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.

Open to Public

OMB No. 1545-0047

Inspection

<u>A</u>	roi tiit	and e	ending U	ON 30, 202	<u> </u>					
В	Check if applicabl	CALIFORNIA SCHOOL BOARDS ASSOCIATION		D Employer iden	tification number					
	Addre chang									
	Name chang	Doing business as		68-0138	3865					
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 916-371-4691						
	return termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 119,338						
	□Amen									
F	return Applic tion		ER	H(a) Is this a grou for subordina						
_	tion pendir	SAME AS C ABOVE								
_	-		507	1	es included? Yes No					
<u>+</u>	rax-ex	empt status: $\ \ \ \ \ \ \ \ \ \ \ \ \ $	or 527	l '	h a list. (see instructions)					
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemp	M State of legal domicile: CA					
	art I	Summary	L Year	or formation. 190	M State of legal doffliche, CA					
		Briefly describe the organization's mission or most significant activities: PROVI	ים פוני	NANCTAL AC	CCTCTANCE					
Activities & Governance		SERVICES TO PUBLIC SCHOOL DISTRICTS.								
ern		Check this box if the organization discontinued its operations or dispos	ed of more		1					
Š					3 4					
જ		Number of independent voting members of the governing body (Part VI, line 1b)			4 0					
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5 0					
Ĭ		Total number of volunteers (estimate if necessary)			6 3					
Act	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, line 39			7b 0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)			0.					
enr		Program service revenue (Part VIII, line 2g)		98,587						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,015						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		128,602						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		92,492						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(0.					
ж	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,546						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		164,038						
	19	Revenue less expenses. Subtract line 18 from line 12		-35,436	-44,367.					
Net Assets or Fund Balances	8		Ве	ginning of Current Ye						
sets	20	Total assets (Part X, line 16)		1,249,599						
t As	21	Total liabilities (Part X, line 26)		7(
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		1,249,529	1,205,162.					
P	art II	Signature Block								
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best o	f my knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.						
Sig	ın	Signature of officer		Date						
He	re	STEPHEN W. POGEMILLER, TREASURER								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN					
Pai	d	${ t JENNIFER}$ ${ t Z}$ ${ t IWATA}$ ${ t JENNIFER}$ ${ t Z}$ ${ t IWATA}$	<u> 1</u>	1/18/20 if self-em	P01310188					
Pre	parer	Firm's name		Firm's EIN	68-0037990					
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100								
		SACRAMENTO, CA 95833		Phone no. 9	916-646-6464					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

