# Form **990**

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 2021

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calend	dar year, or tax year begin	ning	, 2021,	and endir	ıg		,	20
В	Check if ag	pplicable;	С					D Employ	er identi	fication number
	Addre	ess change	California Speci	al Districts A	ssociatio	n		23-	7065	662
	Name	e change	1112 I Street #2					E Telepho	one numb	per
		return	Sacramento, CA 9.	5814				916	-442	-7887
	H	eturn/terminated						910	774	1001
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	$\vdash$	nded return	C No	-(C · ·			H(a) Is this a	G Gross r		
	Mpplic	cation pending	F Name and address of principal	officer: Neil McCo:	rmick		,			
			Same As C Above		T .	<del></del>	H(b) Are all : If "No,"	subordinates attach a list	, See ins	17 Yes No tructions.
<u> </u>	Tax-exe	mpt status:	501(c)(3) X 501(c) ( e	) ◀ (insert no.)	4947(a)(1) or	527				
<u>J</u>	Websi	ite: ► ww	w.csda.net				H(c) Group e	exemption n	ımber 🕨	
ĸ	Form of	organization:	X Corporation Trust	Association  Other ►	LY	ear of format	ion: 1969	) Mis	State of le	egal domicile: CA
Pa		Summar								
	1 Br	riefly descril	be the organization's missi	on or most significant	activities: CSD	A is t	he voi	ce for	all	special
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Governance	C	ommunit	ies.							
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Ğ			ting members of the gover						3	18
8			dependent voting members						4	18
iţie			of individuals employed in						5	33
Activities &			of volunteers (estimate if						6	75
ĕ			ed business revenue from F						7a	<u>0.</u>
—	b Ne	et unrelated	business taxable income t	rom Form 990-1, Part	I line II				7b	0.
		1.2014		11.5				rior Year		Current Year
ā			and grants (Part VIII, line							
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ě			come (Part VIII, column (A					116,5		-1,084.
ш.			e (Part VIII, column (A), lin					53,9		60,630.
			- add lines 8 through 11					,887,1	13.	5,599,644.
			milar amounts paid (Part I)		•					
			to or for members (Part IX							
တ			r compensation, employee					<u>,523,9</u>	18.	3,675,723.
use	<b>16</b> a Pr	ofessional f	undraising fees (Part IX, c	olumn (A), line 11e)						
Expenses	<b>b</b> To	tal fundrais	ing expenses (Part IX, colu	mn (D), line 25) ►					esus estados de la composição de la comp	
ш	<b>17</b> Ot	her expense	es (Part IX, column (A), lin	es 11a-11d, 11f-24e).			. 1	,099,7	45	1,779,590.
			es. Add lines 13-17 (must e					,623,6		5,455,313.
			expenses. Subtract line 18				J	263,4	_	144,331.
\$ 6	, , , , ,	· · · · · · · · · · · · · · · · · · ·						g of Curren		End of Year
al c	<b>20</b> To	otal assets (	Part X, line 16)					, 845, 3		9,048,711.
Bal	<b>21</b> To	•	s (Part X, line 26)					,254,6		5,313,644.
Net Assets Fund Balanc	00 %-		•						<del></del>	
			fund balances. Subtract lir	le 21 HOIII IIIle 20,,,,	***************		·  3	<u>,590,7</u>	36,	3,735,067.
- 1 (A) (A) (A)		Signature								
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C:~	ın	Signatur	e of officer	V			l Date		<u>» " لمسرا</u>	2026
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US	e Only	Firm's addres						Firm's EIN		1682261
				A 95825				Phone no.	(916	
May	the IRS	discuss thi	s return with the preparer	shown above? See ins	structions					X Yes No

Form	990 (2021) Ca	lifornia Spe	cial Distr	icts Associatio	n	23-70656	62	Р	age <b>2</b>
Par		nt of Program S		•					<b></b> 1
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	necessary_t	o best serve	their con	munities.					
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	Section 501(c)(3)	and 501(c)(4) orga	nizations are re	quired to report the amo	three largest program sount of grants and alloca	tions to others, the	total ex	cpens	es,
	and revenue, if a	ny, for each progran	n service report	ed.					
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4 a	(Code:	_) (Expenses \$		including grants of	\$	) (Revenue \$			)
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23-7065662 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A..... Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions...... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Χ 3 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. . . . . . 5 Х 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, Χ 6 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 ............ X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. X R 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. X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V...... Х 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Χ 11 b Χ 11 c 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 X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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.... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a X 12 b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Χ 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?...... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV...... Χ 14b Χ 15 Х 16 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. See instructions...... Х 17 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....... Χ 18

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.

