EXTENDED TO MAY 15, 2018

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection Information about Form 990 and its instructions is at www.irs.gov/form990.

_	1 01 111	and e	ل enaing	UN 30, 2017					
В	Check if applicab	CALIFORNIA SCHOOL BOARDS ASSOCIATION		D Employer identif	ication number				
<u>_</u>	Addre chanç Name								
느	chang	Doing business as		68-0371170					
F	return	Number and street (or P.O. box if mail is not delivered to street address)							
L	return termir	_		916-371-4691					
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	351,824.				
Ļ	return	WEST SACRAMENTO, CA 95691-3531		H(a) Is this a group r					
L	tion pendi	F Name and address of principal officer: STEPHEN W. POGEMILL	ιER	for subordinate	s? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No				
		empt status: 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)				
******		te: ▶ WWW.CSBA.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year (of formation: 1995 i	M State of legal domicile: CA				
P	art I	Summary							
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE O}}$	RGANI ON AG	ZATION OFFE ENCIES.	RS BUSINESS				
Ë	2	Check this box Fig. if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ssets.				
Š	3			3	3				
<u>ئ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0				
¥	6	Total number of volunteers (estimate if necessary)		6	3				
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	***************	7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ō	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
ne Ou	9	Program service revenue (Part VIII, line 2g)		540,788.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·····	6,937.	14,092.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·····	0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		547,725.	351,824.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	- Incompany	0.	0.				
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		137,991.	131,401.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ĝ	b		0.						
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		345,588.	187,520.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	483,579.					
	19	Revenue less expenses. Subtract line 18 from line 12		64,146.	32,903.				
ets or	3			inning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		1,997,787.	2,023,790.				
ABS	21	Total liabilities (Part X, line 26)		18,150.	11,250.				
Net Asse	22	Net assets or fund balances. Subtract line 21 from line 20	******	1,979,637.	2,012,540.				
	art II	Signature Block	menting and a second						
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of m	v knowledge and belief it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer l	has any knowledge.	y invertibuge and bollon, le lo				
Sig	ın	Signature of officer		Date					
He		STEPHEN W. POGEMILLER, TREASURER							
		Type or print name and title			***				
		Print/Type preparer's name Preparer's signature	D	ate Check	II PTIN				
Pai	d	LINDA D. GEERY LINDA D. GEERY	11 .	1/29/17 if self-employ	P00364484				
Pre	parer	Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN	68-0037990				
	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100		THIIISEIN					
	=	SACRAMENTO, CA 95833		Phone no Q1	6-646-6464				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	······································	I none no. 2 1	X Yes No				
	damaria	and the state of t			IANITES I INO				

Pa	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
~	PRODUCTION OF THE PRODUCTION O
2	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? X Yes 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 revenue, if any, for each program service reported.
4a	36 997
40	FOR SCHOOL DISTRICTS, COUNTY OFFICES, AND OTHER SPECIAL DISTRICTS WITH
	LESS THAN 100 PLAN MEMBERS, CSBA OFFERS THE GASE 45 ALTERNATIVE
	MEACIDEMENT METHOD DOODAN IN DARRING OUT NITTH DINGEN BILLIAMS
	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.
4b	(Code:) (Expenses \$ 3,636 • including grants of \$) (Revenue \$ 6,535 •)
	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 EXECUTIE SEARCH SERVICES OFFERS AN
	EXTENSIVE AND COMPRENENSIVE PROCESS THAT GUIDES THE BOARD THROUGH THIS
	CRITICAL TIME.
	CRITICAL TIME.
4c	(Code:) (Expenses \$15,298 • including grants of \$) (Revenue \$ 189,107 •)
	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.
	J, AUUT.
4d	
	(Expenses \$ 263,100 • including grants of \$) (Revenue \$ 71,590 •)
<u>4e</u>	Total program service expenses ▶ 318,921.

