EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2019 and ending JUN 30 .

OMB No. 1545-0047 Open to Public

Inspection

\overline{A}	For the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	
			D Employer identific	
	Check if applicable	CALIFORNIA SCHOOL BOARDS ASSOCIATION		
Г	Addres			
F	Name		68-03711	70
F	lchange	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	return Final_,	3251 BEACON BOULEVARD	916-371-	
L	return/ termin-			429,566.
Г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code WEST SACRAMENTO, CA 95691-3531	G Gross receipts \$	
F	lreturn □ Applica	•	H(a) Is this a group re	
_	Itiòn pendin	SAME AS C ABOVE	for subordinates	····· — —
-			H(b) Are all subordinates in	
		mpt status: 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(1) or e: ► WWW.CSBA.ORG		list. (see instructions)
			H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► L Y Summary	ear of formation: 1995 n	A State of legal domicile: CA
Г			NITONOTON OFFE	DC DIICTNECC
çe	1	Briefly describe the organization's mission or most significant activities: THE ORGA AND MANAGEMENT SERVICES TO PUBLIC EDUCATION	NIZALION OFFE	ко возитоо
Governance	-			
/eri		Check this box Lift the organization discontinued its operations or disposed of n		ssets.
é		Number of voting members of the governing body (Part VI, line 1a)	3	0
≪		Number of independent voting members of the governing body (Part VI, line 1b)		0
ties		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)		2
Activities		Total number of volunteers (estimate if necessary)		0.
Ą		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
_	В	Net unrelated business taxable income from Form 990-T, line 39		
		2 17 17 17 17 17 17 17 17 17 17 17 17 17	Prior Year 0 .	Current Year
ne	8 (Contributions and grants (Part VIII, line 1h)	423,477.	385,014.
Revenue	9 1	Program service revenue (Part VIII, line 2g)	48,596.	44,552.
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	40,590.	44,552.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	472,073.	
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4/2,0/3.	429,566.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	133,628.	177,495.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	133,020.	177,495.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	_b	Total fundraising expenses (Part IX, column (D), line 25)	201 570	220 504
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	281,570. 415,198.	230,504. 407,999.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>
		Revenue less expenses. Subtract line 18 from line 12	56,875.	21,567.
Net Assets or		5 1 1 1 (D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Beginning of Current Year 2,146,307.	End of Year 2,169,658.
SSe	20	Fotal assets (Part X, line 16)		
let A	21	Fotal liabilities (Part X, line 26)	9,016. 2,137,291.	10,800. 2,158,858.
_	<u> 22 </u>	Net assets or fund balances. Subtract line 21 from line 20	2,137,231.	2,130,030.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	staments, and to the hest of m	v knowledge and helief it is
	•	ities of perjury, receilare that r have examined this return, including accompanying schedules and size, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	y kilowieuge allu bellel, it is
uu	5, 001160	, and complete. Decial ation of preparer (other than officer) is based on an information of which prep	I las any knowledge.	
o:.		Signature of officer	I Date	
Sig		STEPHEN W. POGEMILLER, TREASURER	24.0	
He	re	Type or print name and title		
		,	Date	PTIN
Pa	id	Print/Type preparer's name JENNIFER Z IWATA JENNIFER Z IWATA JENNIFER Z IWATA	11/18/20 cneck Lif self-employ	
	-		Tirmin FIN	68-0037990
		Firm's name GILBERT CPAS Firm's address 2880 GATEWAY OAKS DR, STE 100	FITTIN'S EIN	00-0031330
บช	only	SACRAMENTO, CA 95833	Dhana na 0.1	6-646-6464
<u> </u>	45 - 17	S discuss this return with the preparer shown above? (see instructions)	Prione no.91	X Yes No
IVIC	ıv iiile ih	O UISCUSS THIS TELUTH WITH THE DIEDATEL SHOWN ADOVE! (SEE INSTRUCTIONS)		L41 TUS L NO

Pai	till 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	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?
	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.
	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 \$ 85,088 · including grants of \$) (Revenue \$ 131,000 ·)
	FOR SCHOOL DISTRICTS, COUNTY OFFICES, AND OTHER SPECIAL DISTRICTS WITH
	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.
	Indication of the cost of obtaining in roll incromming vincontrols
41	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 10,150.)
4b	(Code:) (Expenses \$
	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.
	0.702
4c	(Code:) (Expenses 9,793. including grants of \$) (Revenue \$ 179,319.) 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 \$ 313,118 • including grants of \$) (Revenue \$ 64,545 •)
4e	Total program service expenses ► 407,999.
	Form 990 (2019)

