EXTENDED TO MAY 15, 2017

Department of the Treasury Internal Revenue Service

A For the 2015 colondar week

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

_	roi un	and control of tax year beginning 00L 1, 2015 and control of tax year beginning 00L 1, 2015	enaing U	UN 30, 2016	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
_		CALIFORNIA SCHOOL BOARDS ASSOCIATION			
L	Addre chang				
	Name chang	Doing business as		68-0	371170
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
L	Final return.	3251 BEACON BOULEVARD		916-	371-4691
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	547,725.
	Amen	WEST SACRAMENTO, CA 95091-3531		H(a) Is this a group r	eturn
	Application	Finame and address of principal officer: STEPHEN W. POGEMILI	LER	for subordinates	? Yes X No
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
1	Tax-ex	empt status: 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)
J	Websi	te: ► WWW.CSBA.ORG		H(c) Group exemption	n number
K	Form of	organization: X Corporation	L Year		State of legal domicile: CA
P	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION OFFE	RS BUSINESS
Activities & Governance		AND MANAGEMENT SERVICES TO PUBLIC EDUCATION			
ra La	2	Check this box if the organization discontinued its operations or dispos			ssets
Š	3	Normalian and a service of the servi		3	1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			Ō
တ္	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
iŧi	6	Total number of volunteers (estimate if necessary)			3
Ę.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	*	7a	0.
Ā	h	Net unrelated business taxable income from Form 990-T, line 34			0.
	† 	The difference business taxable income nontrionin 330 f, line 34	·····	Prior Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		O.	Current Year 0.
	9	December and december (Dect 200) (C. C.)	1	597,343.	540,788.
	10	Investment income (Part VIII, line 2g)			
æ	11			4,046.	6,937.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		601,389.	0. 547,725.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		······································	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			127 001
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,817.	137,991.
ĕ	loa	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	1 .0	Total fundraising expenses (Part IX, column (D), line 25)	0.	001 407	245 500
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		291,487.	· · · · · · · · · · · · · · · · · · ·
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		406,304.	483,579.
<u></u> 8	19	Revenue less expenses. Subtract line 18 from line 12		195,085.	64,146.
Net Assets or	2 00	T. I. I. (D. 1)/ (F. 10)	Beg	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		1,957,075.	1,997,787.
te de	21	Total liabilities (Part X, line 26)		41,584.	18,150.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,915,491.	1,979,637.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	·
		Signature of officer			
Sig		l'		Date	
He	re	STEPHEN W. POGEMILLER, EXECUTIVE DIRECTIVE OF DIRECTIVE O	CTOR	***************************************	
		Print/Type preparer's name Preparer's signature	- 11 M	ate Check [PTIN
Pai		LINDA D. GEERY AND Sleen	1/10	2/13/17 self-employ	
	parer	Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN	68-0037990
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100			
		SACRAMENTO, CA 95833		Phone no.91	6-646-6464
Mε	y the If	RS discuss this return with the preparer shown above? (see instructions)		**********	X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDES BUSINESS SERVICE ASSISTANCE TO SCHOOL DISTRICTS, COMMUNITY
	COLLEGE DISTRICTS AND OTHER PUBLIC AGENCIES WHOSE PRIMARY PURPOSE IS
	PUBLIC EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 28,579. including grants of \$) (Revenue \$ 110,408.)
40	
	TRUST PROGRAM DESIGNED TO HELP DISTRICTS AND COUNTY OFFICES OF
	EDUCATION OFFER NON-PENSION RETIREMENT BENEFITS AND LOWER THEIR OTHER
	POST EMPLOYMENT BENEFITS (OPEB) LIABILITY. THIS IS TO COMPLY WITH
	GOVERNMENT ACCOUNTING STANDARD BOARD STATEMENT NO. 45. THIS ACCOUNTING
	STANDARD ISSUED IN JUNE 2004 REQUIRES DISTRICTS AND COUNTY OFFICES OF
	EDUCATION TO RECORD ITS OTHER POST-EMPLOYMENT BENEFITS AS AN EXPENSE
	AND OBLIGATION ON THEIR FINANCIAL STATEMENTS FOR THE FIRST TIME.
4b	(Code:) (Expenses \$49,101. including grants of \$) (Revenue \$103,500.)
	FOR SCHOOL DISTRICTS, COUNTY OFFICES, AND OTHER SPECIAL DISTRICTS WITH
	LESS THAN 100 PLAN MEMBERS, CSBA OFFERS THE GASB 45 ALTERNATIVE
	MEASUREMENT METHOD PROGRAM IN PARTNERSHIP WITH DEMSEY FILLIGER &
	ASSOCIATES. THIS PROGRAM USES A UNIQUE ONLINE PORTAL THAT ALLOWS
	CLIENTS TO ENTER PLAN DATA ONLINE AND RECEIVE AN ACTUARIAL REVIEW AT A
	FRACTION OF THE COST OF OBTAINING A FULL ACTUARIAL VALUATION.
4c	(Code:) (Expenses \$
	EXECUTIVE SEARCH SERVICE PROVIDES DISTRICTS AND COUNTY OFFICE OF
	EDUCATION WITH A STREAMLINED PROCESS TO MEET THEIR EXECUTIVE HIRING
	NEEDS. FROM IDENTIFYING POSSIBLE CANDIDATES, TO THE SELECTION OF A
	QUALIFIED SUPERINTENDENT, THE EXECUTIVE SEARCH SERVICES OFFERS AN
	EXTENSIVE AND COMPREHENSIVE PROCESS THAT GUIDES THE BOARD THROUGH THIS
	CRITICAL TIME.
4d	
	(Expenses \$ 404,920 · including grants of \$) (Revenue \$ 307,404 ·)
<u>4e</u>	Total program service expenses ► 483,579.

