			EXTENDED TO MAY 16, 2022						
Forr	9	90	Return of Organization Exempt From Inc Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	come Tax	OMB No. 1545-0047				
1 011			Do not enter social security numbers on this form as it may be n						
Depa Intern	rtment o al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest info	-	Open to Public Inspection				
			ar year, or tax year beginning JUL 1, 2020 and ending JUN		•				
_	heck if			Employer identificati	ion number				
a	pplicabl		FORNIA SCHOOL BOARDS ASSOCIATION						
	Addre chang	FINA	NCE CORPORATION						
	 Name		usiness as	68-0138865					
	Initial return			Telephone number					
		3251	BEACON BOULEVARD	916-371-46	91				
	termin ated	-	own, state or province, country, and ZIP or foreign postal code	Gross receipts \$	164,809.				
	Amen	ded MECT		(a) Is this a group retur					
	Applic tion	^{a-} F Name a	nd address of principal officer: STEPHEN W. POGEMILLER	for subordinates?					
	pendi			 (b) Are all subordinates includ					
ΙT	ax-ex	empt status:	501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list.					
				(c) Group exemption n					
κF	orm of	forganization:	X Corporation Trust Association Other ► L Year of fo	ormation: 1987 M St	ate of legal domicile: CA				
Pa	rt I	Summary							
e	1	Briefly describ	be the organization's mission or most significant activities: PROVIDE FINA	NCIAL ASSIS	TANCE				
Governance		SERVICE	S TO PUBLIC SCHOOL DISTRICTS.						
srné	2	Check this bo	$x \blacktriangleright$ if the organization discontinued its operations or disposed of more that	an 25% of its net asset	S.				
OVE	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3				
3	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		0				
es 6	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		0				
viti	6	6 Total number of volunteers (estimate if necessary) 6							
Activities &	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.				
				Prior Year	Current Year				
er	8	Contributions	and grants (Part VIII, line 1h)	0.	0.				
Revenue		•	ice revenue (Part VIII, line 2g)	93,447.	157,478.				
Jev			come (Part VIII, column (A), lines 3, 4, and 7d)	25,891.	7,331.				
-			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,338.	164,809.				
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	500,000.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.				
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	92,636.	96,055.				
ens			undraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses			ing expenses (Part IX, column (D), line 25)		<u> </u>				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	71,069.	67,840.				
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	163,705.	663,895.				
	19	Revenue less	expenses. Subtract line 18 from line 12	-44,367.	-499,086.				
ts oi nce				ning of Current Year	End of Year				
Ssel Bala				1,205,162. 0.	706,076.				
Net Assets or Fund Balances			(Part X, line 26)		$\frac{0.}{706.076}$				
	22 Irt II	Net assets or Signature		1,205,162.	706,076.				
			I declare that I have examined this return, including accompanying schedules and statements	and to the heat of my kn	owledge and halief it is				
			Declare that i have examined this return, including accompanying schedules and statements . Declaration of preparer (other than officer) is based on all information of which preparer has		owieuye allu vellel, il is				
	SOLIE		. ביטטומימנוטרו טר ארוער ווימרו טרוועבר ווים שמשבע טרו מו ווווטרוומנוטרו טר ארוערו ארפאמוער וומג 						
Sigr		Signature	e of officer	Date					
Sigr			HEN W. POGEMILLER, TREASURER						
Her	-		print name and title						
			I Doto						

