	ation number
	Addre		NCE CORPORATION			
	_chang Name	e			68-01	138865
	_chang Initial returr	<u>~</u>	and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone number	
	Final Final	3251	BEACON BOULEVARD	n/Suito		371-4691
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	131,590.
	Amer returr	nded WECT	SACRAMENTO, CA 95691-3531	İ	H(a) Is this a group re	
	Appli tion	<sup>ica-</sup> <b>F</b> Name a	nd address of principal officer: VERNON M. BILLY		for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
		kempt status:	501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or	527	lf "No," attach a l	list. (see instructions)
			CSBA.ORG		H(c) Group exemption	
		of organization:	X Corporation Trust Association Other ►	L Year o	f formation: 1987 M	State of legal domicile: CA
Pa	art I					
e	1		e the organization's mission or most significant activities: <b>FINANCI</b>	LALL	Y ASSIST STA	ATE
Governance		EDUCATI				
/err	2		x      if the organization discontinued its operations or disposed o			
g	3		ting members of the governing body (Part VI, line 1a)			<u> </u>
ŏ	4		lependent voting members of the governing body (Part VI, line 1b)			0
ties	5		of individuals employed in calendar year 2017 (Part V, line 2a)			3
Activities &	6		of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34			0.
		net unrelateu	business taxable income from Form 990-1, line 34	<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			0.
nue	9		ce revenue (Part VIII, line 2g)		132,743.	113,095.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,444.	18,495.
č			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		142,187.	131,590.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		34,468.	88,950.
) USE	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 🕨0 .	•		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		42,813.	76,696.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,281.	165,646.
	19	Revenue less	expenses. Subtract line 18 from line 12		64,906.	-34,056.
Net Assets or Fund Balances				Beg	inning of Current Year	End of Year
sset Bala	20	Total assets (I	, , ,		1,310,008.	1,275,705.
et A Ind I	21		(Part X, line 26)		247.	0.
		Net assets or Signature	fund balances. Subtract line 21 from line 20		1,309,761.	1,275,705.
			DIOCK I declare that I have examined this return, including accompanying schedules and	letatomo	nte and to the best of my	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which pi			הווטשובטטב מווט שפוופו, ונ 21
ue,				neparer		
Sig	n	Signatur	e of officer		Date	
Her		, -	HEN W. POGEMILLER, TREASURER			
	-		rint name and title			

Deld	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN P01310188				
Paid	JENNIFER Z IWATA	JENNIFER Z IWATA	L7/02	/18 self-employed	F01210199				
Preparer	Firm's name 🕞 GILBERT ASSOCIA		Firm's EIN 🕨 🦸	58-0037990					
Use Only	Firm's address 👞 2880 GATEWAY OA								
	SACRAMENTO, CA	Phone no. <b>916</b> -	-646-6464						
May the IRS discuss this return with the preparer shown above? (see instructions)									