68-0371170

Form 990 (2019) DISTRICT SER
Part 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		X
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		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
	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		v	
	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	40		х
	Schedule D, Parts XI and XII	12a		Α.
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	
40		13		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^ `
b	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	170		
.0	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Form 990 (2019)

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		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			
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			
	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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 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		Х
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			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
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			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
-	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	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	-07		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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		Yes	X No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
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)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			l
	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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
Ŭ	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		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

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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 la			110
	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			
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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a	х	
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		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	
	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			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
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		Х
	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? If "No," go to line 13	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			
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, ar	d fina	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 REACON RIVD WEST SACRAMENTO CA 95691			

68-0371170 Form 990 (2019)

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.

Check this box if neither the organization ne	or any related	orga	aniza	ation	cor	npe	nsat	· ·	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per			ss pe				compensation	compensation	amount of
	week	-				u.c	T	from	from related	other
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			sate		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	truste	al trus		yee	mper		(112,1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	-e	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) EMMA TURNER	0.20									
ASSISTANT VP AS OF 12/7/19		Х		X				0.	29,682.	0.
(2) XILONIN CRUZ-GONZALEZ	0.20				7			7		
PRESIDENT AS OF 12/1/18 TO 12/7/19	6.20	Х		Х				0.	22,989.	0.
(3) SUZANNE KITCHENS	0.20									
PRESIDENT AS OF 12/7/19	6.20	X		X				0.	0.	0.
(4) TAMARA OTERO	0.20									
VP AS OF 12/1/18 TO 12/7/19	5.00	Х		Х				0.	13,495.	0.
(5) MIKE WALSH	0.20									
ASSISTANT VP AS OF 12/1/18 TO 12/7/1	6.20	x		Х				0.	13,495.	0.
(6) SUSAN HEREDIA	0.20		7						-	
VICE PRESIDENT AS OF 12/7/19	5.00	X		Х				0.	0.	0.
(7) VERNON BILLY	0.20									
DIRECTOR	39.80	Х		Х				0.	301,950.	58,847.
(8) OLABODE OWOYELE	0.00									
EXECUTIVE DIRECTOR	40.00			Х				0.	117,681.	11,369.
(9) STEPHEN POGEMILLER	1.00									
TREASURER	39.00			Х				0.	170,574.	45,427.
(10) ANDREW EXNER	13.00								-	-
SECRETARY TO 9/1/20	27.00			Х				0.	149,705.	33,370.
(11) NAOMI EASON	4.00								-	-
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	36.00				Х			0.	187,032.	26,745.
									-	-
		1								
		1								
		1								
		ĺ								
		_								

Form **990** (2019) 932007 01-20-20

Page 7

_	DICEDICE								SOCIATION	60 N	37117	n .	. (
) / 1 1 /	U F	Page
ı aı	000000070000000000000000000000000000000		рюу	ees			gne	St C				(E)	
	(A) Name and title	(B) Average hours per week	box,	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n a	(F) Estimat amount othe	of
		(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)	organization (W-2/1099-MIS	s co SC) o	mpens from the ganizatind rela ganizati	ation ne tion ted
								Z					
						4							
									0.	1,006,60	72 1	75,7	750
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						>	0.	1,006,60	0.	75,7	0
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	0,000 of reportab	е		(
												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	cuch individual	,,								3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•								•	4	X	
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	unr	elate	ed organization or indiv	idual for services		21	v
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	ipiete Schedule	e J f	or si	ıcn	oers	ion .				5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors tl	hat received more than	\$100,000 of com	pensation	n from	
	the organization. Report compensation for										·		
	(A)								(B)			(C)	

The organization report compensation for the calculate your entanty man or that the organization of tax your								
(A) Name and business address	(B) Description of services	(C) Compensation						
DEMSEY FILLIGER & ASSOC LLC, 228 SHOREBREAKER DRIVE, LAGUNA NIGUEL, CA	LEGAL SERVICES	112,301.						
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than							

\$100,000 of compensation from the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION 68-0371170 DISTRICT SERVICES CORPORATION Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f **Business Code** 900099 385,014. 385,014. 2 a DISTRICT SERVICES Program Service Revenue f All other program service revenue 385,014. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 44,552 44,552. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a

429,566.