	Print/Type preparer's name Preparer's signature Date Check PTIN JENNIFER Z IWATA JENNIFER Z IWATA 01/20/22 if getsemployed P01310188										
Paid											
Preparer	Firm's name GILBERT CPAS Firm's EIN 68-0037990										
Use Only	Firm's address 2880 GATEWAY OAKS DR, STE 100										
	SACRAMENTO, CA 95833 Phone no.916-646-6464										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CALIFORNIA SCHOOL BOARDS ASSOCIATION	_
	90 (2020) FINANCE CORPORATION 68-013886	5 Page 2
Fai	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	TO RENDER VARIOUS TYPES OF FINANCIAL ASSISTANCE SERVICES TO SCHOO	L
	DISTRICTS, COUNTY OFFICES OF EDUCATION, OR ANY OTHER POLITICAL	
	SUBDIVISION OR PUBLIC AGENCY OR BODY, A PRIMARY PURPOSE OF WHICH	IS
	EDUCATION, IN THE STATE OF CALIFORNIA.	
2	hid the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?	(es X No
	rrior Form 990 or 990-EZ?	res 🕰 No
3		(es X No
-	"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 expension	nses.
	section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and
	evenue, if any, for each program service reported.	4 0 4 0
4a	Code:) (Expenses \$including grants of \$) (Revenue \$ THROUGH THE CALIFORNIA CASH RESERVE PROGRAM, SCHOOL DISTRICTS ARE	4,840.)
	OFFERED TAX AND REVENUE ANTICIPATION NOTES (TRANS). TRANS ARE	
	TAX-EXEMPT, SHORT-TERM SECURITIES USED EXTENSIVELY BY ALL TYPES O	F
	GOVERNMENTAL ENTITIES AS A CASH MANAGEMENT TOOL. STATE AND LOCAL	
	GOVERNMENTS, COUNTY OFFICES OF EDUCATION, SCHOOL DISTRICTS AND	
	COMMUNITY COLLEGE DISTRICTS ISSUE TRANS TO SUPPLEMENT THEIR GENER	AL
	FUND CASH RESERVES FOR THE FISCAL YEAR AND TO ACT AS A CUSHION FO	R ANY
	TEMPORARY CASH FLOW NEEDS.	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$ 7	1,158.)
	DPEB SOLUTIONS PROGRAM IS A FULL SERVICE GASB-COMPLIANT, IRS-APPR	
	TRUST PROGRAM DESIGNED TO HELP DISTRICTS AND COUNTY OFFICES OF	
	EDUCATION OFFER NON-PENSION RETIREMENT BENEFITS AND LOWER THEIR O	THER
	POST EMPLOYMENT BENEFITS (OPEB)LIABILITY. THIS IS TO COMPLY WITH	
		ESE
	ACCOUNTING STANDARDS REQUIRE DISTRICTS AND COUNTY OFFICES OF EDUC. TO RECORD THEIR OTHER POST-EMPLOYMENT BENEFITS AS AN EXPENSE AND	ATION
	DELIGATION ON THEIR FINANCIAL STATEMENTS.	
	100	
4c	Code:)(Expenses \$ 129. including grants of \$) (Revenue \$	
	TO FINANCE CAPITAL EQUIPMENT OR REAL PROPERTY ACQUISITIONS AND	PIION
	IMPROVEMENTS. THROUGH THIS PROGRAM, SCHOOLS CAN UTILIZE THE FINAN	CE
	CORPORATION AS THE NOT-FOR-PROFIT CORPORATION WHILE ACCESSING THE	
	ROVEN SKILLS AND SERVICES OF THE CSBA FINANCE CORPORATION'S FINA	NCING
	TEAM. DISTRICTS CAN TAKE ADVANTAGE OF FIXED OR VARIABLE RATE FINA	NCING
	OPTIONS.	
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ 663,766. including grants of \$ 500,000.) (Revenue \$ 1,480.)	
4e	otal program service expenses ► 663,895.	
02000	For	m 990 (2020)

		CALIFORNI	ΓA	SCHOOL	BOARDS	ASSOCIATION
Form 990 (2	2020)	FINANCE O	COF	RPORATIO	ON	
Part IV	Checklist of R	equired Scheo	dule	es		

			V	
	In the experimetion described in section $F(0, 1/2)(0)$ or $40.47/2(1)(1)$ (then then a private foundation)(2)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			x
~	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the 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	_		v
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
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?			37
	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			v
	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	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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 approximation or Part IX, column (A) line 12 If "Yes," complete Schedule I, Parts I and II.	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~1	