Part IV Checklist of Required Schedules

		,	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	88		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1000000000	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,	١		37
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		A
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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	5			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		77
	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,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	1	X

Part IV | Checklist of Required Schedules (continued)

		r	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		42
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	43.014.384.00	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-43-
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		25
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_ 25
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	3Z		22
	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		25
	Part V, line 1	34	X	
35a	Did the exemination have a controlled public vibrie to	35a	77	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		- 23
_	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?	330		
	If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	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?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		1 00	42	

DISTRICT SERVICES CORPORATION Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?	,		1c	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	s)			Manage 1	
За				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	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	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				0.000	SERVICE SERVICE
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_				
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?		,	6b	of Originals	ACRES SERVICE
7	Organizations that may receive deductible contributions under section 170(c).				1955,000	Nave
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82822			_		
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	T. A. S. S.	1888 888
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		N+2	70	COMMENS	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			71 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				100,000	
	sponsoring organization have excess business holdings at any time during the year?	۵,	•	8		
9	Sponsoring organizations maintaining donor advised funds.				1000	
а	Did the sponsoring organization make any taxable distributions under costion 40662			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
		13c				
				14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION Form 990 (2015) 68-0371170 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 0 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 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? The organization's CEO, Executive Director, or top management official X 15a 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 taxable entity during the year? X 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records:

95691

statements available to the public during the tax year.

STEPHEN W. POGEMILLER - 916-669-3310 3251 BEACON BLVD, WEST SACRAMENTO, CA

CALIFORNIA	SCHOOL	BOARDS	ASSOCIATION
DISTRICT SH	ERVICES	CORPORA	ATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

68-0371170

	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

Form 990 (2015)