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	١.		X
2		2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		_ A
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		ļ
٠	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
Ĭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		<u> </u>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 42
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	is the organization a school described in section 1.70/b//1/\A\/ii\2 /f "Ves " complete Sahadule F		47	X
14a	Did the organization maintain an office ampleyees, or agents extends of the Linited Otton	13		$\frac{\Lambda}{X}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 22
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

| Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	and the state of t	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			
04-	Schedule J	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	l		
	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
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?	24c	ļ	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
200	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			v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	ļ	X
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	O-to-Lt-L D- 11	051		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		_ A
	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		
	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		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, or key employee? If "Yes," complete Schedule L, Part IV	28a	PROVEN	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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 Part V, line 1		77	
250		34	X	7,-
ooa h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2 /f "Yes." complete School In P. Part V. line 2			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2			
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		-21
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
				#WerDatestand

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V X Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 0 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? X За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)? Х **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 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.) 11b 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? 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 c Enter the amount of reserves on hand **14a** Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

DISTRICT SERVICES CORPORATION

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

68-0371170 Page 6

X

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.

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	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	()		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	other	1		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?		***************************************	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fol	owing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	е			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	de.)		,	
40	Pilli and the second se				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.					
d d	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	y before fi	ing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				47	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	HARMONIO
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done				v	
13			***************************************	12c	X	
14	Did the organization have a written whistleblower policy?			13	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	Δ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п ру шаер	endent			
а	The organization's CEO, Executive Director, or top management official			45-		X
b	Other officers or key employees of the organization		***************************************	15a 15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***************************************	130		21
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	3			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	a ite narti	cination	104		- 4.2
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		Sipation			
	exempt status with respect to such arrangements?	nzadon 3		16b		
Sec	tion C. Disclosure	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	· · · · · · · · · · · · · · · · · · ·				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 5	501(c)(3)s only)	availah	le	************
	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 Schedu	le O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			d finan	cial	
	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 boo	oks and re	cords:			
	STEPHEN W. POGEMILLER - 916-669-3310		-			
WINDS THE STREET	3251 BEACON BLVD, WEST SACRAMENTO, CA 95691					

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Form 990 (2016) DISTRICT SERVICES CORPORATION 68-0371170

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

Employees, and Independent Contractors

Employees, and independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Shook it deflected to contain a response of note to any line in this Fait VII	

Page 7

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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	 	CG a		T	T	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation
	related	3e Or (stee			satec		(W-2/1099-MISC)	(VV-2/1099-WIGC)	from the organization
	organizations	trust	al tru)yee	mper		(** 27 1000 11/100)		and related
	below	Individual trustee or director	institutional trustee	la,	Key employee	Highest compensated employee	量			organizations
	line)	je je	lust	Officer	Key	Emg e	Former			
(1) SUSAN HENRY	0.20									
PRESIDENT	6.20	X		X	_	<u> </u>	<u> </u>	0.	22,989.	0
(2) MIKE WALSH	0.20									
VICE PRESIDENT		X		X	<u> </u>	<u> </u>	<u> </u>	0.	13,495.	0
(3) JESUS HOLGUIN	0.20	 						_		
ASSISTANT VICE PRESIDENT		X		X	<u> </u>	ļ		0.	13,495.	0
(4) VERNON BILLY	0.20									
DIRECTOR	39.80	X	<u> </u>	X	<u> </u>		<u> </u>	0.	269,024.	50,903
(5) STEPHEN POGEMILLER	1.00	-		٠,					156 040	00 600
ASST EXEC DIRECTOR/TREASURER (6) OLABODE OWOYELE	39.00	<u> </u>		X	ļ		<u> </u>	0.	156,242.	28,698
EXECUTIVE DIRECTOR	39.00	ł		X					101 222	0 001
(7) MARIA MIMS	1.00	ļ		Δ	-		-	0.	101,333.	8,091
ASSISTANT EXEC DIRECTOR/SECY/TREASU		1		х			ļ	0.	88,381.	15 055
(8) ALEST WALKER	30.00	├		21	├	-		U .	00,301.	15,955
ASST SECY/ASST TREAS	10.00			X				45,140.	14,585.	14,187
	+====	╁			-	\vdash	_	43,140.	14,000	14,10/
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		1								
777070										