CALIFORNIA SCHOOL BOARDS ASSOCIATION

FINANCE CORPORATION

Form 990 (2020) FINANCE CORPORATIO

68-0138865 Page 4	ł
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			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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X 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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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		х	
0 5	Part V, line 1	34	Λ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	30		<u> </u>
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?	31		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		L
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			1.10
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
J	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b d4 At any time during the calendar year, did the organization have an interest in, or a signature or other atthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b if "Yes," enter the name of the foreign country 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Did any taxable party notify the organization file Form 8886-17 5a b Did any taxable party notify the organization file Form 8886-17 5a b If "Yes," did the organization neceive a charitable contributions? 5a	No X X X X X X X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 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) 3a 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 b If "Yes," enter the name of the foreign country See See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa 5u day taxable party notify the organization file Form 8886-T? Sc Sc 6a Did my taxable party notify the organization file Form 8886-T? Sc Sc 6b Organization necle edductible contributions under section 170(c). a Did the organization noticle with every solicitation an express sta	x x x x
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 e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3a 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 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). 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Dif "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization seli, exchange, or otherwise dispose of tangible personal property f	X X X X
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) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial account)? 4a b If any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a 5a Did any taxable party notify the organization file Form 8886-T? 5c 6a Des the organization nave 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 f Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a b If "Yes," did the organization notify the	X X X X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 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). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify 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 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization notify the donor of the value of the goods or services provided? 7c c Did the orga	X X X X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 b If "Yes," enter the name of the foreign country ▶	X X X X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶	X X X X
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>
sponsoring organization have excess business holdings at any time during the year?	
0 Change stranging the second straining damage achieved funds	
9 Sponsoring organizations maintaining donor advised funds. Image: Comparison of 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: 0	
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:	
a Gross income from members or shareholders 11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
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.	
a Is the organization licensed to issue qualified health plans in more than one state?	
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	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u> </u>
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>
excess parachute payment(s) during the year?	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 income? 16	Х
If "Yes," complete Form 4720, Schedule O.	

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	se			
	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 1a	3					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		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		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х			
6							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
		7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	х				
h	Each committee with authority to act on behalf of the governing body?			x			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 3					
000			Yes	No			
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
110		11a	x				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	x				
		12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x				
40	in Schedule O how this was done	12c	X				
	Did the organization have a written whistleblower policy?	13	X				
14 45	Did the organization have a written document retention and destruction policy?	14					
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?	45-		x			
	The organization's CEO, Executive Director, or top management official			X			
b	Other officers or key employees of the organization	15b					
40-	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	10		x			
	taxable entity during the year?	16a					
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	10					
<u> </u>	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 \blacktriangleright CA	(0)	A				
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 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 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 \blacktriangleright						
	STEPHEN W. POGEMILLER - 916-371-4691 3251 BEACON BLVD, WEST SACRAMENTO, CA 95691						
	TATT DEVCON DIAN' MEDI DVOLVENIO' CV JIAI						

CALIFORNIA SCHOOL BOARDS ASSOC	TALTON
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Form 990 (2020)	FINANCE	CORPORA	ATION			68-01
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contra	ctors			

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)	npei	iout	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week	box	box, unless personal officer and a direction			is bot	h an	compensation	compensation from related	amount of other
	(list any	ctor						. from the	organizations	compensation
	hours for	or dire.				ted		organization	(W-2/1099-MISC)	from the
	related	istee o	trustee		a	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional t		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VERNON BILLY	0.00	-	-		-	1 0				
FORMER BOARD MEMBER/DIRECTOR	40.00						Х	0.	317,143.	66,434.
(2) STEPHEN POGEMILLER	1.00									
DIRECTOR/TREASURER	39.00	Х		Х				0.	175,722.	48,047.
(3) NAOMI EASON	4.00									
ASSISTANT EXECUTIVE DIRECTOR, MEMBER	36.00				х			0.	192,376.	28,517.
(4) ANDREW EXNER	8.00									
SECRETARY TO 9/1/20	32.00			Х				0.	113,273.	25,768.
(5) JAMES COLLINS	8.00								20 515	0 601
SECRETARY AS OF 1/29/21	32.00			X				0.	30,717.	2,601.
(6) XILONIN CRUZ-GONZALEZ	0.20								00 00	0
PRES AS OF 1/24/20 AND VP AS OF 1/29	6.20	X		X				0.	29,682.	0.
(7) SUZANNE KITCHENS	0.20			37				0		0
ASST VP AS OF 1/24/20 AND PRES 1/29/	6.20	X		X				0.	22,989.	0.
(8) EMMA TURNER	0.20	x		x				0.	12 405	0
VICE PRESIDENT AS OF 1/24/20 TO 12/4	0.20	<u>^</u>		<u>^</u>				0.	13,495.	0.
(9) SUSAN HEREDIA ASST VP AS OF 1/29/21 AND PRESIDENT	6.20	x		x				0.	13,495.	0.
ASST VP AS OF 1/29/21 AND PRESIDENT	0.20	^						0.	15,495.	0.
		-								
		-			-	-				<u> </u>
		1								
			-	-	-	-				– 000 (2020)

