EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

and ending JUN 30,

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1, 2020

Open to Public

3 C	heck if pplicab	IC Name of organization CALIFORNIA SCHOOL BOARDS ASSOCIATION		D Employer ide	entific	cation number
	Addre					
	Name chang			68-037	11	70
	Initial return		om/suite	E Telephone nu	mber	
	Final return			916-37	1-4	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		297,437.
	Amen	WEDI DACKAMENIO, CA 33031 3331		H(a) Is this a gro	up re	
	Application pendi			for subordir		
		SAME AS C ABOVE	1 505	H(b) Are all subordin		
		empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or Le:	527			list. See instructions
		f organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exen		n number Natable in number Nat
	rt I	Summary	L Year o	or iorination. 199) N	State of legal doffliche. CA
	1	Briefly describe the organization's mission or most significant activities: THE OR	CANT	ZATION OF	गत्र च	RS BUSTNESS
Activities & Governance	l '	AND MANAGEMENT SERVICES TO PUBLIC EDUCATIO	N AG	ENCIES.		NO DODINEDD
rnaı	2	Check this box if the organization discontinued its operations or disposed			et as	sets.
ove	3				3	4
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	0
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	0
viti	6	Total number of volunteers (estimate if necessary)			6	5
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
				Prior Year		Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		205 01	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		385,01		284,571.
Re/	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,55		11,054.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		420 E 6	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		429,56	0.	295,625. 500,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		177,49	- 1	194,544.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		111,40	0.	0.
pen). <u> </u>			<u> </u>
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		230,50	4.	208,060.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		407,99		902,604.
	19	Revenue less expenses. Subtract line 18 from line 12		21,56	7.	-606,979.
ces		·		ginning of Current Y		End of Year
Net Assers Fund Balan	20	Total assets (Part X, line 16)		2,169,65		1,568,587.
id B	21	Total liabilities (Part X, line 26)		10,80		16,708.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,158,85	8.	1,551,879.
	ırt II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules an			of my	knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	nas any knowledge.		
.	_	Signature of officer		I Date		
Sigr		STEPHEN W. POGEMILLER, TREASURER		Dato		
Her	е	Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate Che	ck	PTIN
Paid	l	JENNIFER Z IWATA JENNIFER Z IWATA	lo	1/20/22 if self-		D01310188
	arer	Firm's name GILBERT CPAS		Firm's FIN	l 🛌 (8-0037990
	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100		5 211		<u> </u>
	-	SACRAMENTO, CA 95833		Phone no	.91	6-646-6464
May	the I	RS discuss this return with the preparer shown above? See instructions	<u></u>	<u> </u>	<u></u> .	X Yes No