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

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

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

Check this box if neither the organization n (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c		sition k more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	erson	is bot	h an	compensation	compensation	amount of
	week	-	T a	T	11.601	T	100)	from	from related	other
	(list any hours for	trustee or director				L		the organization	organizations	compensation
	related	36 Or (stee			sate		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trust	al tru:		yee	mpe		(** 27 1000 141100)		and related
	below	Individual	Institutional trustee	133	Key employee	est co	ia i			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Богте			_
1) CHRIS UNGAR	0.20									
PRESIDENT	6.20	X		X				0.	22,989.	0
2) SHERRI REUSCHE	0.20									
VICE PRESIDENT	5.00	X		X	<u> </u>			0.	13,495.	0
3) JOSEPHINE LUCEY	0.20									
SSISTANT VICE PRESIDENT	6.20	X	<u> </u>	X				0.	13,495.	0
4) VERNON BILLY	0.20									
SOARD MEMBER/DIRECTOR	39.80	X		X				0.	262,282.	57,619
5) STEPHEN POGEMILLER	1.00									
EXECUTIVE DIRECTOR	39.00			X				0.	150,613.	32,685
6) MARIA THOMAS	1.00									
SSISTANT EXECUTIVE DIRECTOR	39.00			X				0.	83,900.	19,256
7) ALEST WALKER	30.00									
ECRETARY/TREASURER	10.00			X				37,603.	12,534.	12,029
8) MAY SAECHAO	34.00									
SST SECRETARY/ASST TREASURER FROM J	6.00			X				39,182.	6,915.	13,858
					ļ					
					ļ					*****
								!	,	

532007 12-16-15 Form 990 (2015) Form 990 (2015)

Parl	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	and	iH b	ghes	st C	ompensated Employe	es (continued)			
(A) (B))			(D)	(E)		(F)	
	Name and title	Average	(do		Posi		than o	ne	Reportable	Reportable		Estima	ted
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio	1	amoun	
		week (list anv		Jer an	uau	recto	rius		from	from related		othe	
		hours for	Jirecto				_		the organization	organization (W-2/1099-MIS		compens from t	
		related	90.0	stee			nsateo		(W-2/1099-MISC)	(** 2) 1000 14110	,,,	organiza	
		organizations	trust	al tru		yee	ombe		(and rela	
		below	Individual trustee or director	Institutional trustee	je.	Key employee	Highest compensated employee	퍨				organiza	tions
		line)	<u>=</u>	lust	Officer	ξe,	Hig	Former					
				-									
			-	 									
				ļ									
				 			-						
				<u> </u>			-						
			T	<u> </u>									
			<u> </u>	<u></u>	<u> </u>	<u> </u>	<u></u>					405	
	Sub-total							_	76,785.	566,2		135,	
	Total from continuation sheets to Part V								76,785.	566,2	0.	135,	0.
d	Total (add lines 1b and 1c) Total number of individuals (including but r											133,	44/•
2	compensation from the organization	ioi iiriitea to ti	1056	11516	o a	DOV	<i>3)</i> WI	IO I	eceived more than \$100	,000 of reportab	10		0
·	Compensation non the organization											Yes	
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ev er	nplo	vee.	or	highest compensated e	mployee on	T.		
	line 1a? If "Yes," complete Schedule J for s										L	3	X
4	For any individual listed on line 1a, is the s	um of reportab											
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete S	Sche	edule	e J i	for such individual			4 X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion t	from	any	/ unr	elat	ted organization or indiv	idual for services	3		
	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	pers	son .				<u></u>	5	X
	tion B. Independent Contractors									<u></u>			
1	Complete this table for your five highest countries the organization. Report compensation for	•									npensat	tion from	
	(A)	the calendar y	ear	ena	ng v	VILII	OI W	ILI III	(B)	year.		(C)	
	Name and business	address							Description of s	ervices	Co	mpensat	ion
JKI	R CONSULTING, INC, 325	1 BEACO	N	BL'	VD	• ,							
	ST SACRAMENTO, CA 9569					•			CONSULTING			141,	979.
2	Total number of independent contractors	including but r	not I	imite	d to	tho	se li	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ	=					1						

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D)
Revenue excluded from tax under sections
512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a DISTRICT SERVICES 900099 540,788. 540,788. f All other program service revenue g Total. Add lines 2a-2f 540,788 Investment income (including dividends, interest, and other similar amounts) 6,937. 6,937. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 547,725. 540,788. 0. Total revenue. See instructions. 6,937.