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CALIFORNIA SCHOOL BOARDS ASSOCIATION
-	990 (2017) FINANCE CORPORATION 68-0138865 Page 2
Pa	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO RENDER VARIOUS TYPES OF FINANCIAL ASSISTANCE TO SCHOOL DISTRICTS,
	COUNTY OFFICES OF EDUCATION, OR ANY OTHER POLITICAL SUBDIVISION OR
	PUBLIC AGENCY OR BODY, A PRIMARY PURPOSE OF WHICH IS EDUCATION, IN THE
	STATE OF CALIFORNIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 0 • including grants of \$ ) (Revenue \$ 32,000 • )
	THROUGH THE CALIFORNIA CASH RESERVE PROGRAM, SCHOOL DISTRICTS ARE
	OFFERED TAX AND REVENUE ANTICIPATION NOTES (TRANS). TRANS ARE
	TAX-EXEMPT, SHORT-TERM SECURITIES USED EXTENSIVELY BY ALL TYPES OF
	GOVERNMENTAL ENTITIES AS A CASH MANAGEMENT TOOL. STATE AND LOCAL GOVERNMENTS, COUNTY OFFICES OF EDUCATION, SCHOOL DISTRICTS AND
	COMMUNITY COLLEGE DISTRICTS ISSUE TRANS TO SUPPLEMENT THEIR GENERAL
	FUND CASH RESERVES FOR THE FISCAL YEAR AND TO ACT AS A CUSHION FOR ANY
	TEMPORARY CASH FLOW NEEDS.
4b	(Code: ) (Expenses \$ 0. including grants of \$ ) (Revenue \$ 75,876.) OPEB SOLUTIONS PROGRAM IS A FULL SERVICE GASB-COMPLIANT, IRS-APPROVED
	TRUST PROGRAM DESIGNED TO HELP DISTRICTS AND COUNTY OFFICES OF
	EDUCATION OFFER NON-PENSION RETIREMENT BENEFITS AND LOWER THEIR OTHER
	POST EMPLOYMENT BENEFITS (OPEB)LIABILITY. THIS IS TO COMPLY WITH
	GOVERNMENT ACCOUNTING STANDARD BOARD STATEMENT NOS. 45 AND 75. THESE
	ACCOUNTING STANDARDS REQUIRE DISTRICTS AND COUNTY OFFICES OF EDUCATION
	TO RECORD THEIR OTHER POST-EMPLOYMENT BENEFITS AS AN EXPENSE AND
	OBLIGATION ON THEIR FINANCIAL STATEMENTS.
4c	(Code: ) (Expenses \$ 12 • including grants of \$ ) (Revenue \$ 5,219 • )
	THE FLEXFUND PROGRAM IS A LEASE/PURCHASE FINANCING PROGRAM FOR
	FINANCINGS UNDER \$1.5 MILLION THAT PROVIDES LOW COST BORROWING TO
	DISTRICTS FOR CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES SUCH AS:
	ENERGY MODERNIZATION PROJECTS, BUS AND RELOCATABLE PURCHASES, AND
	OUTFITTING COMPUTER LABS WITH HARDWARE, SOFTWARE AND FURNISHINGS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 165,634 · including grants of \$ ) (Revenue \$ 0 · ) Total program service expenses ► 165,646 ·
<u>4e</u>	Total program service expenses ► 165,646. Form <b>990</b> (2017)
73200	2 11-28-17

	CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
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Form	990 (2017) <b>FINANCE CORPORATION</b> 68-0138	865	P	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		x
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		L	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>_</b> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b> "		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x

	990 (2017) FINANCE CORPORATION 68-01	38865	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			_
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

68-0138865 Page 4

Form	990 (2017) FINANCE CORPORATION	68-0138	865	P	age <b>5</b>				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V				X				
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rules	eportable gaming							
-	(gambling) winnings to prize winners?		1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the second sec		2b						
5	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		2.0						
30			3a		x				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30						
44		•	4a		x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial		48		- 23				
D	If "Yes," enter the name of the foreign country:								
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		<b>F</b> -		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		_ <u> </u>				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		7a						
а									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?		7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file For	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · ·							
a	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
			14a		X				
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul		14b						

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	l									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b										
2											
	officer, director, trustee, or key employee?										
3											
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х							
6	Did the organization have members or stockholders?	6		Х							
	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	х								
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14									
	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	The governing body?	8a	х								
h	Each committee with authority to act on behalf of the governing body?	8b		х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ŭ									
<u></u>			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
•	in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		х							
	Other officers or key employees of the organization	15b		Х							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	10.0									
17	List the states with which a copy of this Form 990 is required to be filed <b>CA</b>										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le								
	for public inspection. Indicate how you made these available. Check all that apply.		-								
	Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
-	STEPHEN W. POGEMILLER - 916-669-3310										
	3251 BEACON BLVD, WEST SACRAMENTO, CA 95691										

10000	2017,		TTUTUOD	00111 0111	11 1 011			<u> </u>	•	<u> </u>
Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compens	ate	d
	· <b>г</b>	mlavaaa am	ملم مرجو مرجو الم							