Pai	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: PROVIDES BUSINESS SERVICE ASSISTANCE TO SCHOOL DISTRICTS, COUNTY
	OFFICES OF EDUCATION, COMMUNITY COLLEGE DISTRICTS, AND OTHER PUBLIC
	AGENCIES WHOSE PRIMARY PURPOSE IS PUBLIC EDUCATION.
	TIOLICIDE WHODE INTERNAL TONIODE ID TODELLE EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? 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
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 78,775 • including grants of \$) (Revenue \$ 133,000 •)
44	(Code:) (Expenses \$/8, //5 • including grants of \$) (Revenue \$) (Revenue \$
	LESS THAN 100 PLAN MEMBERS, CSBA OFFERS THE GASB 45 AND 75 ALTERNATIVE
	MEASUREMENT METHOD PROGRAM IN PARTNERSHIP WITH DEMSEY FILLIGER &
	ASSOCIATES. THIS PROGRAM USES A UNIQUE ONLINE PORTAL THAT ALLOWS
	CLIENTS TO ENTER PLAN DATA ONLINE AND RECEIVE AN ACTUARIAL REVIEW AT A
	FRACTION OF THE COST OF OBTAINING A FULL ACTUARIAL VALUATION.
	TIMETION OF THE COST OF OBTAINING A TOLL ACTOMITAL VALUATION:
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 19,355.)
UF	EXECUTIVE SEARCH SERVICE PROVIDES DISTRICTS AND COUNTY OFFICES OF
	EDUCATION WITH A STREAMLINED PROCESS TO MEET THEIR EXECUTIVE HIRING
	NEEDS. FROM IDENTIFYING POSSIBLE CANDIDATES, TO THE SELECTION OF A
	QUALIFIED SUPERINTENDENT, THE EXECUTIVE SEARCH SERVICE OFFERS AN
	EXTENSIVE AND COMPREHENSIVE PROCESS THAT GUIDES THE BOARD THROUGH THIS
	CRITICAL TIME.
4c	(Code:) (Expenses \$ 835 • including grants of \$) (Revenue \$ 49,789 •)
	THE PRACTI-CAL MEDI-CAL SERVICES PROGRAM WAS INTRODUCED IN JUNE 1995 TO
	HELP DISTRICTS RECEIVE REIMBURSEMENT FOR MANY OF THE HEALTH SERVICES
	THAT THEY PROVIDE IN THE SCHOOL SETTING AND SIMPLIFIES THE BILLING
	PROCESS. PRACTI-CAL OFFERS COMPREHENSIVE MEDI-CAL AND MEDICAID
	ADMINISTRATIVE BILLING SERVICES AVAILABLE TO LOCAL EDUCATION AGENCIES.
	THE MEDI-CAL SERVICES PROGRAM BECAME THE PRACTI-CAL PROGRAM ON FEBRUARY
	5, 2004.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 822,994 • including grants of \$ 500,000 •) (Revenue \$ 80,625 •)
4e	Total program service expenses ▶ 902,604.

Part IV Checklist of Required Schedules

2	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	II res, complete scriedule A	4		X
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3		2		
	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
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
	during the tax year? If "Yes," complete Schedule C, Part II	4		
	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		х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
	Schedule D, Part III	8		
	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?	9		x
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
	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		Х
	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		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
	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	77
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	- · · · · · · · · · · · · · · · · · · ·	21	Х	1

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CALIFORNIA SCHOOL BOARDS ASSOCIATION

Form 990 (2020)

DISTRICT SERVICES CORPORATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		_v	
04 -	Schedule J	23	X	
24 a	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	04-		x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	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		
	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		Х
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			, v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in horizont contributions: It is respect to the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 ₩
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			X
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
b				
С				
	(gambling) winnings to prize winners?	10	Х	

Form 990 (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

						No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	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 to	he org	anization solicit			
	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 contribution	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
	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 red	quired			
	to file Form 8282?	7d	 I	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
_	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Pitti			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:		1			
	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	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	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.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D		13b	I			
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Form 990 (2020)

68-0371170

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	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 - 916-371-4691			
	3251 BEACON BLVD, WEST SACRAMENTO, CA 95691			

Page 7

Form 990 (2020) DISTRICT SERVICES CORPORATION 68-03

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

See instructions for the order in which to list the persons above.