632007 11-11-16 Form **990** (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(C) (D) (E)						(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	e	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation compensa		on	amount of
	week	offi	officer and a director/trustee)		from from rela		d	other			
	(list any	ctor						the	organizatior	าร	compensation
	hours for	rdire			1	- Ba		organization	(W-2/1099-MI	SC)	from the
	related	Individual trustee or director	institutional trustee			eusa		(W-2/1099-MISC)			organization
	organizations	T Si	ag 4		oyee	E					and related
	below	vidua	ig i	ية	Key employee	loyee	Je.				organizations
	line)	ipu	Insti	Officer	Key (Highest compensated employee	Figure				
						Π					
		1									
			┢		_	T					
		1									
		\vdash	\vdash		-	+	\vdash				
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		├	├			├	<u> </u>		******		
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		<u> </u>		L	<u> </u>	ļ	<u> </u>				
		1									
-		<u> </u>			<u> </u>	<u> </u>					
1b Sub-total								45,140.	679,5	44.	117,834.
c Total from continuation sheets to Par								0.		0.	0.
d Total (add lines 1b and 1c)								45,140.	679,5	44.	117,834.
2 Total number of individuals (including bu							no re	eceived more than \$100	000 of reportar		
compensation from the organization						-,			,000 01.0001142	,,,,	0
					during the same					**************	Yes No
3 Did the organization list any former office	or director or tw	ioto	- k-		mnla			h:			100 100
· · · · · · · · · · · · · · · · · · ·											_
line 1a? If "Yes," complete Schedule J fo											3 X
4 For any individual listed on line 1a, is the											
and related organizations greater than \$	150,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4 X
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	3	
rendered to the organization? If "Yes," or	omplete Schedul	e J t	or su	ıch	pers	son .					5 X
Section B. Independent Contractors											
Complete this table for your five highest	compensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npensat	ion from
the organization. Report compensation										- 2	er er artit t
(A)		-	01101	.,9 .		<u> </u>	T	(B)	y car.		(C)
Name and busine	ess address	NO	ONE	7				Description of s	ervices	Cor	mpensation
				-	***************************************		-				
***************************************							-+				
							- 1				
							T				***************************************
							- 1				
	***************************************						十				
2 Total number of independent contractor	e (including hut :	O+ 12	i+-	d +-	th-	00 11		I obovol sebe se be s	ovo the		
		iOt II	mte	u to		se III D	sted	above) who received m	iore than		
\$100,000 of compensation from the org	anızation 🔊	***********		рамент			Heriotocok				

	IT AII	Check if Schedule O conta	i uc ains a response	e or note to any li	ne in this Part VIII			
		Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ints nts		Federated campaigns						
Gra		Membership dues						
fts,		Fundraising events		***************************************				
عَ قِ	1	Related organizations	ļ					
Contributions, Gifts, Grants and Other Similar Amounts	1	Government grants (contributi All other contributions, gifts, grant						
her	1	similar amounts not included above						
호	_ ~	Noncash contributions included in lines				0.00		
a Co		Total. Add lines 1a-1f						
				Business Code				
8	2 a	DISTRICT SERVIC	ES	900099	337,732.	337,732.		
Program Service Revenue	b	W						
n Si	С							
grar Re	d					-		
P.	e	A II _ A I						
		All other program service reversed. Add lines 2a-2f			337,732.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
MUNICIPALITY OF	3	Investment income (including			337,7326			
		other similar amounts)			14,092.			14,092.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	l	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities					
	1 a	assets other than inventory	(i) Securities	(ii) Other				
	ь	Less: cost or other basis	Attice the state of the second service of th					
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<u></u>				
e	8 a	Gross income from fundraising	,					
/enne		including \$						
Other Rev		contributions reported on line	•					
her	۱ .	Part IV, line 18 Less: direct expenses		3				
ō	1	Net income or (loss) from fund						
	1	Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses						
		Net income or (loss) from gam		<u></u>				
	10 a	Gross sales of inventory, less						
	l .	and allowances	8	1				100
		Less: cost of goods sold		·				
	C	Net income or (loss) from sale:						
	11 a	Miscellaneous Revenue	<u> </u>	Business Code				
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			351,824.	337,732.	0.	14,092.