#### Employees, and Independent Contractors

m 000 (2017)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

т

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

(A)	(B)			(0				(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated						
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of				
	week					1/11/13		from	from related	other				
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the				
	related	e or d	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization				
	organizations	truste	al trus		yee	mper		()		and related				
	below	Individual trustee or director	Institutional trustee	ь	anplo	Highest compensated employee	ler			organizations				
	line)	Indiv	Insti	Officer	Key e	High emp	Form							
(1) SUSAN HENRY	0.20													
PRESIDENT/VP	6.20	Х		Х				0.	29,682.	0.				
(2) CHRIS UNGAR	0.20													
VICE PRESIDENT TO 12/2/17	6.20	Х		Х				0.	13,494.	0.				
(3) MIKE WALSH	0.20													
ASSISTANT VP/PRESIDENT	6.20	Х		Х				0.	23,049.	0.				
(4) EMMA TURNER	0.20													
ASSISTANT VP AS OF 1/25/18	6.20	Х		Х				0.	0.	0.				
(5) VERNON BILLY	0.20													
DIRECTOR TO 9/22/17	39.80	Х		Х				0.	296,103.	55,630.				
(6) STEPHEN POGEMILLER	1.00													
TREASURER/DIRECTOR	39.00	Х		Х				0.	173,018.	44,280.				
(7) MARIA MIMS	1.00													
SECRETARY TO 11/8/17	39.00			Х				22,080.	66,241.	13,907.				
(8) ANDREW EXNER	1.00													
SECRETARY AS OF 1/25/18	39.00			Х				0.	0.	0.				
(9) ALEST WALKER	10.00													
ASSISTANT SECRETARY TO 1/25/18	30.00			Х				15,600.	46,799.	19,336.				
(10) NAOMI EASON	4.00							_						
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	36.00				Х			0.	177,780.	26,142.				
		-												
		<u> </u>												
		-												

CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
FINANCE CO	RPORATIO	ON	

68-0138865 Page 8

	<u>1990 (2017)</u> <b>FINANCE C</b>	CORPORAT	CIC	ON						68-01	<u>3886</u>	5	Page <b>8</b>
Pa	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	Average hours per         Position         Reportable         Reportable           box, unless person is both an         compensation         compensation										
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C) (C) a	mpen from rganiz Ind rel ganiza	ation ated
	Sub-total								37,680.	826,16	6.1 0.	59,	295. 0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								37,680.	826,16		59,	295.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	,000 of reportable			0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su								•		3	Ye	s No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ),000? <i>If</i> "Yes,"	le co " <i>coi</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization	4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion <b>B. Independent Contractors</b>					-			-		5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensatio	n from	
	(A) Name and business			ONE					(B) Description of s			<b>(C)</b> pensat	ion
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to		se lis )	stec	d above) who received n	nore than	_		

Ра	rt VII							
		Check if Schedule O cont	ans a response	or note to any in	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a b c d e		1b       1c       1d       ions)       1e       ts, and       ve       1a-1f: \$	Business Code 522291	113,095.	113,095.		
		Total. Add lines 2a-2f			113,095.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond	proceeds	18,495.			18,495.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
ne	d	Gain or (loss) Net gain or (loss) Gross income from fundraising	g events (not	►				
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a	1				
0	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See					
	с 10 а b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a b					
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
		All other revenue						
		Total. Add lines 11a-11d			131 500	112 005	0	19 /05
	12	Total revenue. See instructions.		🕨	TOT'2200	113,095.	0.	18,495.

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Sect	ion 501(c)(3) and 501(c)(4) organizations must comp		-		F
	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX (B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40 100	40 100		
	trustees, and key employees	49,193.	49,193.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22,116.	22,116.		
8	Pension plan accruals and contributions (include		0 - 4 - 4		
	section 401(k) and 403(b) employer contributions)	8,516.	8,516.		
9	Other employee benefits	3,821.	3,821.		
0	Payroll taxes	5,304.	5,304.		
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,000.	6,000.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	90.	90.		
12	Advertising and promotion	88.	88.		
3	Office expenses	45.	45.		
4	Information technology				
15	Royalties				
6	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,438.	1,438.		
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OVERHEAD APPLIED	68,955.	68,955.		
b	TAXES & LICENSES	70.	70.		
с	MISCELLANEOUS	10.	10.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	165,646.	165,646.	0.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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(B) End of year

FINANCE CORPORATION	
ance Sheet	
ck if Schedule O contains a response or note to any line in this Part X	
	<b>(A)</b> Beginning of year

		beginning of year		Lifu or year
1	Cash - non-interest-bearing	13,029.	1	17,288.
2	Savings and temporary cash investments	48,057.	2	6,357.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	2,966.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
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	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,248,922.	15	1,249,094.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,310,008.	16	1,275,705.
17	Accounts payable and accrued expenses	247.	17	0.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.4 🗖	25	0
26	Total liabilities. Add lines 17 through 25	247.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $X$ and			
	complete lines 27 through 29, and lines 33 and 34.	1 200 761		1 975 705
27	Unrestricted net assets	1,309,761.	27	1,275,705.