Name and title	Check this box if neither the organization nei	(B)	Ĭ			C)	•		(D)	(E)	(F)
Nours per week (list any hours for related organizations below line) Nours for related organizations Nours for related organizations Nours for related organizations Nours for related organizations Nours for the organization and related organizations Nours for the organi					Pos	ition					
Week	Tallio allo allo	1	box	, unle	ss pe	rson i	is bot	h an	· ·	-	
O			offic	cer an	d a d	irecto	or/trus	tee)	•		
O		(list any	ector						the	organizations	compensation
O			or dire				ted			(W-2/1099-MISC)	
O			stee (ruste		, a	seusc		(W-2/1099-MISC)		
O		~	al tru	onal t		loyee	comb				
O			lividu	stitutio	icer	y emp	jhest ploye	rmer			organizations
Director 39.80 X X	/// INDIAN DILL	,	Ĕ	Ë	₽	- Ş	± e	요			
1.00			٠,		٠,					217 142	66 121
TREASURER (3) NAOMI EASON ASSISTANT EXECUTIVE DIRECTOR, MEMBER (4) ANDREW EXNER SECRETARY TO 9/1/20 (5) OLABODE OWOYELE EXECUTIVE DIRECTOR (6) JAMES COLLINS SECRETARY AS OF 1/29/21 (7) XILONIN CRUZ-GONZALEZ ASSISTANT VP AS OF 12/4/20 (8) SUZANNE KITCHENS PRESIDENT AS OF 12/7/19 TO 12/4/20 (9) EMMA TURNER ASSISTANT VP 12/7/19 TO 12/4/20 (10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN O. 175,722. 48,047 0. 192,376. 28,517 X			Λ		Δ				0.	31/,143.	00,434.
(3) NAOMI EASON ASSISTANT EXECUTIVE DIRECTOR, MEMBER (4) ANDREW EXNER SECRETARY TO 9/1/20 (5) OLABODE OWOYELE EXECUTIVE DIRECTOR (6) JAMES COLLINS SECRETARY AS OF 1/29/21 (7) XILONIN CRUZ-GONZALEZ ASSISTANT VP AS OF 12/7/19 TO 12/4/20 (8) SUZANNE KITCHENS PRESIDENT AS OF 12/7/19 TO 12/4/20 (9) EMMA TURNER ASSISTANT VP 12/7/19 TO 12/4/20 (10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN O. 192,376. 28,517 X 0. 192,376. 28,517 X 0. 113,273. 25,768 0. 122,478. 12,517 0. 122,478. 12,517 0. 122,478. 12,517 0. 122,478. 12,517 0. 27,000 X 0. 30,717. 2,601 0. 29,682. 0 0. 29,682. 0 0. 22,989. 0 13,495. 0 (11) SUSAN MARKARIAN 0. 20 X X 0. 13,495. 0					,,					175 700	40 047
ASSISTANT EXECUTIVE DIRECTOR, MEMBER 36.00 X 0. 192,376. 28,517					X				0.	1/5,/22.	48,047.
(4) ANDREW EXNER 13.00 X 0. 113,273. 25,768 SECRETARY TO 9/1/20 27.00 X 0. 113,273. 25,768 (5) OLABODE OWOYELE 0.00 X 0. 122,478. 12,517 (6) JAMES COLLINS 13.00 X 0. 30,717. 2,601 (7) XILONIN CRUZ-GONZALEZ 0.20 X 0. 29,682. 0 (8) SUZANNE KITCHENS 0.20 X 0. 22,989. 0 (9) EMMA TURNER 0.20 X X 0. 13,495. 0 (10) SUSAN HEREDIA 0.20 X X 0. 13,495. 0 (11) SUSAN MARKARIAN 0.20 X X 0. 13,495. 0						l				100 256	00 545
SECRETARY TO 9/1/20						X			0.	192,376.	28,517.
(5) OLABODE OWOYELE										440.000	
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13.00 X	(5) OLABODE OWOYELE										
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(7) XILONIN CRUZ-GONZALEZ ASSISTANT VP AS OF 12/4/20 (8) SUZANNE KITCHENS PRESIDENT AS OF 12/7/19 TO 12/4/20 (9) EMMA TURNER ASSISTANT VP 12/7/19 TO 12/4/20 (10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN O. 29,682. 0 29,682. 0 22,989. 0 13,495. 0 13,495. 0	(6) JAMES COLLINS										
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(8) SUZANNE KITCHENS PRESIDENT AS OF 12/7/19 TO 12/4/20 (9) EMMA TURNER ASSISTANT VP 12/7/19 TO 12/4/20 (10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN 0.20 X X X 0. 22,989. 0.13,495. 0 13,495. 0	(7) XILONIN CRUZ-GONZALEZ										
PRESIDENT AS OF 12/7/19 TO 12/4/20 6.20 X X 0. 22,989. 0 (9) EMMA TURNER 0.20 ASSISTANT VP 12/7/19 TO 12/4/20 6.20 X X 0. 13,495. 0 (10) SUSAN HEREDIA 0.20 VP AS OF 12/7/19 AND PRES AS OF 12/4 6.20 X X 0. 13,495. 0 (11) SUSAN MARKARIAN 0.20	ASSISTANT VP AS OF 12/4/20		Х		Х				0.	29,682.	0.
(9) EMMA TURNER ASSISTANT VP 12/7/19 TO 12/4/20 (10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN 0.20 X X X 0.13,495. 0 13,495. 0	(8) SUZANNE KITCHENS										
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(10) SUSAN HEREDIA VP AS OF 12/7/19 AND PRES AS OF 12/4 (11) SUSAN MARKARIAN 0.20 X X X 0.13,495. 0	(9) EMMA TURNER										
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VICE PRESIDENT AS OF 12/4/20 5.00 X X 0. 0. 0. 0	(11) SUSAN MARKARIAN	0.20									
	VICE PRESIDENT AS OF 12/4/20	5.00	Х		Х				0.	0.	0.
				\vdash	\vdash	\vdash					
						<u> </u>		\vdash			