385,014.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

6<u>8-0</u>371170 Page **10**

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						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations		 	g			
	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,						
	trustees, and key employees	80,832.	80,832.				
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	63,673.	63,673.				
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	13,039.	13,039.				
9	Other employee benefits	10,112.	10,112.				
10	Payroll taxes	9,839.	9,839.				
11	Fees for services (nonemployees):						
а	Management						
	Legal	27,356.	27,356.				
	Accounting	6,000.	6,000.				
	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 O.)	97,944.	97,944.				
12	Advertising and promotion	1,703.	1,703.				
13	Office expenses	698.	698.				
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	2,610.	2,610.				
24	Other expenses. Itemize expenses not covered 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 0.)						
а	OVERHEAD APPLIED	93,147.	93,147.				
b	MEMBERSHIP DUES	500.	500.				
С	STAFF DEVELOPMENT	461.	461.				
d	TAXES AND LICENSES	85.	85.				
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	407,999.	407,999.	0.	0.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
	0.01.00.00			•	Earm 990 (2010)		

Form 990 (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	t X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	21,099.		23,395.
	2	Savings and temporary cash investments		2	2,684.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	63,604.	4	76,932.
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(6	
şţs	7	Notes and loans receivable, net		7	
Assets	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		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	1 010
	13	Investments - program-related. See Part IV, line 11			1,812.
	14	Intangible assets	2.057.110	14	2 064 025
	15	Other assets. See Part IV, line 11			2,064,835.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,169,658.
	17	Accounts payable and accrued expenses		17	10,800.
	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	
Liabilities	22	Loans and other payables to any current or former officer, director,	E0/		
ij		trustee, key employee, creator or founder, substantial contributor, or 3 controlled entity or family member of any of these persons		22	
Lia	23	controlled entity or family member of any of these persons 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 Par	+x		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	9,016.	26	10,800.
		Organizations that follow FASB ASC 958, check here			·
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,137,291.	27	2,158,858.
Ва	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Š.	29	Capital stock or trust principal, or current funds		29	
set	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		31	
Se	32	Total net assets or fund balances	2,137,291.	32	2,158,858.
	33	Total liabilities and net assets/fund balances	1 2 1/6 207	33	2,169,658.
					Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				66.
2	Total expenses (must equal Part IX, column (A), line 25)	2				99.
3	Revenue less expenses. Subtract line 2 from line 1	3				67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	, 13	7 <u>,2</u>	91.
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	2	, 15	8,8	58.
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	Ο.				
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2019)

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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds an	nd 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	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	_		
	are the organization's property, subject to the organization's	exclusive legal control?		. Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
_				Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically impo	rtant land area
	Protection of natural habitat	Preservation of	f a certified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.			at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization duri	ng the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		•	
	violations, and enforcement of the conservation easements i			. L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing col	nservation easemer	nts during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements du	uring the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describe	s the
Da	organization's accounting for conservation easements.	f Aut Historiaal Tussaanus au f	Other Oireiles A	
Pai	t III Organizations Maintaining Collections o		otner Similar A	ssets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul		•	C
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public s	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		al gain, provide	
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets in all I ded in Farms COO. Dort V		•	

Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	r Asse	ts(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at make s	ignificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change prog	ram					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organiza	tion's exe	mpt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or ot	her similaı	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			\square	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	l "Yes" on	Form 990,	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	ns or other a	ssets not	included	_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided o	n Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	$\overline{}$						
		(a) Current year	(b) P	rior year	(c) Two ye	ars back	(d) Three ye	ars back	(e) Four	years l	oack
1a	Beginning of year balance										
b	Contributions										
	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	e (line 1	g, 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 tha	at are held a	and administ	ered for t	he organiza	ition	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulated		(d) Bool	k value)
		basis (investr	ment)	basis	(other)	der	oreciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colur	nn (B). line	10c.)			▶			0.

Complete if the organization answered "Yes" or		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) INTERCOMPANY RECEIVABLES			2,064,835
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	2,064,835
Part X Other Liabilities.	,	· •	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t			at reports the
a.s, is ansertain tax positions, in i alt /iii, piuvius t		ss organization o initariolal statements the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule D (Form 990) 2019