Temporarily restricted net assets

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Form 990 (2017)

Assets

Liabilities

Net Assets or Fund Balances

28

29

30

31

32

33

34

Permanently restricted net assets

and complete lines 30 through 34.

1,275,705. Form 990 (2017)

1,275,705.

28

29

30 31

32

33

34

1,309,761.

1,310,008.

CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
FINANCE COF	PORATTO	N	

Form	990 (2017) FINANCE CORPORATION	68-01	<u>38865</u>	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90.
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
3	Revenue less expenses. Subtract line 2 from line 1	3			56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,309	),7	61.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	1,275	5,7	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		

SCHEDULE D Supplementa			al Financi	al Statement	s		OMB No. 1545-0047	
(Form 990) Complete if the orga			anization answe	red "Yes" on Form 990	),		<b>2017</b>	
Depart	ment of the Treasury	Par		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				Open to Public
Interna	Revenue Service	<u> </u>	<u> </u>		ns and the latest inform	nation.		Inspection
Nam	e of the organizati		NIA SCHOOL CORPORATIO		SUCTATION			r identification number $58-0138865$
Par	t I Organiza			-	ther Similar Fund	s or A		
			n Form 990, Part IV, lir					
				(a) Donor	advised funds	ł)	<b>o)</b> Funds ar	nd other accounts
1	Total number at e	nd of year						
2			uring year)					
3			year)					
4								
5	-			-	ssets held in donor advi			Yes No
6					ontrol? that grant funds can be			Yes
U	•	e e		•	or for any other purpose		2	
	impermissible priv			,			0	Yes No
Par					red "Yes" on Form 990,			
1	Purpose(s) of con	servation easements	held by the organizat	ion (check all that	apply).			
	Preservation	of land for public us	se (e.g., recreation or e	education)	Preservation of a his	torically	important I	and area
	Protection of	f natural habitat			Preservation of a cer	tified his	storic struct	ture
		of open space						
2			ganization held a quali	ified conservation	contribution in the form	ofaco I		
_	day of the tax yea							at the End of the Tax Year
-							2a	
b							2b 2c	
с С	<ul> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> </ul>					20		
u	listed in the National Register2d							
3					ned, or terminated by th	-		ng the tax
	year 🕨							
4	Number of states	where property subje	ect to conservation ea	sement is located				
5					inspection, handling of			
6	Staff and voluntee	r hours devoted to n	nonitoring, inspecting	, handling of viola	tions, and enforcing cor	servatio	on easemer	nts during the year
7			aving increating hor	dling of violations	and anfataing appartu	otion on	aamanta di	wing the year
7	► \$	es incurred in monito	oning, inspecting, nam	uling of violations	and enforcing conserve	ation ea	sements at	uning the year
8		vation easement rep	orted on line 2(d) abo	ve satisfv the requ	uirements of section 170	)(h)(4)(B	)(i)	
		-						Yes No
9					its revenue and expens			alance sheet, and
	include, if applicat	ole, the text of the fo	otnote to the organiza	ation's financial sta	atements that describes	the org	anization's	accounting for
_	conservation ease							
Par			-	-	al Treasures, or C	other s	Similar A	ssets.
4-			swered "Yes" on Forn					
та					port in its revenue state			
			statements that descr		i, or research in furthera	ance or	public servi	ice, provide, in Part XIII,
h					in its revenue statemer	t and h	alance she	et works of art, historical
								de the following amounts
	relating to these it					2		
	-		art VIII, line 1				▶ \$	
		ed in Form 990, Part					▶ \$	
2	If the organization	received or held wor			similar assets for financi		provide	
	the following amo	unts required to be re	eported under SFAS 1	116 (ASC 958) rela	ating to these items:			
b	Assets included in	Form 990, Part X					▶ \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 99	<b>)</b> 0.
732051	10-09-17	

CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
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-		CORPORATI		<u> </u>				68-01			age <b>2</b>
Par	t III   Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t are a si	ignificant	use of its	collection	ו item	S
	(check all that apply):										
а	Public exhibition	c		Loan or exc	hange progra	ıms					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizatio	on's exe	arua tam	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			or gan naano				o, : a ,			
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	included				
iu	on Form 990, Part X?								Yes		No
h								L	1 162	L	
b	If "Yes," explain the arrangement in Part XIII	and complete the ic	nowing	lable.				1	A		
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance								1		1
	Did the organization include an amount on Fe						• • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar			1						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back	(d) Three	years back	(e) Four	years	back
	Beginning of year balance								<u> </u>		
b	Contributions								ļ		
с	Net investment earnings, gains, and losses								<u> </u>		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance								[		
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1	a. column (a	a)) held as:	<b>_</b>					
a	Board designated or quasi-endowment	•	%	3,	-,,,						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	•	ation the	at are hold a	and administa	rod for t	ho organi	zation			
Ja				at are neiu a			ne organ	201011	Г	Yes	No
	by:									162	No
	(i) unrelated organizations								3a(i)	-+	
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza				·				3b		
4	Describe in Part XIII the intended uses of the	Y	owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c			t or other	• •	ccumulat		(d) Bool	(value	е
		basis (investr	nent)	basis	(other)	dep	oreciation	۱			
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
-	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			. 🕨			0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FINANCE COR	PORATION		68	-0138865 Page:
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990	. Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11d See Form 990	) Part X line 15	
	Description	e riu. See roini 990	, Fait A, inte 13.	(b) Book value
	booonprion			1,249,094
				1,249,094
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 240 004
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			1,249,094
Part X Other Liabilities.				_
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		rm 990, Part X, line 25	).
<b>1.</b> (a) Description of liability		(b) Book value	-	
(1) Federal income taxes			_	
(2)			_	
(3)			_	
(3) (4)				
			-	
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)	e 25.)			

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 FINANCE CORPORATION		68-0138865	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE

IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS,

THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2014.

sc	HEDULE J   Compensation Information	OMB No. 1	545-0047
(Fo	20	17	
•	Compensated Employees	<b>ZU</b>	
Dene	rtment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	Public
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe	ction
Nar	ne of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION E	mployer identification	
	FINANCE CORPORATION	68-013886	5
Pa	art I Questions Regarding Compensation		
			Yes No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990,	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Housing allowance or residence for personal	aluse	
	Travel for companions	dence	
	Tax indemnification and gross-up payments		
	Discretionary spending account Personal services (such as, maid, chauffeur	r, chef)	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
-			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to	
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee		
	Independent compensation consultant		
	Form 990 of other organizations	mmittee	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
4	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?	4a	x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the revenues of:		
а	The organization?	5a	Х
	Any related organization?		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n	
	contingent on the net earnings of:		
а	The organization?	6а	X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	e	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53.4958-6(c)?		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	n 990) 2017

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) VERNON BILLY (i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR TO 9/22/17 (ii)		14,286.	0.	22,307.	33,323.	351,733.	0.
(2) STEPHEN POGEMILLER (i)	0.	0.	0.	0.	0.		0.
TREASURER/DIRECTOR (ii)	168,008.	5,010.	0.	8,218.	36,062.	217,298.	0.
(3) NAOMI EASON (i)	0.	0.	0.	0.	0.		0.
ASSISTANT EXECUTIVE DIRECTOR, MEMBER (ii)	177,780.	0.	0.	8,218.	17,924.	203,922.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							<u> </u>
(i) (ii)							
(i)							
(i) (ii)							

Page 2

68-0138865

Schedule J (Form 990) 2017

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 3

THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED THE

FOLLOWING METHODS TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S

#### COMPENSATION:

- COMPENSATION COMMITTEE

- INDEPENDENT COMPENSATION CONSULTANT

- FORM 990 OF OTHER ORGANIZATIONS

- WRITTEN EMPLOYMENT CONTRACT

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.
 Go to www.irs.gov/Form990 for the latest information.