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 X (A) Total expenses Do not include amounts reported on lines 6b, (B) Program service (C) Management and (**D)** Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 109,300. 109,300. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 10,279. 10,279. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,505. 10,505. Other employee benefits 9 7,907 Payroll taxes 7,907. 10 11 Fees for services (non-employees): Management 45 Legal 45. b 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Sch O.) <u>210,905.</u> 210,905. Advertising and promotion 12 5,226. 5,226. 13 Office expenses..... 1,160. 1,160. Information technology 598. 14 598. 15 Royalties 16 Occupancy 4,803. 4,803. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,334 3,334. 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,445. 23 Insurance 7,445. Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 101,757. OVERHEAD APPLIED 101,757. MEMBERSHIP DUES 2,135. 2,135 STAFF DEVELOPMENT 632. 632. TAXES AND LICENSES 516. 516. 1,032. All other expenses 1,032. 25 Total functional expenses. Add lines 1 through 24e 483,579. 483,579. 0. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 255,406. 476,684. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 4,563. 4,565. 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 93,243. 79,020. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net ______ 7 7 Inventories for sale or use _____ 8 8 Prepaid expenses and deferred charges 1,275. 9 0. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 1,812. 1,812. 14 Intangible assets 14 Other assets. See Part IV, line 11 1,600,776. 1,435,706. 15 15 1,997,787. Total assets. Add lines 1 through 15 (must equal line 34) 1,957,075. 16 16 Accounts payable and accrued expenses 29,084. 10,650. 17 17 18 Grants payable 18 12,500. 7,500. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees. Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 584. Total liabilities. Add lines 17 through 25 18,150. 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets _____ 27 1,915,491. 1,979,637. 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,979,637.

1,915,491.

1,957,075.

33

32

33

CALIFORNIA SCHOOL BOARDS ASSOCIATION
DISTRICT SERVICES CORPORATION

Form 990 (2015)

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ra	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	54	7,7	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2			79.
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,91		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	***************************************		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,97	9,6	37.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	***********	3b		<u> </u>
				990	(2015)

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

	organization answered "Yes" on Form 990, Part IV, lin	n e 6.	
	g	(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 adv	ised 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 b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register	•••••	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements i	it holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
n -	conservation easements.		
Pai	organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amount
	relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		> \$

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Pa	rt III Organizations Maintaining C	Collections of A	rt Historical	Traccurac	or Otho	r Simile	or Acco	tc/	Page 2
3	Using the organization's acquisition, access								
3	(check all that apply):	ion, and other record	is, check any of ti	ne following tha	at are a sig	inificant t	use of its	collection	items
а	Public exhibition	_							
b	 1	C.		xchange progr					
	Scholarly research	e	Other						
C	Preservation for future generations	-11							
4 5	Provide a description of the organization's co	ollections and explai	n now they furthe	r the organizat	ion's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	or art, nistorical tr	easures, or otr	ier similar	assets	_	٦.,	
Pa	to be sold to raise funds rather than to be m	amtamed as part of	the organization's	collection?	W.Z 0 T		L	Yes	No_
	reported an amount on Form 990, Pa	rt X line 21	ete ir trie organiza	tion answered	"Yes" on I	Form 990	, Part IV,	line 9, or	
10			diam of an anadylla di						***************************************
Ia	Is the organization an agent, trustee, custod							٦.,	
h	on Form 990, Part X?			••••••				」 Yes	∟ No
IJ	ii 1es, explain the arrangement in Part XIII	and complete the to	illowing table:			Г			
	Paginning halange					-		Amount	
c C	Beginning balance					1c			
	Additions during the year		•••••			. 1d			
e	Distributions during the year	•••••				1e			
f O=	Ending balance	000 D - 1 V I'-				. <u> 1f </u>		T	ТТ
	Did the organization include an amount on F					-		Yes	∐ No
Pa	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete in	the examination of	cplanation has be	en provided on	Part XIII				
ı u	TV Endowment Funds. Complete								
4	Decimaling of years below -	(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	/ears back
1a	Beginning of year balance								
b	Contributions								·····
С.	Net investment earnings, gains, and losses						····		
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses		www.						
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	l and administe	red for th	e organiz	ation		
	by:								es No
	(i) unrelated organizations	***************************************						3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule F	ጓ?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pal	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o basis (investr	, · · · ·	st or other is (other)		cumulate reciation	d	(d) Book	value
1a	Land								***************
	Buildings								***************************************
С	Leasehold improvements				***				
d	Equipment				***************************************	***************************************			
е	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)					0.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 DISTRICT S Part VII Investments - Other Securities. DISTRICT SERVICES CORPORATION