CALIFORNI	A SCHOOL	BOARDS	ASSOCIATION	
FINANCE CO	ORPORATIO	ON		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do			ition		one	Reportable	Reportable		Es	timate	ed
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)		h an	compensation					of			
		week		cer an	id a d I	lirecto	or/trus	tee)	from	from related			other	
		(list any	Individual trustee or director						the	organization			pensa	
		hours for related	or di	æ			ated		organization	(W-2/1099-MIS	SC)		om th	
		organizations	ustee	trust		e	npens		(W-2/1099-MISC)			•	anizat d relat	
		below	ual tr	Institutional trustee		Key employee	Highest compensated employee	_					anizati	
		line)	pivibu	n stitu	Officer	ey em	mplo	Former				orgi	anzaci	0110
			=			×								
			1											
1b	Subtotal								0.	908,89		17	<u>1,3</u>	
с	Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								0.	908,89	92.	17	<u>1,3</u>	67.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	e			
	compensation from the organization													0
											r		Yes	No
3	Did the organization list any former officer,	-		key e	emp	loye	e, o	hig	phest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3	х	
4	For any individual listed on line 1a, is the su												37	
	and related organizations greater than \$15										I	4	Х	
5	Did any person listed on line 1a receive or a								•					v
- C oo	rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	JCh	pers	son .					5		Х
	tion B. Independent Contractors		-1							\$100.000 of a sec		- 41		
1	Complete this table for your five highest co	•	•								pens	ation	rom	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w			/ear.				
	(A) Name and business	address	N	ONE	2				(B) Description of s	ervices	С)) eqmo	•) nsatio	n
					-				•					
								Τ						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(0							

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Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
s s	4 -						
ant a		Federated campaigns 1a					
<u>ي</u> ق	b						
Łs,		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
Sin's,	е	Government grants (contributions)					
ži	f	All other contributions, gifts, grants, and					
l t i b		similar amounts not included above 1f					
20 20	g	Noncash contributions included in lines 1a-1f					
aS	h	Total. Add lines 1a-1f					
			Business Code				
ø	2 a	FINANCIAL PROGRAMS	522291	157,478.	157,478.		
, ș	b				- , -		
Ser	c						
εş							
gra Re	d						
Program Service Revenue	e						
-	t	All other program service revenue		157 170			
		Total. Add lines 2a-2f		157,478.			
	3	Investment income (including dividends, intere		P 221			P 221
		other similar amounts)	🕨	7,331.			7,331.
	4	Income from investment of tax-exempt bond p	roceeds 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
e		and sales expenses					
ent	~	Gain or (loss)					
Revenue							
ъ		Net gain or (loss)	····· 🕨				
Othe	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	🕨				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	ł					
nec							
Miscellaneous Revenue	b						
Re	C A						
Ξ		All other revenue					
		Total. Add lines 11a-11d		161 000		0	7 2 2 1
	12	Total revenue. See instructions	🕨	<u> </u>	157,478.	0.	7,331.

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Form 990 (2020) 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 respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 \dots	500,000.	500,000.		
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	53,130.	53,130.		
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	23,281.	23,281.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,192. 7,175.	7,192.		
9	Other employee benefits	7,175.	7,175.		
10	Payroll taxes	5,277.	5,277.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,000.	6,000.		
d	Lobbying				
е	ů í				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,980.	1,980.		
13	Office expenses	437.	437.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,099.	2,099.		
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 O.)				
а	OVERHEAD APPLIED	57,264.	57,264.		
b	TAXES & LICENSES	60.	60.		
с					
d					
е	· · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24e	663,895.	663,895.	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)				Form 990 (202)