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

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Part IV Checklist of Required Schedules (continued)

Yes No 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 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? **24**c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I...... 25a 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 25b Schedule L, Part I X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Χ Yes,' complete Schedule L, Part IV..... 28a Χ b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, Χ complete Schedule L, Part IV..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Χ contributions? If 'Yes,' complete Schedule M..... 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ Schedule N, Part II. 33 X 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..... Х 34 35a X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2...... Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... Χ 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Х 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...... Yes No 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ...... 1 a **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners?......

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If 'Yes,' see the instructions and file Form 4720, Schedule N.

If 'Yes,' complete Form 4720, Schedule O.

If 'Yes,' complete Form 6069

BAA

California Special Districts Association 23-7065662 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2 a 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..... 2 b 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. Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0...... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)?.... 4 a 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). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ soficit any contributions that were not tax deductible as charitable contributions?..... 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? 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 7 a services provided to the payor?..... b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 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?..... 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 13 a 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 ...... X 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O...... 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ excess parachute payment(s) during the year?.....

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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.......

activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 1 b 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Χ 5 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O 7 b X stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 a b Each committee with authority to act on behalf of the governing body?..... 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q ...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Х 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done... See. Schedule 0...... 12 c Х X 13 Did the organization have a written whistleblower policy?..... 13 X 14 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a X b Other officers or key employees of the organization. 15 b If 'Yes' to line 15a or 15b, describe the process on 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?..... 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CASection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