032007 12-23-20 Form **990** (2020)

68-0371170

Part VII Section A. Officers, Direct	tors, Trustees, Key Em	ploye	es, a	and H	lighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do no box, u officer	Pot che inless r and a	OSitio ock mor persor a direct	ne than n is bo tor/trus	one th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensati from relate organizatior (W-2/1099-MI	tion amount ed other ons compens		stimate nount other pensa om the anizat d relat	of ation e ion ed
	line)	Indiv	Institut	VITICE Key e	High	Form						
		\sqcup	1									
		\vdash										
		\vdash										
		$\vdash \vdash$	1									
1b Subtotal						<u> </u>	0.	1,031,3	70.	18	3,8	84.
c Total from continuation sheets d Total (add lines 1b and 1c)							0.	1,031,3 0,000 of reportal	70.	18	3,8	
compensation from the organizati	ion >										Yes	0 N o
3 Did the organization list any form line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ule J for such individual									3		Х
For any individual listed on line 1a and related organizations greater Did any argument listed on line 1a greater	than \$150,000? If "Yes,	" com	plete	e Sch	nedul	e J f	for such individual			4	Х	
5 Did any person listed on line 1a re- rendered to the organization? If " Section B. Independent Contractors	Yes," complete Schedul				-		ed organization or indiv			5		X
Complete this table for your five h the organization. Report compens	•	-							mpens	ation f	from	
	(A) business address	NOI					(B) Description of s		С	(C Compe	;) nsatio	n
Total number of independent con \$100,000 of compensation from to		ot limi	ited	to the	ose li 0	stec	d above) who received n	nore than				

Form 990 (2020) DISTRIC!
Part VIII | Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Check if Schedule O contains a response to	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under
40							sections 512 - 514
nts	1 a	Federated campaigns 1a					
<u> </u>	k	Membership dues1b					
Am (c	Fundraising events 1c					
a ii	c	Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e					
Ö		All other contributions, gifts, grants, and					
he l	-	similar amounts not included above 1f					
들진	,	Noncash contributions included in lines 1a-1f 1g \$					
2 2 2		Total. Add lines 1a-1f					
<u> </u>		Total. Add lines 1a-11	Business Code				
	_	DISTRICT SERVICES	900099	284,571.	284,571.		
<u>i</u>			300033	204,371.	204,371.		
ne Z	k	'					
n S	c						
Pa Se	C	·					
Program Service Revenue	e						
۵	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		284,571.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	▶	12,856.			12,856.
	4	Income from investment of tax-exempt bond pr	roceeds >				
	5	Royalties	▶ [
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 6	10	(ii) Other				
a	r	Less: cost or other basis					
ž		and sales expenses 7b 1,812. Gain or (loss) 7c -1,802.					
Revenue		. ,		1 000	1 000		
r.		Net gain or (loss)		-1,802.	-1,802.		
ther	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		Net income or (loss) from sales of inventory	Business Code				
sno	44 -	<u>, </u>	Dualifeas Code				
ne iue	11 a						
Miscellaneous Revenue	t.						
Sce							
Ξ		All other revenue					
	12	Total. Add lines 11a-11d	······	295.625.	282.769.	0.	12.856.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 500,000. 500,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 76,692. 76,692. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 73,089. 73,089. Other salaries and wages 7 Pension plan accruals and contributions (include 15,685 15,685 section 401(k) and 403(b) employer contributions) 18,251. 18,251. Other employee benefits 9 10,827. 10,827. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 17,172. 17,172. Legal 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 79,735 79,735. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,743. 14,743. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 4,199. 4,199. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 84,057. 84,057. OVERHEAD APPLIED MEMBERSHIP DUES 2,069. 2,069. TAXES AND LICENSES 85. 85. С d All other expenses е 902,604. 902,604. 0. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)
Part X Balance Sheet