68-0371170 Page 3

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, lin			-of-year market value
(1) Financial derivatives	(D) DOON VALOO	(c) Motified of Valo	Jation: Oost of one	or year market value
(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"		e 11c. See Form 990, Pa	ırt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)			44	······································
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 000 Port IV lin	11d Can Farm 000 Da	ut V IIm n 45	
	Description	e i id. See Form 990, Pa	IT X, line 15.	(h) Dools value
(1) INTERCOMPANY RECEIVABLES	Dodonption			(b) Book value
				1,435,706.
(2)				
(3)		***************************************		
(4)		**************************************		
(5)	****			
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		>	1,435,706.
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11e or 11f. See Form 9	90, 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 the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION Schedule D (Form 990) 2015 68-0371170 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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: Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ASSOCIATION HAS APPLIED THE ACCOUNTING PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2012.

SCHEDULE J (Form 990)

Compensation Information

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

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

CALIFORNIA SCHOOL BOARDS ASSOCIATION Empl
DISTRICT SERVICES CORPORATION 6

Employer identification number

68-0371170

Pa	ort 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			
	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 (e.g., maid, chauffeur, chef)		1000000	
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing 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			
	, , , , , , , , , , , , , , , , ,			
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		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to 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	A STATE OF		
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		TANK AND	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	12510000000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	188		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	11000000000	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		N. S. S. S.	
	Regulations section 53.4958-6(c)?	9	econfession.	100000000000000000000000000000000000000

68-0371170 CALIFORNIA SCHOOL BOARDS ASSOCIATION

DISTRICT SERVICES CORPORATION

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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 are not 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	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	g p
(1) VERNON BILLY	Ξ	0.	0.	0.	0.	0.	0	0
BOARD MEMBER/DIRECTOR	Œ	262,282.	0.	.0	32,700.	24,919.	319,901.	
œ.	Ξ	0.	0.	0	0	0.	0.	
EXECUTIVE DIRECTOR	Ξ	150,613.	0	0.	7,853.	24,832.	183,298.	
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Schedule J (Form 990) 2015

Page 3

Schedule J (Form 990) 2015

Part III | Supplemental Information Provide the information explanation of

12 1h 3 12 1h 1c 52 aired for Dart 1 lin

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) 2015

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

CALIFORNIA SCHOOL BOARDS ASSOCIATION Name of the organization DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE PRACTI-CAL MEDI-CAL SERVICES PROGRAM WAS INTRODUCED IN JUNE 1995 TO
HELP DISTRICTS RECEIVE REIMBURSEMENT FOR MANY OF THE HEALTH SERVICES
THAT THEY PROVIDE IN THE SCHOOL SETTING AND SIMPLIFIES THE BILLING
PROCESS. PRACTI-CAL OFFERS COMPREHENSIVE MEDI-CAL AND MEDICAID
ADMINISTRATIVE BILLING SERVICES AVAILABLE TO LOCAL EDUCATION AGENCIES.
THE MEDI-CAL SERVICES PROGRAM BECAME THE PRACTI-CAL PROGRAM ON FEBRUARY
5, 2004.
MANDATE PREP PROVIDES COMPREHENSIVE AND PERSONALIZED SERVICE TO ENSURE
MANDATE REIMBURSEMENT CLAIMS ARE FULLY COMPLIANT AND FILED ON TIME FOR
RIGHTFUL REIMBURSEMENT. ALSO AVAILABLE IS SITESERV, A MANDATE PROGRAM
THAT DIRECTLY ASSISTS LOCAL SCHOOL SITES. THE MANDATE PREP AND SITESERV
PROGRAMS FEATURE A STRONG TEAM APPROACH INCLUDING HANDS-ON CLIENT
SERVICE, TRAINING AND PLANNING, DATA TRACKING AND REPORTING, QUALITY
ASSURANCE AND COMPLIANCE CHECKS, TEST CLAIM MONITORING, LIAISON WITH
THE STATE CONTROLLER'S OFFICE AND THE COMMISSION ON STATE MANDATES, AN
AUDIT SUPPORT SYSTEM AND A LIVE HELP DESK.
PARTNERING4STUDENTSUCCESS IS AN EASY-TO-USE GENERAL EDUCATION SOFTWARE
THAT REDUCES THE NUMBER OF SPECIAL EDUCATION REFERRALS BY DELIVERING
IMMEDIATE SUPPORT TO TEACHERS IN THE GENERAL EDUCATION CLASSROOM.
THE SCHOOL ACCOUNTABILITY REPORT CARD PROGRAM CREATES A SARC DISTRICTS
CAN BE PROUD OF AND MAKES SURE THE SARC IS NOT ONLY COMPLIANT, BUT ALSO