Rick Wood 1112 I St., Suite 200 Sacramento CA 95814 (916) 442-7887

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

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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(A) Name and title	(B) Average hours per	į is	s both dir	(do n box, an o ector	ot ch	•		(D)  Reportable compensation from the organization	<b>(E)</b> Reportable  compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	l lighest compensated omployee	Tormer	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(1) Neil McCormick	40	-								
CEO	0	ļ		Х				303,153.	0.	43,839.
(2) Rick Wood Finance & Admin	<u>40</u> 0			Х				174,422.	0.	32,937.
_(3) Noelle Mattock	1									_
Director	0	X						0.	0.	0.
_(4)_Jerry_Gilmore	1			**					0	0
Treasurer	0	X		Χ				0.	0.	0.
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6 Arlene Schafer Secretary	$-\frac{1}{0}$	X		Х				0.	0.	0.
(7) Don Bartz	1	11		71				<u> </u>		
Director	1 0	Х						l o.	0.	0.
(8) Steve Perez	1	1								
Director	1	Х						0.	0.	0.
(9) Stan Caldwell	1									
Director	7-0-	X						0.	0.	0.
(10) Ralph Emerson	1									
Director	0	<u> </u>						0.	0,	0.
(11) Pete Kampa	1_1_									
Director	. 0	X						0.	0.	0.
(12) Jo MacKenzie	1_1_	]								
Director	0	X			<u> </u>			0.	0.	0.
(13) Elaine Magner	11	1							•	
Vice President	0	X		Х	ļ			0.	0.	0.
(14) Sandi Miller	11								_	_
Director	0	X			<u> </u>			0.	0.	0.
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Name and title	hours per	offi	, unle cer ar	ess pe nd a c	direct	is bot or/trus	tee)	Reportable compensation from	Reportable compensation from	Estin	nated amount of other
	week (list any	9 5	2	읔	<u>~</u>	CES II	ੂ	the organization (W-2/1099-	related organizations (W-2/1099-		ensation from organization
	hours for related	or or	iti	Officer	<u>e</u>	hest bloy:	E E	MISC/1099-NEC)	MISC/1099-NEC)	a	nd related panizations
	organiza - tions	<u> </u>	onal		Key employee	e con	)			"	,
	below dotted	Individual trustee or director	nstitutional trustee		8	pen					
	line)	e	ee e			i lighest compensated cmployee					
(15) Lorenzo Rios	1										
Director	1 <del>-</del>	X						o.	0.		0.
(16) Kim Seney	1										
Director	0	Х						0.	0.		0.
(17) Fred Ryness	1										
Director	0	X			Ì			0.	0.		0.
(18) Ryan Clausnitzer	1										
President	0	X		Χ				0.	0.		0.
(19) Katherine Stewart	1_1_										
Director	0	X						0.	0.		0.
(20) Chad Davisson	1										
Director	0	Х					<u> </u>	0.	0.		0.
(21) Kyle Packham	_40_										
Advocacy Director	0					X		0.	0.	ļ	0.
(22) Mustafa Hessabi	_40_								_		
Deputy GC	0				_	X	<u> </u>	0.	0.	ļ	0.
(23) Dillon Gibbons	40					1,					0
Sr. Legis. Rep.	0	-				Х		0.	0.		0,
(24) Todd Winslow	_40_					.,		_	0		0
Publications Dir.	40					Х		0,	0.		0.
<u>(25) Cassandra Decker-Strwan</u> Dir. Member Serv.	- 40 -	-				Х		0.	0.		0.
1 b Subtotal	IV	1				<u> </u>	<b>&gt;</b>	477,575.	0.		76,776.
c Total from continuation sheets to Part VII, Secti	on A						<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	477,575.	0.		76,776.
2 Total number of individuals (including but not limited							ved				
from the organization > 2											
											Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	y er	mple	oyee	e, or	high	nest compensated	employee	3	1 77
on line 1a? If 'Yes,' complete Schedule J for suc										3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual.	er than \$1	50,00	30?	lf '\	es,	' con	ıple	er compensation f te Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fra	om :	ลกง	unre	late	d organization or	individual		X
Section B. Independent Contractors	s, compic		nicu	uic	<del></del>	7 340	ur p	0/30//,,			1 1
Complete this table for your five highest compen compensation from the organization. Report compensation.	sated inde	epen	dent	(COI	ntrac	ctors	tha	t received more th	nan \$100,000 of	r	
		uic c	aleri	uai j	year	CHUI	ng v	(B)	<u> </u>		(C)
(A) Name and business add	ress							Description of	of services	Comp	(C) ensation
2 Total number of independent contractors (including b	out not limi	tad F	, the	vec I	ictor	l aha	ve)	who received more	than		
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		teu t	טונו כ	/a⊏ l	1315(	. สมบ	AC)	AND LECEINED HINLE	wiaii		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (C) (D) (B) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections 512-514 function revenue revenue 1 a Federated campaigns ...... 1 a Grants, b Membership dues..... 1 b c Fundraising events..... 1 c Contributions, Gifts, and Other Similar A d Related organizations...... 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f q Noncash contributions included in 1 g h Total. Add lines 1a-1f ...... **Business Code** Program Service Revenue 900099 4,071,707 4,071,707 2a Membership Dues 900099 414,628 414,628 b Annual Conference \_ \_ 209,377 209,377. C Associations Sponsored Pr 611600 179,927 179,927 d Non Profit Administration 561000 611430 162,920 162,920 e Education Seminars f All other program service revenue. 501,539 501,539 g Total. Add lines 2a-2f..... 5,540,098 Investment income (including dividends, interest, and other similar amounts) ..... -1,084.-1,084Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a 6b b Less; rental expenses c Rental income or (loss) 6c d Net rental income or (loss) ..... (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a other than inventory b Less: cost or other basis 7b and sales expenses c Gain or (loss)..... d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events ....... 9 a Gross income from gaming activities. See Part IV, line 19..... 9a **b** Less: direct expenses . . . . . 9b c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less..... returns and allowances..... 10a 10b b Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 60,630 541800 60,630 d All other revenue. e Total. Add lines 11a-11d ..... 60,630 Total revenue. See instructions..... 599,644 5,600,728 0 -1.084

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	554,351.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	2,250,937.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
		229,748.			
9	Other employee benefits	287,781.			
10	Payroll taxes	352,906.			
11	Fees for services (nonemployees):				
	Management				
ŀ	Legal	17,064.			
(	: Accounting	14,200.			
	Lobbying	209,337.			
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	75,428.			
12	Advertising and promotion	175,706.			
13	Office expenses	9,476.			
14	Information technology	61,779.			
15	Royalties				
16	Occupancy	212,839.			
17	Travel	87,675.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	596,640.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,970.			
23	Insurance	11,234.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
•	Dues & Subscriptions	131,871.			
	Bank Charges	39,797.			
	Telephone	25,045.			
	Printing and Publications	16,578.			
	All other expenses	43,951.		***************************************	
25	Total functional expenses. Add lines 1 through 24e	5,455,313.			
26 BAA	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)		Dipolat		Form <b>990</b> (2021)
- DFF		TEEA0110L 05	11//17		1 OLDS 200 (COC)