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). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (**D**) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. 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 55,750. 55,750 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,762. 55,762. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,152 12,152 Other employee benefits 7,737. 7,737. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 6,000. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 60,846. 60,846. column (A) amount, list line 11g expenses on Sch O.) 2,615. 2,615. Advertising and promotion 12 1,093. 1,093. Office expenses 13 340. Information technology 340. 14 15 Royalties 16 Occupancy 2,729. 2,729. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,955. 1,955. Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 7,445. 7,445. 23 Insurance 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.) OVERHEAD APPLIED 102,140. 102,140. MEMBERSHIP DUES 1,823. 1,823. STAFF DEVELOPMENT 330. 330 TAXES AND LICENSES 132. 132 72. 72. e All other expenses 318,921. 318,921. Ō. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X | Balance Sheet

Pal	πX	Balance Sneet			
		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	476,684.	1	38,654.
	2	Savings and temporary cash investments	4,565.	_2	13,192.
	3	Pledges and grants receivable, net	70 000	3	FC 220
	4	Accounts receivable, net	79,020.	4	56,229
	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_	
	6	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			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,812.	13	1,812
	14	Intangible assets		14	4 64 6 6 6 6
	15	Other assets. See Part IV, line 11	1,435,706.	15	1,913,903
Contract miles	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,997,787.	16	2,023,790
	17	Accounts payable and accrued expenses	10,650.	17	3,750
	18	Grants payable		18	F 500
	19	Deferred revenue	7,500.	19	7,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ξ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	10 150	25	11 250
-	26	Total liabilities. Add lines 17 through 25	18,150.	26	11,250
		Organizations that follow SFAS 117 (ASC 958), check here			
ces		complete lines 27 through 29, and lines 33 and 34.	1 070 627		2 012 540
<u>a</u>	27	Unrestricted net assets	1,979,637.	27	2,012,540
Ba	28	Temporarily restricted net assets		28	
ρщ	29	Permanently restricted net assets		29	
Ĩ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 070 627	32	2 012 540
	33	Total net assets or fund balances	1,979,637.	33	2,012,540
MARKENNESSALE	34	Total liabilities and net assets/fund balances	1,997,787.	34	2,023,790.

Form **990** (2016)

68-0371170 Page 12 DISTRICT SERVICES CORPORATION Form 990 (2016) DISTRICT S
Part 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			24.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			21.		
3	Revenue less expenses. Subtract line 2 from line 1	3			03.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,97	9,6	<u>37.</u>		
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			<u>0.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	2,01	2,5	<u>40.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				LX.		
				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							
	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 separate	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						
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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L		
			Form	990	(2016)		

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.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, Iir		, , , , , , , , , , , , , , , , , , ,				
		(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 advised	funds				
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only				
	for charitable purposes and not for the benefit of the donor of						
primomora	impermissible private benefit?		Yes No				
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area				
	Protection of natural habitat	Preservation of a certifie	d historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
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	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization 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 per						
	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	vation easements during the year				
	THE PARTY OF THE CONTRACT OF THE PARTY OF TH						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year				
	\$						
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)((4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for				
I Dai	conservation easements.	C. A					
rai	Till Organizations Maintaining Collections o		er Similar Assets.				
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	nt and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri						
D	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	nd balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
_			🕨 \$				
2	If the organization received or held works of art, historical tre		ain, provide				
_	the following amounts required to be reported under SFAS 1						
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$				
1.3	ASSESS OF THE POPULATION AND MAINTAIN		ente. C				