CALIFORNIA SCHOOL BOARDS ASSOCIATION

OMB No. 1545-0047 **2017**Open to Public
Inspection

Employer identification number 68 - 0138865

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCE CORPORATION

THE CERTIFICATES OF PARTICIPATION PROGRAM PROVIDES DISTRICTS AN OPTION

TO FINANCE CAPITAL EQUIPMENT OR REAL PROPERTY ACQUISITIONS AND

IMPROVEMENTS. THROUGH THIS PROGRAM, SCHOOLS CAN UTILIZE THE FINANCE

CORPORATION AS THE NOT-FOR-PROFIT CORPORATION WHILE ACCESSING THE

PROVEN SKILLS AND SERVICES OF THE CSBA FINANCE CORPORATION'S FINANCING

TEAM. DISTRICTS CAN TAKE ADVANTAGE OF FIXED OR VARIABLE RATE FINANCING

OPTIONS.

EXPENSES \$ 165,634. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 2A AND 2B

ALL FINANCE CORPORATION'S EMPLOYEES ARE EMPLOYEES OF CSBA, A RELATED

ENTITY. CSBA IS RESPONSIBLE FOR REPORTING WAGE INFORMATION ON FORM W-3.

FORM 990, PART VI, SECTION A, LINE 7A:

CSBA EXECUTIVE OFFICERS ROTATE AS FIN BOARD MEMBERS, BASED ON THE POSITION THEY ARE ELECTED TO BY CSBA AT THE DELEGATE ASSEMBLY. BOARD MEMBERS THROUGHOUT THE STATE WHOSE DISTRICTS AND/OR COUNTY OFFICES OF EDUCATION ARE MEMBERS OF CSBA, ELECT BOARD MEMBERS TO SERVE AS DELEGATES TO CSBA'S DELEGATE ASSEMBLY. THE DELEGATES THEN ELECT THE MEMBERS OF THE BOARD OF DIRECTORS AS WELL AS THE OFFICERS OF THE ASSOCIATION. THE CSBA EXECUTIVE DIRECTOR MAY SERVE AS THE FOURTH MEMBER OF THE FIN BOARD, OR MAY DESIGNATE ANOTHER CSBA EMPLOYEE TO SERVE ON THE FIN BOARD.

Page 2

#### NO SUCH COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE REVIEWED PRIOR TO FILING. THE APPROPRIATE ASSOCIATION STAFF WILL REVIEW ALL DOCUMENTS PRIOR TO DISCUSSION AND REVIEW THEM WITH THE FINANCE CORPORATION BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL CSBA OFFICERS, DIRECTORS, KEY EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS, AS WELL AS THE OFFICERS, DIRECTORS, KEY EMPLOYEES, CERTAIN FORMER EMPLOYEES AND SPECIFIED INDEPENDENT CONTRACTORS OF RELATED ORGANIZATIONS SUCH AS CSBADSC, CSBAFC, AND CSBA FOUNDATION. ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS ARE REQUIRED TO SUBMIT ANNUALLY A DISCLOSURE STATEMENT TO THE CSBA GENERAL COUNSEL. THE GENERAL COUNSEL, CSBA CHIEF FINANCIAL OFFICER, CSBA EXECUTIVE DIRECTOR, THE CSBA PRESIDENT, AND THE PRESIDENT OF THE BOARD OF DIRECTORS OF EACH RELATED ENTITY SHALL REVIEW THE STATEMENTS FOR ANY FACTS OR CIRCUMSTANCES THAT MAY REFLECT AN ACTUAL, POTENTIAL OR APPARENT CONFLICT OF INTEREST. UPON REVIEW OF EACH DISCLOSURE STATEMENT, THE CSBA PRESIDENT AND CSBA GENERAL COUNSEL WILL DISCLOSE ANY IDENTIFIED ACTUAL, POTENTIAL OR APPARENT CONFLICTS OF INTEREST TO THE CSBA BOARD OF DIRECTORS OR THE DIRECTORS OF THE BOARD OF ANY RELATED ENTITY, WITH A RECOMMENDATION AS TO POSSIBLE ACTION. THE BOARD(S) WILL THEN DETERMINE APPROPRIATE ACTION. THE CONFLICT OF INTEREST POLICY HAS BEEN SPECIFICALLY APPROVED BY THE FINANCE CORPORATION BOARD.