	CALIFORNIA SCHOOL BOARDS ASSOCIATION	60 010065	
	1990 (2019) FINANCE CORPORATION	68-0138865	Page 2
Ра	rt III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:	and mo dationt	
	TO RENDER VARIOUS TYPES OF FINANCIAL ASSISTANCE SERVI		
	DISTRICTS, COUNTY OFFICES OF EDUCATION, OR ANY OTHER		,
	SUBDIVISION OR PUBLIC AGENCY OR BODY, A PRIMARY PURPO	SE OF WHICH IS	
	EDUCATION, IN THE STATE OF CALIFORNIA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Lyes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service:		
	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.	25	000.)
4a	(Code:) (Expenses \$		000.
	<u> </u>	RANS ARE	
	TAX-EXEMPT, SHORT-TERM SECURITIES USED EXTENSIVELY BY		
		E AND LOCAL	
	GOVERNMENTS, COUNTY OFFICES OF EDUCATION, SCHOOL DIST		
	COMMUNITY COLLEGE DISTRICTS ISSUE TRANS TO SUPPLEMENT		1
	FUND CASH RESERVES FOR THE FISCAL YEAR AND TO ACT AS .		
	TEMPORARY CASH FLOW NEEDS.	II CODIIION I OIL	
	Third Cities The Manager		
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$ 66,	072.
	OPEB SOLUTIONS PROGRAM IS A FULL SERVICE GASB-COMPLIA		ED
	TRUST PROGRAM DESIGNED TO HELP DISTRICTS AND COUNTY OF	FFICES OF	
	EDUCATION OFFER NON-PENSION RETIREMENT BENEFITS AND L	OWER THEIR OTH	ER
	POST EMPLOYMENT BENEFITS (OPEB)LIABILITY. THIS IS TO	COMPLY WITH	
	GOVERNMENT ACCOUNTING STANDARD BOARD STATEMENT NOS. 4	5 AND 75. THES	E
	ACCOUNTING STANDARDS REQUIRE DISTRICTS AND COUNTY OFF	ICES OF EDUCAT	ION
	TO RECORD THEIR OTHER POST-EMPLOYMENT BENEFITS AS AN	EXPENSE AND	
	OBLIGATION ON THEIR FINANCIAL STATEMENTS.		
4c		Revenue \$)
	THE CERTIFICATES OF PARTICIPATION PROGRAM PROVIDES DI		TON
	TO FINANCE CAPITAL EQUIPMENT OR REAL PROPERTY ACQUIST		
	IMPROVEMENTS. THROUGH THIS PROGRAM, SCHOOLS CAN UTILI		
	CORPORATION AS THE NOT-FOR-PROFIT CORPORATION WHILE A		T110
	PROVEN SKILLS AND SERVICES OF THE CSBA FINANCE CORPOR		
	TEAM. DISTRICTS CAN TAKE ADVANTAGE OF FIXED OR VARIAB	LE RATE FINANC	ING
	OPTIONS.		
4-1	Other many many consists (December on Calcadula O.)		
40	Other program services (Describe on Schedule O.)		

163,705 • including grants of \$

venenses ► 163,705 •

4e

Total program service expenses

2,375.)

) (Revenue \$

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CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION

Form 990 (2019)

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		Х
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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , ,	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
4-	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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		<u> </u>
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 FINANCE CORPORATION

Form 990 (2019) FINANCE CORPORATIO

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		Х	
04-	Schedule J	23	Λ	├─
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization mivest 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		Х
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			
	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			١
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		20		X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$

68-0138865

Form 990 (2019) FINANCE CORPORATION

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,				162	NO
	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 returns		·	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					
За				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		Х
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	ccou	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	ganization 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 contribut		-			
_	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 set	vices	provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		auirod	76		
C	to file Form 8282?	as rec	quireu	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı			
	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:	١	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	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	eratio	n or			
	excess parachute payment(s) during the year?			15		X
	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 investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019)

68-0138865

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	1		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Tu		
	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:	15		
		8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b		Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9		9		х
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
000	tion B. Follows (This Section B requests information about policies not required by the internal nevertide Gode.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
		10a		
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		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120	25	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
р	Other officers or key employees of the organization	15b		
	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			v
	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		
	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)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, and the conflict of interest policy is a conflict of interest policy.	nd finai	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			

Form 990 (2019)

FINANCE CORPORATION

68-0138865

Page 7

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 n		l								(F)
(A)	(B)	(C) Position				1		(D)	(E)	(F)
Name and title	Average		o not check more than one x, unless person is both an					Reportable	Reportable	Estimated
	hours per week	offic	, unie cer ar	ess pe nd a d	rson i irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	J0.						the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	e or	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 111100)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	dual	Institutional trustee	_	mplo	est co oyee	-e			organizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) EMMA TURNER	0.20									
PRES AS OF 2/8/19 AND VP 1/24/20		х		X				0.	29,682.	0.
(2) MIKE WALSH	0.20				7				,	
VICE PRES AS OF 2/8/19 TO 12/7/19		х		x				0.	13,495.	0.
(3) XILONIN CRUZ-GONZALEZ	0.20								,	
ASST VP AS OF 2/8/19 & PRES 1/24/20	6.20	x		X				0.	22,989.	0
(4) SUZANNE KITCHENS	0.20									
ASSISTANT VP AS OF 1/24/20		Х		X				0.	0.	0
(5) STEPHEN POGEMILLER	1.00									
DIRECTOR/TREASURER		X		Х				0.	170,574.	45,427
(6) ANDREW EXNER	8.00									
SECRETARY TO 9/1/20	32.00			Х				0.	149,705.	33,370
(7) NAOMI EASON	4.00				l				4.0-	
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	36.00			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	Х			0.	187,032.	26,745
(8) VERNON BILLY	0.00								201 050	E0 04E
FORMER BOARD MEMBER/DIRECTOR	40.00			Ш	<u> </u>		Х	0.	301,950.	58,847
					<u> </u>					
				\vdash	\vdash					
				\vdash	\vdash					
				\vdash	\vdash					
				\Box						
						L				
		l	l		l	l	l	1		