ATTRACTIVE AND COMMUNICATES THE DISTRICT'S UNIQUE MESSAGE.

_	CALIFORNIA SCHOOL BOARDS ASSO DISTRICT SERVICES CORPORATION		Employer identification number 68-0371170
CSBA PARTNERS	WITH SUNPOWER TO OFFER SCHOO	L DISTRICTS AND	COUNTY OFFICE
OF EDUCATION H	ELP REDUCING ENERGY COSTS AN	D LOWER RISING	UTILITY RATES.
DISTRICTS AND	COE'S CAN DEMONSTRATE ENVIRO	NMENTAL LEADERS	HIP. SUNPOWER
MANUFACTURES,	DELIVERS AND INSTALLS EFFICE	ENT SOLAR SOLUT	IONS.
FACILITIES MAS	TER PLAN IS AN ESSENTIAL ELE	MENT OF THE DIS	TRICT'S
PLANNING PROCE	SS. THE FACILITIES MASTER PL	AN PROVIDES THE	DISTRICT WITH
INFORMATION RE	GARDING THE CURRENT AND FUTU	RE NEEDS FOR ST	UDENT SUPPORT
AND FACILITIES	. THE PLAN ASSISTS DISTRICT	S IN IDENTIFYIN	G FUNDING
NEEDS FOR CAPI	TAL IMPROVEMENT AND DEVELOPI	NG FINANCING OF	TIONS.
OTHERS NOT LIS	TED INDIVIDUALLY ARE HAZMAT,	STUDENT ACCIDE	NT AND
SICKNESS INSUR	ANCE, TELECOM AND UTILITY CO	ST RECOVERY PRO	GRAM, ANNUAL
PROPOSITION 39	PERFORMANCE AUDITS, ASSISTA	NCE WITH STATE	ELIGIBILITY &
FUNDING APPLIC	ATIONS.	****	
TOTAL FORM 990	, PART III, LINE 4D, OTHER P	ROGRAM SERVICES	
EXPENSES \$ 404	,920. INCLUDING GRANTS OF	\$ 0. REVENUE	\$ 307,404.
FORM 990, PART	V, LINE 2A AND 2B		
ALL DISTRICT S	ERVICES CORPORATION'S EMPLOY	EES ARE EMPLOYE	ES OF CSBA, A
RELATED ENTITY	. CSBA IS RESPONSIBLE FOR RE	PORTING WAGE IN	FORMATION ON
FORM W-3.			
FORM 990, PART	VI, SECTION A, LINE 3:		
THE CSBADSC MA	INTAINS A CONTRACT WITH JKR (C. (MARTIN dule O (Form 990 or 990-EZ) (2015