DISTRICT SERVICES CORPORATION 68-0371170 Page 4

Paı	rt XI Reconciliation of Revenue per Audited Fi	nancial Statements With Revenue po	er Return.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial s	statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
_			
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on li Investment expenses not included on Form 990, Part VIII, line	1 1	
	Other (Describe in Part XIII.)		
		70	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,		
	art XII Reconciliation of Expenses per Audited F		
	Complete if the organization answered "Yes" on Form 9	-	•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line		
а	Donated services and use of facilities	2a	
	Prior year adjustments		
	Other losses		
d	I 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		
	Investment expenses not included on Form 990, Part VIII, line		
	Other (Describe in Part XIII.)		
		0 Day 1 % 10)	
	Total expenses. Add lines 3 and 4c. (This must equal Form 99) art XIII Supplemental Information.	0, Part I, line 18.)	5
	vide 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 1: Part Y line 2: Part YI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa		mie 4, i ait X, mie 2, i ait Xi,
	5 Za aria 45, aria 1 ari Ari, imios Za aria 45.7 1100 complete aria pa	it to provide any additional information.	
PAI	RT X, LINE 2:		
ГHI	E ASSOCIATION HAS APPLIED THE AC	COUNTING PRINCIPLES RELA	ATED TO
AC(COUNTING FOR UNCERTAINTY IN INCO	ME TAXES AND HAS DETERMI	INED THAT THERE
- ~			
IS	NO MATERIAL IMPACT ON THE FINAN	CIAL STATEMENTS. WITH SC	OME EXCEPTIONS,
	E AGGOGIATION IG NO LONGED GUDIE		SMAME THOOME MAY
LHI	E ASSOCIATION IS NO LONGER SUBJE	CT TO U.S. FEDERAL AND S	STATE INCOME TAX
rv7	AMINATIONS BY TAX AUTHORITIES FO	D VENDS DOTOD TO 2016	
CAL	AMINATIONS BI TAX AUTHORITIES FO	OR TEARS PRIOR TO 2010.	

Schedule D (Form 990) 2019 16

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.

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

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

	at I quodiono nogaramy componentian		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	140
IG	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			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the haves on line 1e are checked, did the argenization follows written policy regarding normant or			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	46		
•	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,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3				
	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			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			37
	The organization?	5a		X
b	Any related organization?	5b		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			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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	(D) Nontaxable	(E) Total of columns	
(A) Name and Title			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) VERNON BILLY	(i)	0.	0.	0.	0.	0.		0.
	(ii)	287,664.	14,286.	0.	25,770.	33,077.	360,797.	0.
(2) STEPHEN POGEMILLER	(i)	0.	0.	0.	0.	0.		0.
	(ii)	170,574.	0.	0.	8,944.	36,483.	216,001.	0.
(3) ANDREW EXNER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY TO 9/1/20	(ii)	149,705.	0.	0.	9,370.	24,000.	183,075.	0.
(4) NAOMI EASON	(i)	0.	0.	0.	0.	0.		0.
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	(ii)	187,032.	0.	0.	8,960.	17,785.	213,777.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i) /::\							
	(ii)						1	
	(i) /::\							
	(11)							

Schedule J (Form 990) 2019

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

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.

Open to Public Inspection

OMB No. 1545-0047

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

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

AND FACILITIES. THE PLAN ASSISTS DISTRICTS IN IDENTIFYING FUNDING

NEEDS FOR CAPITAL IMPROVEMENT AND DEVELOPING FINANCING OPTIONS.

OTHERS NOT LISTED INDIVIDUALLY ARE HAZMAT, STUDENT ACCIDENT AND

SICKNESS INSURANCE, ANNUAL PROPOSITION 39 PERFORMANCE AUDITS,

SICKNESS INSURANCE, ANNUAL PROPOSITION 39 PERFORMANCE AUDITS,

ASSISTANCE WITH STATE ELIGIBILITY & FUNDING APPLICATIONS, ENERGY

SOLUTIONS, ATTENTION 2 ATTENDANCE, AND SCHOOL ACCOUNTABILITY REPORT

CARDS.

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

EXPENSES \$ 313,118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 64,545.

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.

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

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

Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

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 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
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
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

Employer identification number DISTRICT SERVICES CORPORATION 68-0371170 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 IX, LINE 11G, OTHER FEES: CONSULTING FEES: PROGRAM SERVICE EXPENSES 97,944. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 97,944. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 97,944. 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,

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

Some of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Open to Public Inspection

OMB No. 1545-0047

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

DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

(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		l
SACRAMENTO, CA 95691	MEMBERS	CALIFORNIA	501(C)(3)	LINE 7	ASSOCIATION		Х
CALIFORNIA SCHOOL BOARDS FINANCE CORPORATION					CALIFORNIA SCHOOL		
- 68-0138865, 3251 BEACON BLVD., WEST	FINANCIAL ASSISTANCE TO				BOARDS		i
SACRAMENTO, CA 95691	EDUCATIONAL BODIES	CALIFORNIA	501(C)(4)		ASSOCIATION		Х
CALIFORNIA SCHOOL BOARDS ASSOCIATION -							
94-1510492, 3251 BEACON BLVD., WEST]						i
SACRAMENTO, CA 95691	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		N/A		Х
FULL AND FAIR FUNDING - 84-2052805	ENGAGE IN RESEARCH, PUBLIC						
555 CAPITOL MALL, SUITE 400	EDUCATION, ADVOCACY FOR CA						l
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) 2019