Pa	πx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	23,395.	1	7,585.
	2	Savings and temporary cash investments		2	2,685
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	38,253
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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	1,812.	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,064,835.	15	1,520,064
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,169,658.	16	1,568,587
	17	Accounts payable and accrued expenses	10,800.	17	16,708
	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	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or	35%		
Liabilities		controlled entity or family member of any of these persons		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	I		
		parties, and other liabilities not included on lines 17-24). Complete Pa	rt X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,800.	26	16,708
S		Organizations that follow FASB ASC 958, check here ▶ X			
ဥ		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	1,551,879
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	2 1 2 2 2 2	31	1 554 050
Ž	32	Total net assets or fund balances		32	1,551,879
	33	Total liabilities and net assets/fund balances	2,169,658.	33	1,568,587

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				<u> 25.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				04.	
3	Revenue less expenses. Subtract line 2 from line 1	3				79.	
4							
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,	, 55	1,8	79.	
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?			2a		X	
	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?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,				
	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	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	dit				
	Act and OMB Circular A-133?		L	За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b			

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

	organization answered "Yes" on Form 990, Part IV, line		udo I	(h) Funda and other accounts
_	Takal musah an ak an di afauran	(a) Donor advised fun	ius	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in wr	iting that the accete held in	departed vised for	undo
3	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
0	-			•
	for charitable purposes and not for the benefit of the donor or of	· · · · · · · · · · · · · · · · · · ·		
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organ			
1	Purpose(s) of conservation easements held by the organization		11 01111 000, 1 art 1	v, iii 6 7.
•	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	segniation of a his	torically important land area
	Protection of natural habitat			tified historic structure
	Preservation of open space	116	servation of a cer	thed historic structure
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution	in the form of a	consequation easement on the last
_	day of the tax year.	u conservation contribution	i iii tiile loitii oi a t	Held at the End of the Tax Yea
2	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic struc			
	Number of conservation easements included in (c) acquired aft			20
u	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, release			
3	year	isea, extilligaistlea, or termi	mated by the orga	anization during the tax
4	Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the perio		handling of	
3	violations, and enforcement of the conservation easements it h			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
Ü	Land voidificer flours devoted to morntoning, inspecting, he	arialing of violations, and cr	noroning consciva	non easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforci	na conservation (easements during the year
•	S	ig or violations, and ornors	ng conscivation (sasements daming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)	(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	•	. , , ,	
9	In Part XIII, describe how the organization reports conservation			
Ŭ	balance sheet, and include, if applicable, the text of the footnot		=	
	organization's accounting for conservation easements.	to to the organization o fina	riolal statements	that decombes the
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasu	res. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	•	,	
1a	If the organization elected, as permitted under FASB ASC 958,		statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	· ·		
	service, provide in Part XIII the text of the footnote to its finance	·		
b	If the organization elected, as permitted under FASB ASC 958,			nce sheet works of
-	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas			
_	the following amounts required to be reported under FASB ASC			i, provido
		. Yak relating to thece item		
9				▶ \$
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	······		

CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION

Sche	dule D (Form 990) 2020 DISTRIC	T SERVICES	CORPORAT	ION		68-03	71170	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Oth	er Simil	ar Asse	t s (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	c		change program				
b	Scholarly research	e	e U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of					_	_	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other assets no	t included	_	_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII $$	and complete the fo	ollowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	<u> </u>	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account liab	oility?	L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Yes" on F		1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
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 curr	rent year end baland	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Term endowment >	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organi	zation	_	
	by:						\	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or o			Accumulate	I	(d) Book	value
		basis (investr	ment) basis	s (other) de	epreciation	J		
1a	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)				0.

Schedule D (Form 990) 2020

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule D (Form 990) 2020

68-0371170 Page **3**

	Complete if the organization answered "Yes'			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
1) Financi	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	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, line	11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.)			
(9)	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(9) T otal . (Col. (Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.
(9) otal. (Col. (Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part	X, line 15. (b) Book value
(9) Total. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX (1) IN	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX (1) IN (2)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	
(9) Fotal. (Col. (Part IX) (1) IN (2) (3)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Fotal. (Col. (Part IX) (1) IN (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX) (1) IN (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES	Description	11d. See Form 990, Part	(b) Book value 1,520,064
(9) Total. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES The state of the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES The state of the organization answered "Yes" (b) must equal Form 990, Part X, col. (B) ling The state of the organization answered "Yes" (a)	Description	11d. See Form 990, Part	(b) Book value
(9) Total. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES THE COMPANY RECEIVABLES	Description ne 15.)		(b) Book value 1,520,064 1,520,064
(9) fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Col.	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES Imm (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered "Yes"	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Col.	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columna IX) Part X . (1) Fec	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES Imm (b) must equal Form 990, Part X, col. (B) ling Other Liabilities. Complete if the organization answered "Yes"	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X . (1) Fec. (2)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (ColuPart X) . (1) Fec. (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Columna IX) (1) Fector (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. Part X) (1) Fec. (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columna IX)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (Part X) . (1) Fec. (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) fotal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Columbia) (1) Fec. (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description ne 15.)		(b) Book value 1,520,064 1,520,064 1,520,064
(9) otal. (Col. (Part IX) (1) IN (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columna III) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES ITERCOMPANY RECEIVABLES Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ne 15.) on Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value 1,520,064 1,520,064 1,520,064 0, Part X, line 25. (b) Book value

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule D (Form 990) 2020

DISTRICT SERVICES CORPORATION

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Pai	† XI Reconciliation of Revenue per Audited Financial Sta		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial St		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
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:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	•	
D 3 T	NM 17 T TNT 0			
PAI	RT X, LINE 2:			
			DET 1880 80	
THE	E ASSOCIATION HAS APPLIED THE ACCOUNTIN	G PRINCIPLES	RELATED TO	
				_
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAXE	S AND HAS DE	TERMINED THAT THERE	<u> </u>
т а	NO MARRIED TAI TARRAGE ON THE ETNAMOTAL OF			
<u>18</u>	NO MATERIAL IMPACT ON THE FINANCIAL ST	'ATEMENTS.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| 202

2020

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION

68-0371170

Part I General Information on Grants a	nd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	tion
criteria used to award the grants or assi	stance?			-	-		X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA SCHOOL BOARDS							
ASSOCIATION - 3251 BEACON							
BOULEVARD - WEST SACRAMENTO, CA							PROVIDE ADDITIONAL FUNDS
95691-3531	94-1510492	501(C)(4)	500,000.	0.			FOR PROGRAM SERVICES
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							1.

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

Schedule I (Form 990) 2020

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule I (Form 990) 2020

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Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
ART I, LINE 2:					
NET ASSET TRANSFER WAS MADE FRO	OM CSBADSC	TO CSBA,	IN ACCORDA	NCE WITH THE	
SBADSC ARTICLES OF INCORPORATION	N. CSBA IS	A RELATE	D ENTITY WI	TH A COMMON	
DARD					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 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. 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 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 990) 2020

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.