 Schedule O (Form 990 or 990-EZ) (2017)
 Page 2

 Name of the organization
 CALIFORNIA SCHOOL BOARDS ASSOCIATION
 Employer identification number

 FINANCE CORPORATION
 68-0138865

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

ALL NON-VOLUNTEER OFFICERS OF CSBAFC ARE EMPLOYEES OF CSBA, A RELATED

ENTITY. CSBA IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF ALL ITS

STAFF. ALL CSBAFC OFFICERS OR KEY EMPLOYEES THAT ARE EMPLOYEES OF CSBA ARE

THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION C, LINE 19:

FORMS 990 ARE POSTED ON THE CSBA WEBSITE, AS WELL AS CERTAIN OTHER

DOCUMENTS WHICH ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGANIZATION DOES

NOT HAVE COMMITTEES. THE AUDIT COMMITTEE OF CSBA, A RELATED

ORGANIZATION, REVIEWS AUDITS OF ALL ENTITIES ON A CONSOLIDATED BASIS.

FORM 990, PART VI, SECTION B - POLICIES

DOCUMENT DESTRUCTION AND RETENTION POLICIES ARE NOT FINANCE

CORPORATION'S POLICIES, BUT POLICIES OF THE CALIFORNIA SCHOOL BOARDS

ASSOCIATION, A RELATED ORGANIZATION. ALL EMPLOYEES ARE GOVERNED BY THE

ASSOCIATION'S POLICIES.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations plete if the organization answered Att Go to www.irs.gov/Form990		OMB No. 1545-0047 2017 Open to Public Inspection								
Name of the organizat	tion CALIFORNIA SC FINANCE CORPC		OOL BOARDS ASSOCIATION ATION									
Part I Identificat	ion of Disregarded Entities. Compl	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.								
	<b>(a)</b> Iress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	(d) or Total inco	(e) ome End-of-year		<b>(f)</b> irect controlling entity					
		_										
		_										
		_										
	ion of Related Tax-Exempt Organi ons during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more related tax-e	(empt					
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity? <b>No</b>				
CA SCHOOL BOARDS	ASSOCIATION - 94-1510492						105					
3251 BEACON BLVD	-											
WEST SACRAMENTO,	CA 95691	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		/A		X				
CA SCHOOL BOARDS	ASSOCIATION DISTRICT											
SERVICES CORP - 0	68-0371170, 3251 BEACON	PROVIDE BUSINESS SUPPORT				A SCHOOL BOARDS						
BLVD., WEST SACR	AMENTO, CA 95691	TO SCHOOL DISTRICTS	CALIFORNIA	501(C)(4)		SSOCIATION		Х				
CA SCHOOL BOARDS	FOUNDATION - 94-1623582	PROVIDE TRAINING AND										
3251 BEACON BLVD		SUPPORT SCHOOL BOARD				A SCHOOL BOARDS						

CALIFORNIA

501(C)(3)

LINE 7

MEMBERS

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

ASSOCIATION

х

WEST SACRAMENTO, CA 95691

#### Schedule R (Form 990) 2017

68-0138865 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	I or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	tions?	amount in box	partr	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Vac	No	amount in box 20 of Schedule K-1 (Form 1065)	Vac	
		country)		00010110 0 12 0 1 1)			res	INO		res	NO
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	1										
										$ \downarrow \downarrow$	
	1										
	4										
	1										
	4										
	4										
	-										
	1										
	1						1		I		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b)     (c)     (d)     (e)       Primary activity     Legal domicile (state or foreign     Direct controlling entity     Type of entity (C corp, S corp or trust)		(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) b)(13) rolled tity?	
		country)				400010			No

Schedule R (Form 990) 2017 FINANCE CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses	1p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2017 FINANCE CORPORATION

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

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

(a)	(b)	(c)	(d)		"	(f)	(g)	1	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partner 501 (c org:	all	Share of	Share of	Dispr	opor-	Code V-UBI	General c	<sup>r</sup> Percentage
of entity	i milary dotivity	(state or foreign	(related, unrelated,	501 (c	c)(3)	total	end-of-year	tion	nate tions?	amount in box 20	managing	ownership
-		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	,

Schedule R (Form 990) 2017

Part VII	Supplemental Information.	
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Provide additional information for responses to questions on Schedule R. See instructions.