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION	Employer identification number 68-0371170
TOKUNAGA, PRESIDENT) TO ASSIST IN THE MAINTENANCE OF PROGR	
CONSULTING, INC. ALSO SOLICITS NEW BUSINESS AGREEMENTS WIT	
SEEKING AFFILIATION WITH CSBADSC AND ASSISTS IN DEVELOPING	
RELATIONSHIPS WITH BUSINESS AFFILIATES AND MAINTAINING DSC	C'S BUSINESS
AGREEMENTS WITH DSC'S CORPORATE PARTNERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
CSBA DSC OFFICERS ROTATE, EXCEPT FOR CSBA STAFF MEMBERS, E	BASED ON THE
POSITION THEY ARE ELECTED TO BY CSBA AT THE DELEGATE ASSEM	MBLY. BOARD
MEMBERS THROUGHOUT THE STATE WHOSE DISTRICTS AND/OR COUNTY	OFFICES OF
EDUCATION ARE MEMBERS OF CSBA, ELECT BOARD MEMBERS TO SERV	JE AS DELEGATES TO
CSBA'S DELEGATE ASSEMBLY. THE DELEGATES THEN ELECT THE MEN	MBERS OF THE BOARD
OF DIRECTORS AS WELL AS THE OFFICERS OF THE ASSOCIATION.	
FORM 990, PART VI, SECTION A, LINE 8B:	
NO SUCH COMMITTEES	
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 WILL BE REVIEWED PRIOR TO FILING. THE APPROPRIATE	
WILL REVIEW ALL DOCUMENTS PRIOR TO DISCUSSION AND REVIEW V	
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY APPLIES TO ALL CSBA OFFICE	
EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPEN	
AS WELL AS THE OFFICERS, DIRECTORS, EMPLOYEES, CERTAIN FOR	

SPECIFIED INDEPENDENT CONTRACTORS OF RELATED ORGANIZATIONS SUCH AS CSBADSC,

Employer identification number 68-0371170

CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS ARE

REQUIRED TO SUBMIT ANNUALLY A DISCLOSURE STATEMENT TO THE CSBA GENERAL

COUNSEL. THE GENERAL COUNSEL, CSBA CHIEF FINANCIAL OFFICER, CSBA EXECUTIVE

DIRECTOR, THE CSBA PRESIDENT, AND THE PRESIDENT OF THE BOARD OF DIRECTORS

OF EACH RELATED ENTITY SHALL REVIEW THE STATEMENTS FOR ANY FACTS OR

CIRCUMSTANCES THAT MAY REFLECT AN ACTUAL, POTENTIAL OR APPARENT CONFLICT OF

INTEREST. UPON REVIEW OF EACH DISCLOSURE STATEMENT, THE CSBA PRESIDENT AND

CSBA GENERAL COUNSEL WILL DISCLOSE ANY IDENTIFIED ACTUAL, POTENTIAL OR

APPARENT CONFLICTS OF INTEREST TO THE CSBA BOARD OF DIRECTORS OR THE

DIRECTORS OF THE BOARD OF ANY RELATED ENTITY, WITH A RECOMMENDATION AS TO

POSSIBLE ACTION. THE BOARD(S) WILL THEN DETERMINE APPROPRIATE ACTION. THE

CONFLICT OF INTEREST POLICY HAS BEEN SPECIFICALLY APPROVED BY THE DSC BOARD

OF DIRECTORS.

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

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

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

ALL ITS STAFF. ALL DISTRICT SERVICES OFFICERS ARE CONSIDERED EMPLOYEES OF

CSBA AND THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIES AND PROCEDURES.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES

210,905.

MANAGEMENT AND GENERAL EXPENSES

0.

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization CALIFORNIA SCHOOL BOAD DISTRICT SERVICES COMPANY OF THE PROPERTY OF T		Employer identification number 68-0371170
FUNDRAISING EXPENSES	***************************************	0.
TOTAL EXPENSES		210,905.
TOTAL OTHER FEES ON FORM 990, PART	IX, LINE 11G, COL A	210,905.
FORM 990, PART XII, LINE 2C		
THE PROCESS HAS NOT CHANGED FROM TH	HE PRIOR YEAR.	**************************************
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION DOES NOT HAVE COMM	MITTEES. THE AUDIT COMM	HITTEE OF CSBA,
A RELATED ORGANIZATION, REVIEWS AUI	OITS OF ALL ENTITIES ON	1 A
CONSOLIDATED BASIS.		
FORM 990, PART VI, SECTION B - POLI	CIES	
DOCUMENT DESTRUCTION AND RETENTION	POLICIES ARE NOT DISTR	RICT SERVICES
CORPORATION POLICIES, BUT POLICIES	OF CALIFORNIA SCHOOL F	OARDS
ASSOCIATION, A RELATED ORGANIZATION	1. 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.