68-0371170

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	(B) Breakdown of W-2 and/or 1099-MISC compensatio			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) VERNON BILLY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	317,143.	0.	0.	30,162.	36,272.	383,577.	0.
(2) STEPHEN POGEMILLER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,722.	0.	0.	9,254.	38,793.		0.
(3) NAOMI EASON	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	(ii)	192,376.	0.	0.	9,187.	19,330.	220,893.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION
DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FACILITIES MASTER PLAN IS AN ESSENTIAL ELEMENT OF THE DISTRICT'S PLANNING PROCESS. THE FACILITIES MASTER PLAN PROVIDES THE DISTRICT WITH INFORMATION REGARDING THE CURRENT AND FUTURE NEEDS FOR STUDENT SUPPORT THE PLAN ASSISTS DISTRICTS IN IDENTIFYING FUNDING AND FACILITIES. NEEDS FOR CAPITAL IMPROVEMENT AND DEVELOPING FINANCING OPTIONS. CSBADSC MADE A TRANSFER TO CSBA IN ACCORDANCE WITH THE CSBADSC ARTICLES OF INCORPORATION TO FURTHER ITS PROGRAM RELATED ASSISTANCE TO PUBLIC EDUCATION AGENCIES. OTHERS NOT LISTED INDIVIDUALLY INCLUDE CRISIS COMMUNICATION, EQUITY NETWORK TRAINING, STUDENT ACCIDENT AND SICKNESS INSURANCE, ANNUAL PROPOSITION 39 PERFORMANCE AUDITS, AND ASSISTANCE WITH STATE ELIGIBILITY & FUNDING APPLICATIONS. TOTAL FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES EXPENSES \$ 822,994. INCLUDING GRANTS OF \$ 500,000. REVENUE \$ 80,625. FORM 990, PART V, LINE 2A AND 2B ALL DISTRICT SERVICES CORPORATION'S EMPLOYEES ARE EMPLOYEES OF CSBA, A RELATED ENTITY. CSBA IS RESPONSIBLE FOR REPORTING WAGE INFORMATION ON

FORM W-3.

Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

CSBA DSC OFFICERS ROTATE, EXCEPT FOR CSBA STAFF 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.

FORM 990, PART VI, SECTION A, LINE 8B:

NO SUCH COMMITTEES

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

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

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL CSBA OFFICERS, DIRECTORS,

EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS,
AS WELL AS THE OFFICERS, DIRECTORS, EMPLOYEES, CERTAIN FORMER EMPLOYEES AND

SPECIFIED INDEPENDENT CONTRACTORS OF RELATED ORGANIZATIONS SUCH AS CSBA,

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

CEO/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

Employer identification number 68-0371170

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 DSC

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CSBA DISTRICT SERVICES CORP EXECUTIVE DIRECTOR IS AN EMPLOYEE OF CSBA,

A RELATED ENTITY. CSBA IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF

ALL ITS STAFF. ALL NON-VOLUNTEER DISTRICT SERVICES OFFICERS ARE CONSIDERED

EMPLOYEES OF CSBA AND THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIES AND

PROCEDURES.

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

FORM 990S ARE POSTED ON THE CSBA WEBSITE, AS WELL AS CERTAIN OTHER DOCUMENTS. THESE ALL ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DOES NOT HAVE COMMITTEES. THE AUDIT COMMITTEE OF CSBA,

A RELATED ORGANIZATION, REVIEWS AUDITS OF ALL ENTITIES ON A

CONSOLIDATED BASIS.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION	Employer identification number 68-0371170
DOCUMENT DESTRUCTION AND RETENTION POLICIES ARE NOT DISTR	ICT SERVICES
CORPORATION POLICIES, BUT POLICIES OF CALIFORNIA SCHOOL E	OARDS
ASSOCIATION, A RELATED ORGANIZATION. ALL EMPLOYEES ARE GO	VERNED BY THE
ASSOCIATION'S POLICIES.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Open to Public Inspection