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)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	10	
						•						

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	(i) Section 512(b)(13) controlled entity?	
		country)		or truety		400010		Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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	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	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b								
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				. 1d		X	
е	Loans or loan guarantees by related organization(s)				. 1e		X	
f	Dividends from related organization(s)				. 1f		X	
g	Sale of assets to related organization(s)				. 1g		Х	
h	Purchase of assets from related organization(s)						Х	
i	Exchange of assets with related organization(s)				. <u>1i</u>		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		X	
k	Lease of facilities, equipment, or other assets from related organization(s)						X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n								
0	Sharing of paid employees with related organization(s)							
р	1 0 (7 1					X	X	
q	q Reimbursement paid by related organization(s) for expenses							
	Other transfer of cash or property to related organization(s)						X	
s	s Other transfer of cash or property from related organization(s)						X	
_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 and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved			
(1)	CA SCHOOL BOARDS ASSOCIATION	N	93,147.	ACTUAL COST				
(2)								
(3)								
(4)								
<u>(4)</u>								
<u>(5)</u>								
(6)								
93216	3 09-10-19			Schedul	e R (For	m 990) 2019	

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations Yes No	² of Schedule K-1	General or managing partner?	(k) Percentage ownership
			0							

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

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-char	rities-and-r	non-profits.					
Autom	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnersh	ips, REMIC	s, and trusts			
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.					
Type or	Name of exempt organization or other filer, see instru	identification number (TIN)						
print	CALIFORNIA SCHOOL BOARDS A		68-0371170					
File by the	DISTRICT SERVICES CORPORAT		66-03/1	170				
due date fo filing your return. See	I 3251 BEACON BOULEVARD							
instructions								
Enter the	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)			0 1		
Applicat	tion	Return	Application		Return			
ls For		Code	Is For					
	0 or Form 990-EZ	01	Form 990-T (corporation)	· · · · · ·				
Form 99		02		orm 1041-A				
Form 47 Form 99	20 (individual)	03	Form 4720 (other than individual)	10				
		05	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					11			
STEPHEN W. POGEMILLER The books are in the care of 3251 BEACON BLVD - WEST SACRAMENTO, CA 95691 Telephone No. 916-371-4691 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box and attach a list with the names and TINs of all members the extension is for.								
1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or								
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	3a	\$	0.				
_	y nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	rms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	timated tax payments made. Include any prior year over	•	•	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your paym				1.2	,			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.					0.		
	: If you are going to make an electronic funds withdrawal			8453-EO ar	nd Form 8879-E0			
instruction	ons.							

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION Name of Organization			nge of address ended report				
List all DBAs and names the organization uses or has used 3251 BEACON BOULEVARD							
Address (Number and Street)		State Cha	rity Registration Number CT 98684				
WEST SACRAMENTO, CA $95691-35$ City or Town, State, and ZIP Code	31	Corporation	on or Organization No. 1898279				
916-371-4691 Telephone Number E-mail Address		Federal Er	nployer ID No. <u>68-0371170</u>				
ANNUAL REGISTRATION RENEWAL F	L EE SCHEDULE (11 Cal. (eck Payable to Departm						
Gross Annual Revenue Fee Gross An	nual Revenue	Fee	Gross Annual Revenue	Fee	е		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio							
PART A - ACTIVITIES							
For your most recent full accounting period (begin	_{nning} 07/01/201	.9 endi	ng <u>06/30/2020</u>) list:				
Gross Annual Revenue\$ 429,566 Noncas Program Expenses \$ 407,		Total Expe	0 Total Assets \$ 2,16 nses \$ 407,999	9,6	58		
PART B - STATEMENTS REGARDING ORGANIZATION	DURING THE PERIOD O	F THIS RE	PORT				
Note: All questions must be answered. If you answer	"ves" to any of the guest	tions helov	v vou must attach a senarate nage				
providing an explanation and details for each "y				Yes	No		
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?							
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							
5. During this reporting period, did the organization receive any governmental funding?							
6. During this reporting period, did the organization hold a raffle for charitable purposes?							
7. Does the organization conduct a vehicle donation pro	ogram?				х		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
стронги м	• POGEMILLER	т	REASURER				
Signature of Authorized Agent Printed Name	· IOCEMIEEE	Tit					
20001							