Form **990** (2019)

d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		1990 (2019) FINANCE (00-013	1000) F	age o
Name and title Average Plours per very week Plours per very per v	Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
Doubt compensation Doubt c													(F)	
Week Week Gist any Hours for related organizations W2/1099-MISC) W2/1099-MISC) W2/1099-MISC) W2/1099-MISC) Gist and related organizations W2/1099-MISC)		Name and title			not c	heck ı	more	than			·			
Discription										•	•	l a		
to Subtotal 1				or					É					
1b Subtotal C Total from continuation sheets to Part VII, Section A D 0 875,427. 164,389 C Total from continuation sheets to Part VII, Section A D 0 875,427. 164,389 C Total quade lines to and to) S 75,427. 164,389 C Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE C Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than			, ,	direct				_			•		•	
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than									•	0.	875,427	· 10	54,3	89.
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	5											_		_v
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			address	N	INC	3					services			on
	2		•	ot li	mite	d to		_	stec	d above) who received n	nore than			

					CE COR	POR	ATION			68-0138	865 Page 9
Pa	rt \	/III									
			Check if Schedule O	conta	ins a respor	nse or	note to any lin	e in this Part VIII			<u> </u>
								(A) Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
S, (Fundraising events								
Giff		d	Related organizations		1d						
ns, jimi			Government grants (cont								
er S		f	All other contributions, gifts,	grants	, and						
ള			similar amounts not included								
ont nd (Noncash contributions included in								
<u>a</u> C		h	Total. Add lines 1a-1f								
			ETNANCTAL DD	OD 7	Ma		Business Code	02 447	02 447		
Program Service Revenue	2	а	FINANCIAL PRO	JGRA	AMS	_	522291	93,447.	93,447.		
er ue		b				– ⊦					
ren S		C				- -					
gra Re		d				- H					
Pro		e f	All other program service	rovon		— 					
			Total. Add lines 2a-2f					93,447.			
	3		Investment income (include								
	_		other similar amounts)					25,891.			25,891.
	4		Income from investment								-
	5		Royalties		-	-					
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss	s)		·····					
	7	а	Gross amount from sales of		(i) Securitie	es	(ii) Other				
			assets other than inventory	7a		4					
ø		b	Less: cost or other basis								
evenue		_	and sales expenses								
Şe v			Gain or (loss)								
er R	Q		Net gain or (loss)			·····					
Other	0	а	including \$								
			contributions reported on								
			Part IV, line 18		-	8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundr	aising even	its					
	9	а	Gross income from gamin	ng act	ivities. See						
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from		-	· ····					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	or inventor		Business Code				
snc	11	2				Η,	Justiness Could				
nue	• •	b				_					
eve		c				$- \vdash$					
Miscellaneous Revenue			All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					119,338.	93,447.	0.	25,891.

CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION

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

	Check if Schedule O contains a respon	nse 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		охропосо	gerrerar experiese	σχροποσο
•	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	56,819.	56,819.		
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	20,539.	20,539.		
8	Pension plan accruals and contributions (include	- ,			
-	section 401(k) and 403(b) employer contributions)	6,155.	6,155.		
9	Other employee benefits	3,956.	3,956.		
10	Payroll taxes	5,167.	5,167.		
11	Fees for services (nonemployees):	·			
а	Management				
b	Legal				
С	Accounting	6,000.	6,000.		
d	Lobbying		V		
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.)				
12	Advertising and promotion	2,483.	2,483.		
13	Office expenses	536.	536.		
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	1,305.	1,305.		
23	Insurance	1,303.	1,303.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) OVERHEAD APPLIED	60,685.	60,685.		
a h	TAXES & LICENSES	60.	60.		
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	163,705.	163,705.	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)				
	2 01 00 00			-	Earm 990 (2010)

Form 990 (2019)
Part X Balance Sheet

Pai	πχ	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		17,343.	1	12,507
	2	Savings and temporary cash investments		6,362.	2	2,867
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0.	4	5,576
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial con	tributor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified perso	ns (as defined			
		under section 4958(f)(1)), and persons described in sectio		6		
t2	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			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,225,894.	15	1,184,212
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,249,599.	16	1,205,162
	17	Accounts payable and accrued expenses		70.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or former officer,	director,			
		trustee, key employee, creator or founder, substantial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C	omplete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		70.	26	0
က္		Organizations that follow FASB ASC 958, check here	► X			
a S		and complete lines 27, 28, 32, and 33.		1 040 500		1 005 160
<u>a</u>	27			1,249,529.	27	1,205,162
<u>0</u>	28	Net assets with donor restrictions			28	
Ę		Organizations that do not follow FASB ASC 958, check	here 🕨 📖			
<u>-</u>		and complete lines 29 through 33.				
)ts	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment f			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o		1 240 520	31	1 005 160
ž	32	Total net assets or fund balances		1,249,529.	32	1,205,162
	33	Total liabilities and net assets/fund balances		1,249,599.	33	1,205,162

Pa	Tt 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		9,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7			
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 1	,24	9,5	29.		
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	,20	5,1	62.		
Pa	rt XIII 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	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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,					
	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						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

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 FINANCE CORPORATION

Employer identification number 68-0138865

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, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	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 be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	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.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during 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		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, hand		
7	\$	uling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abor	vo satisfy the requirements of section 17	7/h\/4\/P\/i\
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ŭ	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	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 tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		► ¢

	(Ucetions of A		rical Tr		Othor		00-01			age ∠
									LS (contil	nuea)	
3	Using the organization's acquisition, accession	i, and other record	s, cneck a	any of the	following that r	nake sigr	nificant i	use of its			
	collection items (check all that apply):	_									
а		d			hange program	1					
b	,	е	O	ther							
C											
4	Provide a description of the organization's colle							se in Parl	XIII.		
5	During the year, did the organization solicit or r								7		1
Da	to be sold to raise funds rather than to be main								Yes		No
Pa	reported an amount on Form 990, Part 1		ete if the c	rganizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	line 9, oi	•	
	•	*	liam / far a	antribution	a ar athar assa	to not in	aludad				
ıa	Is the organization an agent, trustee, custodian								Yes		No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII ar								_ res		」 NO
D	in res, explain the arrangement in Part XIII ar	ia complete trie io	llowing ta	bie.					A maun		
_	Danississ halanas						1		Amoun	ι	
C	• • • • • • • • • • • • • • • • • • • •						1c				
d	J /						1d				
e	Distributions during the year						1e				
f O-	Ending balance						1f		Yes	$\overline{}$	
	Did the organization include an amount on For					•				=	│ No │
	rt V Endowment Funds. Complete if t								<u></u>		
ı u	·				(c) Two years I			are back	(e) Four	voore	hack
4.	-	(a) Current year	(b) Pri	or year	(C) TWO years I	Dack (a)	i illiee ye	ears back	(e) i oui	years	Dauk
1a											
b					—						
ن س	Net investment earnings, gains, and losses										
d	' · · · · · · · · · · · · · · · · · · ·										
е	. '										
	and programs										
f	'		$\overline{}$								
g			- (Co. c. d. c.	1 /-	\\ \ \ \ - \						
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1g,	column (a	a)) neid as:						
a		%	_%								
b	. · · · · · · · · · · · · · · · · · · ·										
С		d agual 1000/									
20	The percentages on lines 2a, 2b, and 2c should have there and automated funds not in the passess.		ation that	ara bald a	nd administars	d for the	oraonia	otion			
Sa	Are there endowment funds not in the possess	sion of the organiza	ation that	are rielu ai	na administere	d for the	organiza	alion	ı	Yes	No
	by:								20(1)	162	INO
	(i) Unrelated organizations								3a(i)		
b	(ii) Related organizations	one lietod as rocuit	rod on Sal	andula P2					3a(ii) 3b	-+	
									Sb		
4 Pai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		winent fu	nus.							
· u	Complete if the organization answered) Part IV	line 11a S	See Form 990 [Part X lin	e 10				
	Description of property	(a) Cost or of		(b) Cost		(c) Accı		, 	(d) Boo	k valu	
	Description of property	basis (investn		basis (umulated :ciation	'	(u) D00	n value	=
	Land	 	.511.)	24313 ((53101)	асріс	Sideloit				
-	Land										
b	9		+					- -			
q	1							-			
d	1 1							- -			
<u>е</u>	Other										