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule D (Form 990) 2016

68-0371170 Page 2

	t III Organizations Maintaining Col	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.			THE RESERVE THE PROPERTY OF THE PERSON NAMED IN THE PERSON NAMED I	or Othe	r Simila		ts/continue	
3	Using the organization's acquisition, accession,	·····								
•	(check all that apply):	and other record	10, 01100	icarry or the	rollowing th	at are a sr	gimioaric	use of its	Conceilori	terns
а	Public exhibition	d		I nan or exc	hange progi	rams				
b	Scholarly research	e			mango progr					
c	Preservation for future generations	· ·								
4	Provide a description of the organization's collection	ctions and explai	n how ti	hev further t	the organizat	tion's ever	nnt nurne	nse in Par	+ XIII	
5	During the year, did the organization solicit or re							Joe IIII ai	C Alli.	
•	to be sold to raise funds rather than to be maint								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									110
L	reported an amount on Form 990, Part X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o garnzan	on anomorou	100 011	. 0 000	,, , a, , , , , , , , , , , , , , , , ,	1110 0, 01	
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for	contribution	ns or other a	ssets not	included			······
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									110
	and and an analysis and an ana	a cop.c.to ti to to		100101					Amount	
С	Beginning balance						1c		7 (11) (21) 1	
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form	n 990. Part X. line	21. for	escrow or c	ustodial acc	ount liabili	· <u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch						•		_ 100	
	t V Endowment Funds. Complete if th						0.			Character state of the Control of th
		a) Current year		Prior year	(c) Two year			ears back	(e) Four ye	ears back
1a	Beginning of year balance				1.5/		<u>,</u>		(0)	
b	Contributions				ļ					***************************************
c	Net investment earnings, gains, and losses			***************************************	 					
d	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs					l				
f	Administrative expenses				<u> </u>					
g g	End of year balance	PHILIPPIN AND AND AND AND AND AND AND AND AND AN								
2	Provide the estimated percentage of the current	t vear end halanc	e (line 1	a column (a)) pelq as.					
- a	Board designated or quasi-endowment	-	%	g, colariir (a)) Hold as.					
b	Permanent endowment	%	′°							
c	Temporarily restricted endowment	% %								
·	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possession	•	ation the	at are held s	and administ	arad for th	a organiz	ration		
	by:	on or the organiza	anon an	at are nele e	ara aariinise	Cica ioi u	ic organiz	ation	Γv	es No
	(i) unrelated organizations								3a(i)	CS 140
	(ii) related organizations									
h	If "Yes" on line 3a(ii), are the related organization	ne listed as requi	red on S	Schedule R2					3b	
4	Describe in Part XIII the intended uses of the organization									
PROGRAMMAN	t VI Land, Buildings, and Equipmer		WIII CITE	TOTTOS.		o constituente de la constituent	oggazantija zavenovojskom mi	440-0-4-0-0-0-0-0-0-0-0-0-0-0-0	************************	
	Complete if the organization answered "\). Part I\	V. line 11a. 9	See Form 99	0. Part X.	line 10			
	Description of property	(a) Cost or o		I	or other		cumulate	<u>,, </u>	(d) Book v	value.
	Dodon prior or property	basis (investr		,	(other)	1 , .	reciation		(u) book (alue
12	Land					- 30			***************************************	
	Buildings									
	Leasehold improvements									
	Equipment	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
	Other					 				
Annual Street, Square,	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X, colur	nn (B). line	10c.)	<u> </u>				0.
		CONTRACTOR OF THE PROPERTY OF	AND				un de la constanta de la const	antenamikanan	actual consequences and a second seco	AND DESCRIPTION OF THE PARTY OF

Schedule D (Form 990) 2016 DISTRICT SI	ERVICES COR	RPORATION	68-0371170 _{Page} ;
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes (a) Description of security or category (including name of security)			
(4) Financial days at the second	(b) Book value	e (c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			

(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part I	V, line 11c. See Form 990, Pa	rt 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)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must squal form 000 Port V and (D) line 40 \ D			
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 Bort II	V line 11d Car Farm 000 B	4 V 11 - 45
	Description	v, line 11d. See Form 990, Pa	
(1) PREPAIDS & DEPOSITS			(b) Book value 1,650.
(2) INTERCOMPANY RECEIVABLES			1,912,253.
(3)			1,312,233.
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		1,913,903.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV	V, line 11e or 11f. See Form 99	90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	······································		
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			

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 X

(8)

Schedule D (Form 990) 2016 DISTRICT SERVICES CORPORATION 68-0

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

68-0371170 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a	P • • • • • • • • • • • • • • • • • • •
1	Total revenue gains and other cumpet new audited financial state.		11
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		
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Pai	t XII Reconciliation of Expenses per Audited Financial S		
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
1	Total expenses and losses per audited financial statements		11
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Par	t XIII Supplemental Information.		
Provi	de 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 a	ny additional information.	, , , , , , , , , , , , , , , , , , , ,
PAF	T X, LINE 2:		
THE	ASSOCIATION HAS APPLIED THE ACCOUNTING	G PRINCIPLES	RELATED TO
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAXE	S AND HAS DET	ERMINED THAT THERE
- ~	270 261 777 777		
TS	NO MATERIAL IMPACT ON THE FINANCIAL ST	'ATEMENTS. WIT	H SOME EXCEPTIONS,
T.HF	ASSOCIATION IS NO LONGER SUBJECT TO U	S. FEDERAL A	ND STATE INCOME TAX
	14T177 MT 0116 P11 MT 0116		
EXA	MINATIONS BY TAX AUTHORITIES FOR YEARS	PRIOR TO 201	.3.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Employer identification number 68-0371170