Employer identification number

68-0371170

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CALIFORNIA SCHOOL BOARDS FOUNDATION -	PROVIDE TRAINING AND				CALIFORNIA SCHOOL		
94-1623582, 3251 BEACON BLVD., WEST	SUPPORT TO SCHOOL BOARD				BOARDS		ĺ
SACRAMENTO, CA 95691	MEMBERS	CALIFORNIA	501(C)(3)	LINE 7	ASSOCIATION		X
CALIFORNIA SCHOOL BOARDS FINANCE CORPORATION					CALIFORNIA SCHOOL		
- 68-0138865, 3251 BEACON BLVD., WEST	FINANCIAL ASSISTANCE TO				BOARDS		1
SACRAMENTO, CA 95691	EDUCATIONAL BODIES	CALIFORNIA	501(C)(4)		ASSOCIATION		X
CALIFORNIA SCHOOL BOARDS ASSOCIATION -							
94-1510492, 3251 BEACON BLVD., WEST]						1
SACRAMENTO, CA 95691	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		N/A		X
FULL AND FAIR FUNDING - 84-2052805	ENGAGE IN RESEARCH, PUBLIC						
555 CAPITOL MALL, SUITE 400	EDUCATION, ADVOCACY FOR CA						1
SACRAMENTO, CA 95814	PUBLIC SCHOOL FUNDING	CALIFORNIA	501(C)(4)		N/A		Х

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

Schedule R (Form 990) 2020

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.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managin partner	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
1										
1										
1										
1										
1										
1										
1										
		Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign foreign Compared to the	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Direct controlling Predominant income (related, unrelated, excluded from tax under predominant income (related, unrelated, unrelat	Primary activity Legal domicile (state or feated) Direct controlling entity Predominant income (related, unrelated, income end-of-year excluded from tax under excluded from tax under end-of-year end-of-year excluded from tax under end-of-year end-of-y	Primary activity Legal domicile (state or free feated) Direct controlling entity Predominant income (related, unrelated, income end-of-year excluded from tax under end-of-year assets Disproportionate amount in box 20 of Schedule	Primary activity Code V-UBI General of managing partner?

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	Section 512(b)(13) controlled entity?	
		country)		J. 1.25.4		400010		Yes	No	
									<u> </u>	

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								Х
b	b Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)						1c		X
	Loans or loan guarantees to or for related organization(s)						1d		X
е	e Loans or loan guarantees by related organization(s)								
									Х
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)						1h		X
i	Exchange of assets with related organization(s)						1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)						1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)						1k		Х
1	Performance of services or membership or fundraising solicitations for related orga	nization(s)					11		Х
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)					1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)					1n	Х	
	Sharing of paid employees with related organization(s)						10	Х	
р	Reimbursement paid to related organization(s) for expenses						1p	Х	
q	Reimbursement paid by related organization(s) for expenses						1q		X
	Other transfer of cash or property to related organization(s)						1r		X
s	Other transfer of cash or property from related organization(s)						1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line, including covered	relationships a	and transactio	n thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	N	Method of det	(d) ermining amount inv	olved		
<u>(1)</u> (CA SCHOOL BOARDS ASSOCIATION	N	84,057.	ACTUAL	COST				
<u>(2)</u> (CA SCHOOL BOARDS ASSOCIATION	В	500,000.	ACTUAL	COST				
(3)									
(4)									
<u> </u>									
<u>(5)</u>									
(6)									
03216	3 10-28-20					Schedule I	R (For	m 990	2020

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)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(ł	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	ral or F	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partn	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
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										\sqcup		
										\vdash	_	
				\vdash						\vdash	\dashv	

Schedule R	(Form 990) 2020 Supplemental Info	DISTRICT	SERVICES	CORPORATION	68-0371170 Page 5
Part VII	Supplemental Info	rmation			
	Provide additional inform	nation for responses	to questions on S	chedule R. See instructions.	