orm 99 Part)		Balance Sheet			00	0130003 Page 11
art /		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		12,507.	1	3,600
2	2	Savings and temporary cash investments		2,867.	2	2,871
3	3	Pledges and grants receivable, net			3	
4		Accounts receivable, net		5,576.	4	0
5		Loans and other receivables from any current or for				
		trustee, key employee, creator or founder, substar				
		controlled entity or family member of any of these	persons		5	
6	6	Loans and other receivables from other disqualifie	d persons (as defined			
		under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
<u>ຊ</u> 1	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹ ç	9	Prepaid expenses and deferred charges			9	
10	0a	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	2	Investments - other securities. See Part IV, line 11		12		
13	3	Investments - program-related. See Part IV, line 11		13		
14	4	Intangible assets		14		
15	5	Other assets. See Part IV, line 11		1,184,212.	15	699,605
16	6	Total assets. Add lines 1 through 15 (must equal		1,205,162.	16	706,076
17	7	Accounts payable and accrued expenses			17	
18	8	Grants payable			18	
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities		20		
21	1	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D		21	
ຮູ 22	2	Loans and other payables to any current or former	r officer, director,			
		trustee, key employee, creator or founder, substar	ntial contributor, or 35%			
lab		controlled entity or family member of any of these	persons		22	
- 23	3	Secured mortgages and notes payable to unrelate			23	
24	4	Unsecured notes and loans payable to unrelated t	hird parties		24	
25	5	Other liabilities (including federal income tax, paya	bles to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D		0	25	
26	6			0.	26	0
ŝ		Organizations that follow FASB ASC 958, check	chere 🕨 🔽			
		and complete lines 27, 28, 32, and 33.		1 205 162		700 070
8 27		Net assets without donor restrictions		1,205,162.	27	706,076
n 28 0	8	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958	, check here ▶ 🛄			
	_	and complete lines 29 through 33.				
<u>s</u> 29		Capital stock or trust principal, or current funds \hdots			29	
30		Paid-in or capital surplus, or land, building, or equi			30	
Net Assets or Fund Balances 5 5 5 7 8 2 2 5 6 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Retained earnings, endowment, accumulated inco			31	706 076
		Total net assets or fund balances		1,205,162.	32	706,076
33	3	Total liabilities and net assets/fund balances		1,205,162.	33	706,076 Form 990 (2020

CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
FINANCE CO	RPORATIO	ON	

Form	1 990 (2020) FINANCE CORPORATION	68-01	38865	Pag	_{je} 12				
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		1,80					
2	Total expenses (must equal Part IX, column (A), line 25)	2		663,89					
3	Revenue less expenses. Subtract line 2 from line 1	3	-499						
4	······································								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	706	5,0	76.				
Pa	Part XII Financial Statements and Reporting Check if Schedule Q contains a response or note to any line in this Part XII								
Check if Schedule O contains a response or note to any line in this Part XII									
				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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		2 b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th								
	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 Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	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 requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

00		Supplement	- Eineneiel Statemente		OMB No. 1545-0047		
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		2020		
(FOU	11 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b				
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation	Open to Public Inspection		
	e of the organizati		BOARDS ASSOCIATION		ployer identification number		
Ham	e er tre er gunzati	FINANCE CORPORATIO			68-0138865		
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.				
			(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advise				
			exclusive legal control?		Yes II No		
6	•		advisors in writing that grant funds can be u				
			or donor advisor, or for any other purpose o	•			
Pa	impermissible priv						
			ganization answered "Yes" on Form 990, Pa	art IV, line /			
1		servation easements held by the organizat	,,	historic all	, improvement lowed over		
		n of land for public use (for example, recrea of natural habitat	Preservation of a		/ important land area		
		n of open space		a centilieu n	istoric structure		
2		• •	fied conservation contribution in the form o	faconcon	votion accoment on the last		
2	day of the tax yea				Held at the End of the Tax Year		
а				2a			
b							
c			ucture included in (a)				
d			after 7/25/06, and not on a historic structu				
listed in the National Register2d							
3			leased, extinguished, or terminated by the		n during the tax		
	year 🕨			-	-		
4	Number of states	where property subject to conservation ea	sement is located				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enf	forcement of the conservation easements i	t holds?		Yes No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ea	sements during the year		
	▶						
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easeme	ents during the year		
	▶\$						
8			ve satisfy the requirements of section 170(h				
•							
9		-	ion easements in its revenue and expenses				
		counting for conservation easements.	note to the organization's financial stateme	nts that de	scribes the		
Pa			f Art, Historical Treasures, or Ot	her Simi	lar Assets		
		f the organization answered "Yes" on Form					
1a			58, not to report in its revenue statement ar	nd balance	sheet works		
			blic exhibition, education, or research in fur				
			ncial statements that describes these items				
b			58, to report in its revenue statement and b		et works of		
-	-		c exhibition, education, or research in furthe				
		ing amounts relating to these items:	, , <u></u>	14	,		
	-	-		►	\$		
2							
		unts required to be reported under FASB A					
а	-			►	\$		
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2020		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