		Y	'es	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reference and a constant of the fill fill	1b	energeographic	(Secretarios assess)
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	American and CC 1 C U M OFFICE AN ACCOUNT OF THE COMMENT OF THE CO	2		KELOKERENGE!
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?	la	son tentrator que	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	lb		X
C	Davidata da la consection de la consecti	lc		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		5a		X
b		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
		ia 📗		X
b	Any related organization?	Sb G		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8	\mathbb{I}	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
		9		

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

Schedule J (Form 990) 2016

68-0371170

CALIFORNIA SCHOOL BOARDS ASSOCIATION

Page 2

Schedule J (Form 990) 2016 DISTRICT SERVICES CORPORATION

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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	Dereins	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) VERNON BILLY	8	1	0	0	0	0	0	0
DIRECTOR	(ii)	269,024.	0.	0	21,708.	29,195.	319,927.	0
(2) STEPHEN POGEMILLER	(i)		0	0	0			0
ASST EXEC DIRECTOR/TREASURER	(ii)	156,242.	0.	0	7,473.	21,225.	184,940.	0
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	(ii)							
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		TAXACCOCINE CONTRACTOR						

Schedule J (Form 990) 2016

CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION

Schedule J (Form 990) 2016

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 III Supplemental Information

Page 3

68-0371170

	-APPROVAL BY THE BOARD	-COMPENSATION SURVEY OR STUDY	-WRITTEN EMPLOYMENT CONTRACT	-FORM 990 OF OTHER ORGANIZATIONS	-INDEPENDENT COMPENSATION CONSULTANT	-COMPENSATION COMMITTEE	COMPENSATION:	FOLLOWING METHODS TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED THE	PART I, LINE 3
--	------------------------	-------------------------------	------------------------------	----------------------------------	--------------------------------------	-------------------------	---------------	--	---	----------------

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ) and its instruction about Schedule O (Form 990 or 990-EZ).

Name of the organization

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

CALIFORNIA SCHOOL BOARDS ASSOCIATION Emplo
DISTRICT SERVICES CORPORATION 68

 $\begin{array}{c} \textbf{Employer identification number} \\ 68-0371170 \end{array}$

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
OPEB SOLUTIONS WAS ACCOUNTED FOR AS A FINANCE CORPORATION PROGRAM IN
2016-17
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GOOD GOVERNANCE PROGRAM ADVISORY SERVICES INCLUDE: FILING CLAIMS
OUTSIDE OF THE BLOCK GRANT FOR BLOCK GRANT PARTICIPANTS, FILING ANNUAL
CLAIMS FOR TRADITIONAL FILERS, AND PARTICIPATION IN ALL CALIFORNIA
STATE CONTROLLER'S OFFICE AUDITS ON ANY MANDATED COST CLAIMS IT HAS
PREPARED AND FILED.
SITESERV PROVIDES DISTRICTS WITH A COMPREHENSIVE OVERVIEW OF SITE-LEVEL
ACTIVITIES WHICH INCLUDES: IDENTIFYING PROGRAM DEFICIENCIES (AND HOW
TO FIX THEM), A THOROUGH, PROFESSIONAL ACTION PLAN, A SCHEDULE,
TRAININGS, ESSENTIAL PROCESSES BETWEEN STAFF CHANGEOVERS, A RECORD OF
WHERE IMPORTANT DOCUMENTS ARE WAREHOUSED, AND EFFICIENT DOCUMENT
ACTIVITIES AND PROCESSES.
PARTNERING 4 SPECIAL EDUCATION (P4SE) IS A WORKFLOW DRIVEN SOFTWARE
THAT REPLACES THE OUTDATED PAPER PROCESS FOR TRACKING SPECIAL EDUCATION
DATA WITH A WEB-BASED SOLUTION FOR TEACHERS, PRINCIPALS, AND
ADMINISTRATORS.
CSBA PARTNERS WITH SUNPOWER TO OFFER SCHOOL DISTRICTS AND COUNTY OFFICE
OF EDUCATION HELP REDUCING ENERGY COSTS AND LOWER RISING UTILITY RATES.
DISTRICTS AND COE'S CAN DEMONSTERATE ENVIRONMENTAL LEADERSHIP.