Schedule D (Form 990) 2019

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 FINANCE CORE	ORATION	00-	-0136663 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of year market value
(A) =:	(b) BOOK Value	(c) Method of Valuation. Cost of end	-or-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" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(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		11d. See Form 990, Part X, line 15.	(la) Da alcuelus
THER COMPANIE BECETIES BEE	escription		(b) Book value 1,184,212
			1,104,212
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,184,212
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	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	the text of the footnote to	o the organization's financial statements t	hat reports 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

932054 10-02-19

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı .		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	•		
b				
С	1 , 0			
	Other (Describe in Part XIII.)			
_	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:	امدا		
a	, , , ,	· 		
	Other (Describe in Part XIII.) Add lines 4a and 4b	·	40	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Statem			urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		xpoiccc pc	
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:			
a	5	2a		
	Prior year adjustments			
С				
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5			5	
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			rt X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional infor	mation.	
₽₫	RT X, LINE 2:			
1 77.	KI A, DINE Z.			
тн	E ASSOCIATION HAS APPLIED THE ACCOUNTING P	RINCIE	TES RELATED '	TO
		1111011		
AC	COUNTING FOR UNCERTAINTY IN INCOME TAXES A	ND HAS	DETERMINED '	THAT THERE
IS	NO MATERIAL IMPACT ON THE FINANCIAL STATE	MENTS.	WITH SOME EX	XCEPTIONS,
				•
TH:	E ASSOCIATION IS NO LONGER SUBJECT TO U.S.	FEDER	RAL AND STATE	INCOME TAX
EX	AMINATIONS BY TAX AUTHORITIES FOR YEARS PR	IOR TO	2016.	

Schedule D (Form 990) 2019

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

Name of the organization

Department of the Treasury

Internal Revenue Service

CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION

Employer identification number 68-0138865

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 Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 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

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019

68-0138865

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(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) STEPHEN POGEMILLER	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	170,574.	0.	0.	8,944.	36,483.	216,001.	0.
(2) ANDREW EXNER	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	149,705.	0.	0.	9,370.	24,000.		0.
(3) NAOMI EASON	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	ii)	187,032.	0.	0.	8,960.	17,785.	213,777.	0.
(4) VERNON BILLY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER BOARD MEMBER/DIRECTOR	ii)	287,664.	14,286.	0.	25,770.	33,077.	360,797.	0.
((i) L							
((ii)							
((i) L							
((ii)							
[((i) L							
(i	ii)							
	(i) L							
·	ii)							
	(i) L							
	ii)							
	(i) L							
	ii)							
	(i)							
	ii)							
	(i) _							
	ii)							
	(i) 							
	ii)							
	(i) 							
	ii)							
	(i) ::.\							
	ii)							
	(i) ii)							
	11)							-1- 1/5 000) 0040