	CALIFORN	IIA	SCHOOL	BOARDS	ASSOCIATION	
20	FINANCE	COF	PORATIC	ON		

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		CORPORATI						68-01			age 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or O	ther \$	Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that mal	ke sign	ificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		1
Der	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "Yes'	on Fo	rm 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
	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 e	escrow or c	ustodial account li	ability?	,	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	1	- 1					
		(a) Current year	(b) P	rior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years	back
	Beginning of year balance					_					
	Contributions					_					
	Net investment earnings, gains, and losses					_					
	Grants or scholarships					_					
е	Other expenditures for facilities										
	and programs					_					
	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administered f	or the o	organiz	zation	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	\rightarrow	
h	(ii) Related organizations	tiona listad as requi							3a(ii)	-+	
р 4	Describe in Part XIII the intended uses of the								3b		
	t VI Land, Buildings, and Equipm		Jwment	iunus.							
1 41	Complete if the organization answere) Part IV	/ line 11a 9	See Form 990 Par	t X line	<u>10</u>				
	Description of property	(a) Cost or o	· · · · ·			Accu		a l	(d) Book	valu	
	Description of property	basis (investr			(other)	depred				value	5
19	Land			20010		200100					
	LandBuildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)						0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FINANCE	CORPORATION	6	8-0138865 Page 3
Part VII Investments - Other Securitie	S.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
Part VIII Investments - Program Relate	ed.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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	3.)		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) INTERCOMPANY RECEIVABL	E		699,605.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		699,605.
Part X Other Liabilities.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			+
(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, p	rovide the text of the footnote t	o the organization's financial statement	s that 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... 🗴

Sche	dule D (Form 990) 2020 FINANCE CORPORATION		68-013886	5 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	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		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,)		
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

THE ASSOCIATION HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE

IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)		OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organizat	ion CALIFORNI FINANCE C		BOARDS ASSO					Employer identification number 68-0138865
Part I General II	nformation on Grants a							00 0200000
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to a	award the grants or assi	stance?	-			-		X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite				
Part II Grants an	nd Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient t	hat received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ded.			
. ,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA SCHOOI ASSOCIATION - 325 BOULEVARD - WEST	51 BEACON	04 1510400		500,000				PROVIDE ADDITIONAL FUNDS
95691-3531		94-1510492	501(C)(4)	500,000.	0.			FOR PROGRAM SERVICES
2 Enter total numb	per of section 501(c)(3) a	I and government or	L ganizations listed in th	e line 1 table			1	
	per of other organization							1.
	Reduction Act Notice							Schedule I (Form 990) 2020

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule I (Form 990) 2020

FINANCE CORPORATION

68-0138865

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A NET ASSET TRANSFER WAS MADE FROM CSBAFIN TO CSBA, IN ACCORDANCE WITH THE

CSBAFIN ARTICLES OF INCORPORATION. CSBA IS A RELATED ORGANIZATION WITH A

COMMON BOARD.

sc	HEDULE J Compensation Information	ON	OMB No. 1545-0047						
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		201	20					
	Compensated Employees		20/	20					
Dena	Trument of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Op	oen to	Publi	c				
	al Revenue Service b Go to www.irs.gov/Form990 for instructions and the latest information.		Inspec						
Nan	-	Employer identi			nber				
	FINANCE CORPORATION	68-0138	3865	5					
Pa	Int I Questions Regarding Compensation								
		-		Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	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 person	nal use							
	Travel for companions Payments for business use of personal res	sidence							
	Tax indemnification and gross-up payments	6							
	Discretionary spending account Personal services (such as maid, chauffer	ır, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_	_				
_									
3	Indicate which, if any, of the following the 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	ion to							
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee Written employment contract								
	Independent compensation consultant								
	Form 990 of other organizations	ommittee							
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:								
а	Receive a severance payment or change-of-control payment?		4a		Х				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		Х				
c	Participate in or receive payment from an equity-based compensation arrangement?		4c		X				
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on							
	contingent on the revenues of:								
а	The organization?		5a		Х				
b	Any related organization?		5b	1	Х				
	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	on							
	contingent on the net earnings of:								
а	The organization?		6a		Х				
	Any related organization?		6b		Х				
	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	6							
	not described on lines 5 and 6? If "Yes," describe in Part III		7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х				
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)	2020				