Employer identification number 68-0371170

SUNPOWER MANUFACTURES, DELIVERS AND INSTALLS EFFICIENT SOLAR SOLUTIONS.

FACILITIES MASTER PLAN IS AN ESSENTIAL ELEMENT OF THE DISTRICT'S

PLANNING PROCESS. THE FACILITIES MASTER PLAN PROVIDES THE DISTRICT WITH

INFORMATION REGARDING THE CURRENT AND FUTURE NEEDS FOR STUDENT SUPPORT

AND FACILITIES. THE PLAN ASSIST DISTRICTS IN IDENTIFYING FUNDING NEEDS

FOR CAPITAL IMPROVEMENT AND DEVELOPING FINANCINGT OPTIONS.

OTHERS NOT LISTED INDIVIDUALLY ARE HAZMAT, STUDENT ACCIDENT AND SICKNESS INSURANCE, ANNUAL PROPOSITION 39 PERFORMANCE AUDITS, ASSISTANCE WITH STATE ELIGIBILITY & FUNDING APPLICATIONS.

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

EXPENSES \$ 263,100. INCLUDING GRANTS OF \$ 0. REVENUE \$ 71,590.

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

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

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

CSBA DSC OFFICERS ROTATE, EXCEPT FOR CSBA STAFF MEMBERS, BASED ON THE

POSITION THEY ARE ELECTED TO BY CSBA AT THE DELEGATE ASSEMBLY. BOARD

MEMBERS THROUGHOUT THE STATE WHOSE DISTRICTS AND/OR COUNTY OFFICES OF

EDUCATION ARE MEMBERS OF CSBA, ELECT BOARD MEMBERS TO SERVE AS DELEGATES TO

CSBA'S DELEGATE ASSEMBLY. THE DELEGATES THEN ELECT THE MEMBERS OF THE BOARD

OF DIRECTORS AS WELL AS THE OFFICERS OF THE ASSOCIATION.

Employer identification number 68-0371170

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

NO SUCH COMMITTEES

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

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

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL CSBA OFFICERS, DIRECTORS, EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS, AS WELL AS THE OFFICERS, DIRECTORS, EMPLOYEES, CERTAIN FORMER EMPLOYEES AND SPECIFIED INDEPENDENT CONTRACTORS OF RELATED ORGANIZATIONS SUCH AS CSBADSC, CSBAFC, AND CSBA FOUNDATION. ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, CERTAIN FORMER EMPLOYEES, AND SPECIFIED INDEPENDENT CONTRACTORS ARE REQUIRED TO SUBMIT ANNUALLY A DISCLOSURE STATEMENT TO THE CSBA GENERAL COUNSEL. THE GENERAL COUNSEL, CSBA CHIEF FINANCIAL OFFICER, CSBA 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.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization CALIFORNIA SCHOOL BOARDS ASSOCIATION DISTRICT SERVICES CORPORATION	Employer identification number
DISTRICT SERVICES CORPORATION	68-0371170
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 CONSIDE	RED EMPLOYEES OF
CSBA AND THEREFORE SUBJECT TO THAT ORGANIZATION'S POLICIE	S AND PROCEDURES.
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990S ARE POSTED ON THE CSBA WEBSITE, AS WELL AS CERT	AIN OTHER
DOCUMENTS. THESE ALL ARE ALSO AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	60,846.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,846.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	60,846.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DOES NOT HAVE COMMITTEES. THE AUDIT COMM	ITTEE OF CSBA,
A RELATED ORGANIZATION, REVIEWS AUDITS OF ALL ENTITIES ON	` A
CONSOLIDATED BASIS.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
DISTRICT SERVICES CORPORATION	68-0371170
FORM 990, PART VI, SECTION B - POLICIES	
DOCUMENT DESTRUCTION AND RETENTION POLICIES ARE NOT DISTR	ICT SERVICES
CORPORATION POLICIES, BUT POLICIES OF CALIFORNIA SCHOOL B	OARDS
ASSOCIATION, A RELATED ORGANIZATION. ALL EMPLOYEES ARE GO	VERNED BY THE
ASSOCIATION'S POLICIES.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

answered "1es" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2016 Open to Public