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3
THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED THE
FOLLOWING METHODS TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S
COMPENSATION:
- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD

SCHEDULE O

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

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION

Employer identification number 68-0138865

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE FLEXFUND PROGRAM IS A LEASE/PURCHASE FINANCING PROGRAM FOR FINANCINGS UNDER \$1.5 MILLION THAT PROVIDES LOW COST BORROWING TO DISTRICTS FOR CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES SUCH AS: ENERGY MODERNIZATION PROJECTS, BUS AND RELOCATABLE PURCHASES, AND

EXPENSES \$ 163,705. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 2,375.**

OUTFITTING COMPUTER LABS WITH HARDWARE, SOFTWARE AND FURNISHINGS.

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

ALL FINANCE CORPORATION'S EMPLOYEES ARE EMPLOYEES OF CSBA, A RELATED ENTITY. CSBA IS RESPONSIBLE FOR REPORTING WAGE INFORMATION ON FORM W-3.

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

FINANCE CORPORATION 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. THE CSBA CEO/EXECUTIVE DIRECTOR MAY SERVE AS THE FOURTH MEMBER OF THE FINANCE CORPORATION BOARD, OR MAY DESIGNATE ANOTHER CSBA EMPLOYEE TO SERVE ON THE FINANCE CORPORATION BOARD.

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

NO SUCH COMMITTEES.

Employer identification number 68-0138865

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

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

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL CSBA OFFICERS, DIRECTORS, 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, CSBADSC, AND CSB 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, CSBA PRESIDENT, AND THE PRESIDENT OF THE BOARD OF DIRECTORS OF EACH RELATED ENTITY 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 TO THE DIRECTORS OF THE BOARD OF ANY RELATED ENTITY, WITH A RECOMMENDATION AS TO POSSIBLE ACTION. THE BOARD(S) WILL THEN DETERMINE APPROPRIATE ACTION. THE CONFLICT OF INTEREST POLICY HAS BEEN SPECIFICALLY APPROVED BY THE FINANCE CORPORATION BOARD OF DIRECTORS.

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

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

Name of the organization	Employer identification number 68-0138865
ENTITY. CSBA IS RESPONSIBLE FOR DETERMINING THE COMPENSAT	ION OF ALL ITS
STAFF. ALL CSBAFC OFFICERS OR KEY EMPLOYEES THAT ARE EMPI	OYEES OF CSBA ARE
THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIES AND PRO	CEDURES.
FORM 990, PART VI, SECTION C, LINE 19:	
FORMS 990 ARE POSTED ON THE CSBA WEBSITE, AS WELL AS CERT	AIN OTHER
DOCUMENTS WHICH ARE ALSO AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGA	NIZATION DOES
NOT HAVE COMMITTEES. THE AUDIT COMMITTEE OF CSBA, A RELAT	ED
ORGANIZATION, REVIEWS AUDITS OF ALL ENTITIES ON A CONSOLI	DATED BASIS.
FORM 990, PART VI, SECTION B - POLICIES	
DOCUMENT DESTRUCTION AND RETENTION POLICIES ARE NOT FINAN	ICE
CORPORATION'S POLICIES, BUT POLICIES OF THE CALIFORNIA SO	CHOOL BOARDS
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 FINANCE CORPORATION Open to Public Inspection