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) VERNON BILLY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	317,143.	0.	0.	30,162.	36,272.	383,577.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	175,722.	0.	0.	9,254.	38,793.	223,769.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT EXECUTIVE DIRECTOR, MEMBER		192,376.	0.	0.	9,187.	19,330.	220,893.	0.
	(i)							
	(ii)							
	(i)							
	(ii) [
	(i)							
	(ii)							
	(i)							
((ii)							
	(i)							
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	(i)							ļ
	(ii)							ļ
	(i)							ļ
	(ii)							ļ
	(i)							ļ
((ii)							

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68-0138865

Schedule J (Form 990) 2020

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 J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. CALIFORNIA SCHOOL BOARDS ASSOCIATION



Employer identification number 68 - 0138865

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

FINANCE CORPORATION

THE FLEXFUND PROGRAM IS A LEASE/PURCHASE FINANCING PROGRAM FOR

FINANCINGS UNDER \$1.5 MILLION THAT PROVIDES LOW COST BORROWING TO

DISTRICTS FOR CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES SUCH AS:

ENERGY MODERNIZATION PROJECTS, BUS AND RELOCATABLE PURCHASES, AND

OUTFITTING COMPUTER LABS WITH HARDWARE, SOFTWARE AND FURNISHINGS.

CSBAFIN MADE A TRANSFER TO CSBA IN ACCORDANCE WITH THE CSBAFIN ARTICLES

OF INCORPORATION TO FURTHER ITS PROGRAM RELATED ASSISTANCE TO PUBLIC

EDUCATION AGENCIES.

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

EXPENSES \$ 663,766. INCLUDING GRANTS OF \$ 500,000. REVENUE \$ 1,480.

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 CORP. OFFICERS ARE ELECTED TO THE BOARD OF DIRECTORS BASED UPON THEIR STATUS AS PRESIDENT, PRESIDENT ELECT, AND IMMEDIATE PAST PRESIDENT OF CSBA. ONCE SEATED, THE FINANCE CORP. BOARD ELECTS ITS PRESIDENT, VICE PRESIDENT, AND ASSISTANT VICE PRESIDENT. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2										
Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION	Employer identification number									
FINANCE CORPORATION	68-0138865									
DELEGATES THEN ELECT THE MEMBERS OF THE BOARD OF DIRECTOR	S AS WELL AS THE									
OFFICERS OF THE ASSOCIATION. THE CSBA CEO/EXECUTIVE DIREC	TOR MAY SERVE AS									
THE FOURTH MEMBER OF THE FINANCE CORPORATION BOARD, OR MA	Y DESIGNATE									
ANOTHER CSBA EMPLOYEE TO SERVE ON THE FINANCE CORPORATION	BOARD.									

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

NO SUCH COMMITTEES.

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION FINANCE CORPORATION	Employer identification number 68-0138865
DIRECTORS OF THE BOARD OF ANY RELATED ENTITY, WITH A RECO	MMENDATION AS TO
POSSIBLE ACTION. THE BOARD(S) WILL THEN DETERMINE APPROPR	RIATE ACTION. THE
CONFLICT OF INTEREST POLICY HAS BEEN SPECIFICALLY APPROVE	D 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 ENTITY. CSBA IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF ALL ITS

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

THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIES AND PROCEDURES.

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

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

DOCUMENTS WHICH ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

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

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

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

FORM 990, PART VI, SECTION B - POLICIES

DOCUMENT DESTRUCTION AND RETENTION POLICIES ARE NOT FINANCE

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

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

ASSOCIATION'S POLICIES.