OMB No. 1545-0047

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

CALIFORNIA SCHOOL BOARDS ASSOCIATION

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

CORPORATION

DISTRICT SERVICES

Department of the Treasury Internal Revenue Service
Name of the organization

Parti

Open to Public Inspection Employer identification number 68-0371170

Schedule R (Form 990) 2016 (g) Section 512(b)(13) ŝ × × × controlled entity? Direct controlling Yes 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. CALIFORNIA SCHOOL SALIFORNIA SCHOOL Direct controlling ASSOCIATION ASSOCIATION SOARDS SOARDS End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code € section 501(C)(3) 501(C)(4) 501(C)(4) 9 Legal domicile (state or foreign country) Legal domicile (state or foreign country) CALIFORNIA CALIFORNIA CALIFORNIA PROMOTE PUBLIC EDUCATION SUPPORT TO SCHOOL BOARD INANCIAL ASSISTANCE TO Primary activity PROVIDE TRAINING AND Primary activity EDUCATIONAL BODIES <u>@</u> 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEMBERS CALIFORNIA SCHOOL BOARDS FINANCE CORPORATION Name, address, and EIN (if applicable) 68-0138865, 3251 BEACON BLVD., WEST CALIFORNIA SCHOOL BOARDS ASSOCIATION CALIFORNIA SCHOOL BOARDS FOUNDATION 94-1623582, 3251 BEACON BLVD., WEST 94-1510492, 3251 BEACON BLVD., WEST Name, address, and EIN of related organization of disregarded entity CA 95691 SACRAMENTO, CA 95691 SACRAMENTO, CA 95691 SACRAMENTO, Part II

632161 09-06-16 LHA

DISTRICT SERVICES CORPORATION Schedule R (Form 990) 2016

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. Part

Page 2

68-0371170

(k) rcentage wnership			related	Section 512(b)(13) controlled entity?	2	*************************************		90) 2016
(j) (k) General or Percentage managing ownership			e or more	(h) Percentage 5 ownership 0				R (Form 9
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had on	(g) Share of Perc end-of-year own assets				Schedule R (Form 990) 2016
(h) Disproportionate allocations?	14		t IV, line 34					and the second second
(g) Share of end-of-year assets			rm 990, Par	(f) Share of total income				gystanyawa wa ya ma a ma a ma a ma a ma a ma a
			Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				TINIDAM CONTRACTOR
(f) Share of total income			answered "					htterational desirations and desirations of the second
(e) Predominant income S (related, unrelated, excluded from tax under sections 512-514)			ne organization a	(d) Direct controlling entity				THO ACH ENVIRONMENT OF THE COLUMN STATEMENT COUNTY OF THE COLUMN STATEMENT OF
Predomin (related, excluded fi			mplete if tl	(c) Legal domicile (state or foreign country)				Madeladoriano
(d) Direct controlling entity			r ation or Trust. Co rear.	(b) Primary activity				THE ASSESSMENT OF THE SECOND S
(c) Legal domicile (state or foreign country)			as a Corpo	Prima				
(b) Primary activity			anizations Taxable apporation or trust durin	7_				TOTAL TO THE PROPERTY OF THE P
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				632162 09-06-16

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

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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.

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(h) Dispropor-	allocations?				<u> </u>		1_	 			 		 					 				
(g) Share of	end-of-year assets																					
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(a) Name, address, and EIN Primary activity (b) Cortain investment partrets inps. (c) Predominant income (d) (d) Predominant income (d)	excluded from tax under sections 512-514)																					
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CALIFORNIA SCHOOL BOARDS ASSOCIATION 68-0371170 Page 5 Schedule R (Form 990) 2016 DISTE Part VII Supplemental Information. DISTRICT SERVICES CORPORATION Provide additional information for responses to questions on Schedule R. See instructions.