Open to Public Inspection 2015

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 68-0371170

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

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Name of the organization Department of the Treasury Internal Revenue Service

DISTRICT SERVICES CORPORATION

Direct controlling End-of-year assets Total income ਰ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity

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. Part II

(a)	(q)	(0)	(D)	(e)	(£)	(a)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b) controlled entity?	(b)(13) ed ?
				501(c)(3))		Yes	8 8
CALIFORNIA SCHOOL BOARDS FOUNDATION -	PROVIDE TRAINING AND				CALIFORNIA SCHOOL		
94-1623582, 3251 BEACON BLVD., WEST	SUPPORT TO SCHOOL BOARD				BOARDS		
SACRAMENTO, CA 95691	MEMBERS	CALIFORNIA	501(C)(3)	LINE 7	ASSOCIATION		×
CALIFORNIA SCHOOL BOARDS FINANCE CORPORATION					CALIFORNIA SCHOOL	***************************************	
- 68-0138865, 3251 BEACON BLVD., WEST	FINANCIAL ASSISTANCE TO				BOARDS	·····	
SACRAMENTO, CA 95691	EDUCATIONAL BODIES	CALIFORNIA	501(C)(4)	7	ASSOCIATION		×
CALIFORNIA SCHOOL BOARDS ASSOCIATION -						,	
94-1510492, 3251 BEACON BLVD., WEST	-						
SACRAMENTO, CA 95691	PROMOTE PUBLIC EDUCATION	CALIFORNIA	501(C)(4)		N/A		×
				-		*******	
	,						

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule R (Form 990) 2015 DISTRICT SERVICES CORPORATION

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

Page 2

68-0371170

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate ŝ allocations? Ξ Yes Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling entity Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

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. Part IV

	ما	1		1
Section 512(b)(13) controlled entity?	Yes			
8.5.8 a	<u>×</u>			
(h) Percentage ownership				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Type of entity (C corp, S corp, or trust)				
(d) (e) Direct controlling Type of entity (C corp, S corp, or trust)				
(c) Legal domicile (state or foreign)	(Kanan)			
(b) Primary activity				
(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2015

Page 3

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule R (Form 990) 2015

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					You	N
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?	ns with one or more re	elated organizations listed	in Parts II-IV?		3	-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ	•		1a		×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				4		×
				1e		×
						Þ
				=		∢ :
				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				#		×
j Lease of facilities, equipment, or other assets to related organization(s)				1;		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×	
 Sharing of paid employees with related organization(s) 				9	×	
				:		
p Reimbursement paid to related organization(s) for expenses				4	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
10				1s		×
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	who must complete the	is line, including covered	relationships and transaction thresholds.			
(а) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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CALIFORNIA SCHOOL BOARDS ASSOCIATION

Schedule R (Form 990) 2015 DISTRICT SERVICES 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.

ther was not a related of garization. One mandening accusability certain investment partitionings.	successive segal dirig excid	פוסון וסו ככו נמוון וווא	comment parameter							
(a)	(Q)	(2)	(a)		£		Ξ	()	9	3
Name, address, and EIN of entity	Primary activity	<u>ම්</u> ලි	Predominant income particle (related, unrelated, 501 excluded from tax under 01	3 partners sec. S 501(c)(3) ler orgs.?	Share of total	ar -r	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage to amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) yes		income	assets	Yes No	(Form 1065)	Yes No	
					to the Manual Commen				****	

				~~.						
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				••••••						

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Schedule R (Form 990) 2015

CALIFORNIA SCHOOL BOARDS ASSOCIATION