Employer identification number

68-0138865

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 tity?
				501(c)(3))		Yes	No
CA SCHOOL BOARDS ASSOCIATION - 94-1510492							
3251 BEACON BLVD.							
WEST SACRAMENTO, CA 95691	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		N/A		X
CA SCHOOL BOARDS ASSOCIATION DISTRICT							
SERVICES CORP - 68-0371170, 3251 BEACON	PROVIDE BUSINESS SUPPORT				CA SCHOOL BOARDS		
BLVD., WEST SACRAMENTO, CA 95691	TO SCHOOL DISTRICTS	CALIFORNIA	501(C)(4)		ASSOCIATION		X
CA SCHOOL BOARDS FOUNDATION - 94-1623582	PROVIDE TRAINING AND						
3251 BEACON BLVD.	SUPPORT SCHOOL BOARD				CA SCHOOL BOARDS		
WEST SACRAMENTO, CA 95691	MEMBERS	CALIFORNIA	501(C)(3)	LINE 7	ASSOCIATION		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		X

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

Schedule R (Form 990) 2019

Page 2

organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
• (

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	(k) Percentage ownership
				21															

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	Section 512(b)(13) controlled entity?	
		country)		J. 1. 201,		455515		Yes	No
									<u> </u>
									
									\vdash

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	<i>l</i>			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С					1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g					1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
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		X
- 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 organ	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q		<u> </u>			1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	s Other transfer of cash or property from related organization(s)						
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) (b) (c) (d) Name of related organization type (a-s) (c) Amount involved Method of determining amount involved						
<u>(1)</u> (CA SCHOOL BOARDS ASSOCIATION	N	60,685.	ACTUAL COST			
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							
93216	3 09-10-19			Schedule I	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) Legal domicile (state or foreign country)	(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 of managing partner? Yes NO	(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 subn	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), partnershi	ps, 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	Taxpayer	Taxpayer identification number					
print	CALIFORNIA SCHOOL BOARDS A		CO 0130	0.00				
File by the	FINANCE CORPORATION		68-0138865					
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1 3251 BEACON BOULEVARD							
instructions			dress, see instructions.					
Enter the	e Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1		
Applicat	tion	Return	Application	Return				
ls For		Code	Is For	<u> </u>				
	0 or Form 990-EZ	01	Form 990-T (corporation)		07			
Form 99		02	Form 1041-A					
	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF 04 Form 5227					10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870					11			
Telep If the	STEPHEN W. POG 3251 BEACON BL shone No. ▶ 916-371-4691 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	VD -	Fax No. ► fited States, check this box	If this is fo	r the whole grou			
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), or 6069,	enter the tentative tax, less	20	¢	0.		
	any nonrefundable credits. See instructions. 3a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	timated tax payments made. Include any prior year over	•	3b	\$	0.			
_	alance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System). See instructions.							
	: If you are going to make an electronic funds withdrawa				•	0 • O for payment		
instructi	•		•			-		

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)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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.

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

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

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION Name of Organization List all DBAs and names the organization uses or has used	Check if: Change of address Amended report								
3251 BEACON BOULEVARD	State Charity Registration Number CT 65659								
Address (Number and Street) WEST SACRAMENTO, CA 95691-3531 City or Town, State, and ZIP Code	Corporation or Organization No. 1588907								
916-371-4691 Telephone Number E-mail Address	Federal Er	nployer ID No. <u>68-0138865</u>							
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice									
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	a .					
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	\$50	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	- 50 25					
PART A - ACTIVITIES									
For your most recent full accounting period (beginning 07/01/20	19 endi	ng _ 06/30/2020_) list:							
Gross Annual Revenue\$ 119,338 Noncash Contributions\$ 0 Total Assets\$ 1,205,162 Program Expenses\$ 163,705 Total Expenses\$									
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT							
		-							
Note: All questions must be answered. If you answer "yes" to any of the questions providing an explanation and details for each "yes" response. Please re			Yes	No					
 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 program?									
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.									
STEPHEN W. POGEMILLER Signature of Authorized Agent Printed Name	T Tit	REASURER							
Signature of Authorized Agent Printed Name 29291	lit	Date Date							