(Form 990)	► Com	plete if the organization answered "		2020				
Department of the Treasury Internal Revenue Service			ch to Form 990.				Open to F Inspect	
Name of the organizat	I tion CALIFORNIA SC FINANCE CORPC	► Go to www.irs.gov/Form990 fo CHOOL BOARDS ASSOCIA DRATION		est mormation.		Employer ide	ntification r	
Part I Identificat	ion of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	end-of-year	assets Dir	(f) ect controllin entity	Ig
Part II Identificat organizatio	ion of Related Tax-Exempt Organi	zations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more related ta	x-exempt	
Nan	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllir entity	ng _{con}	(g) 512(b)(13) trolled ntity? No
CA SCHOOL BOARDS 3251 BEACON BLVD WEST SACRAMENTO,	•	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		J/A		x
CA SCHOOL BOARDS SERVICES CORP - (ASSOCIATION DISTRICT 68-0371170, 3251 BEACON AMENTO, CA 95691	PROVIDE BUSINESS SUPPORT TO SCHOOL DISTRICTS	CALIFORNIA	501(C)(4)		CA SCHOOL BOAR	DS	x
CA SCHOOL BOARDS 3251 BEACON BLVD WEST SACRAMENTO,	•	PROVIDE TRAINING AND SUPPORT SCHOOL BOARD MEMBERS	CALIFORNIA	501(C)(3)		CA SCHOOL BOAR	DS	x
FULL AND FAIR FU 555 CAPITOL MALL SACRAMENTO, CA	,	ENGAGE IN RESEARCH, PUBLIC EDUCATION, ADVOCACY FOR CA PUBLIC SCHOOL FUNDING	CALIFORNIA	501(C)(4)		1/A		x
	ation A at Nation and the Instrumt	<u> </u>						001 0000

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

SCHEDULE R

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule R (Form 990) 2020 FINA	NCE CORPORA	ATION			-							68-0	1388	865	F	Page
Part III Identification of Related Or organizations treated as a pa	ganizations Taxable artnership during the t	as a Partn ax year.	ership. Complete i	f the organi	zation answe	ered "Ye	es" on Fori	m 990, F	Part IV, line	e 34, b	ecaus	e it had one or	more r	related	b	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(h)	(i)		(j)	(۲	0
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predomir (related	nant income	Share	e of total come	Sh end-	are of of-year	Disprop	ortionate ations?	Code V-UE	SI Ger	neral or naging rtner?		nta
		foreign country)		sections	om tax under 512-514)				sets	ets Yes		20 of Schedu K-1 (Form 10				
	-															
	-															
	-															
														+		
	-															
	-															
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable	as a Corpo	oration or Trust. C year.	omplete if t	he organizat	ion ans\	wered "Ye	s" on Fo	orm 990, F	Part IV,	line 34	4, because it h	ad one	ormo	ore rel	ate
(a)			(b)	(c) (d) (e				(e) (f)		(g)		(h)		(i Sec	i) tion	
Name, address, and E of related organizatio	EIN on	Prim	nary activity	Legal domicile (state or foreign	Direct cont entity		Type of (C corp, or tru	S corp,	Share o inco		I .	Share of end-of-year assets	Percer owner	ntage rship	512(b contr	c)(13
				country)				131)				833013			Yes	Ν
											_					╞
											+					

Schedule R (Form 990) 2020

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
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	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b	Х				
	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		X			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		Х			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х				
	Sharing of paid employees with related organization(s)	10	Х				
р	Reimbursement paid to related organization(s) for expenses	1p	Х				
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete 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 involved
(1) CA SCHOOL BOARDS ASSOCIATION	N	57,264.	ACTUAL COST
(2) CA SCHOOL BOARDS ASSOCIATION	В	500,000.	ACTUAL COST
_(3)			
(5)			
_(6)			

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule R (Form 990) 2020 FINANCE CORPORATION

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

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

(a)	(b)	(c)	(d)		•)	(f)	(g)	()	n)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner 501 (o orgs	all	Share of	Share of		opor-	Code V-UBI	General			
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	tion alloca	opor- nate tions?	amount in box 20	managir partner	or Percentage		
		country)		Yes		income		Yes	No		Yes N			
												+		
											\vdash	+		
											\vdash			
											\vdash	+		
											\square			

Schedule R (Form 990) 2020

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