23-7065662 Form 990 (2021) California Special Districts Association Page 11 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 1,261,130 1 2,989,854. Cash — non-interest-bearing. 4,873,824. 2 Savings and temporary cash investments..... 6,305,606 3 Pledges and grants receivable, net..... 3 4 Accounts receivable, net ..... 39,101 43,112 Δ Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 137,344 9 63,015. 10a 491,064. 10b b Less: accumulated depreciation..... 409,008. 100,658 10 c 82,056. 11 11 Investments – publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments – program-related. See Part IV, line 11...... 14 Intangible assets. 15 996,850. Other assets. See Part IV, line 11..... 1,516 15 7,845,355. 16 9,048,711. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... Accounts payable and accrued expenses..... 243,618 17 269,162. 17 Grants payable ..... 18 18 19 3,818,581 4,049,148. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Liabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 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. 25 192,420 995,334. 26 4,254,619 5,313,644 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here > Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 3,590,736 3,735,067. 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here >

BAA

33

and complete lines 29 through 33.

Capital stock or trust principal, or current funds.....

Paid-in or capital surplus, or land, building, or equipment fund......

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

3,735,067

29

30

31

32

33

3,590,736

7,845,355.

Forn	1990 (2021) California Special Districts Association 23-7	065662		Page 12
Pai	t 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	5,599	,644.
2	Total expenses (must equal Part IX, column (A), line 25).	2	5,455	,313.
3	Revenue less expenses, Subtract line 2 from line 1	3	144	,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,590	,736.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
F		10	3,735	,067.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	es 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 on Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	l on a		
ŧ	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:    X   Separate basis	е		
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
ł	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 09/22/21		Form 99	<b>90</b> (2021)

#### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2021

Open to Public Inspection

Schedule C (Form 990) 2021

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c

	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.				
	of organization			Employer identific	ation number	
Cal	Lifornia Special Di	stricts Association		23-706566		
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a :	section 527 organi	zation.	
1	Provide a description of the of See instructions for definition	organization's direct and indirect political on of 'political campaign activities.'	ampaign activities in	Part IV.		
		cpenditures. See instructions				
		campaign activities. See instructions				
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	⊁\$		
2		ise tax incurred by organization managers				
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes N	0
4 a	Was a correction made?				Yes N	О
	If 'Yes,' describe in Part IV.					
Par		rganization is exempt under section				
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$		
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other s	organizations for sec	tion ► \$		
3	Total exempt function expendine 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$		
4		e Form 1120-POL for this year?				0
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a politica	and employer identification number (EIN) s. For each organization listed, enter the ar s received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol mount paid from the r ivered to a separate po ice is needed, provid	itical organizations to willing organization's fundifical organization, such a information in Part IV	rhich the filing ds. Also enter the as a separate	
	(а) Nагпе	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	i
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

23	-7	U	6	ς	6	ĸ	2
	•	•	u	.,	w	w	z.

Part II-A Complete if section 501(	the organizatio	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► ☐ if the filir address,	ng organization belon . EIN, expenses, an	gs to an affiliated group (and d share of excess lobbying cked box A and 'limited co	g expenditures).	ated group member's nam	e,
(The term	Limits on Lobby 'expenditures' mea	/ing Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	ıblic opinion (grassroots lo	bbying)		
· - ·		legistative body (direct lob			
		and 1b)			
	•	nes 1c and 1d)			
`	•	•			
		nount from the following ta		***************************************	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			6.7535 6.453
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	amount (enter 25%	\$1,000,000. of line 1f)			
	•	s, enter -0			
		, enter -0			
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period at made a section 501(h) e low. See the separate ins	election do not have to o	complete all of the five rough 2f.)	
	Lobb	ying Expenditures During	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
2 a Lobbying nontaxable amount			-		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
amount  e Grassroots ceiling amount (150% of line					ıle C (Form 990) 2021

23-7065662 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?...... c Media advertisements?.... d Mailings to members, legislators, or the public?..... e Publications, or published or broadcast statements?..... f Grants to other organizations for lobbying purposes?..... a Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... Total, Add lines 1c through 1i..... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...... b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members?..... 1 Х 2 X Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?..... Χ Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-B (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a a Current year..... 2 b b Carryover from last year..... 2 c 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 4 expenditure next year?... Taxable amount of lobbying and political expenditures. See instructions..... 5 Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

cai	irornia Special Districts Association		22_7065662	
4147701484	t   Organizations Maintaining Donor Advised Funds or Other Similar Funds	e or Acc	23-7065662 Ounts	
Par	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	S UI MCC	ounts.	
	(a) Donor advised funds		unds and other acc	ounts
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 are the organization's property, subject to the organization's exclusive legal control?	or advised	funds Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	can be use urpose con	ed only ferring Yes	☐ No
Par	Conservation Easements.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
		of a histor	rically important lai	nd area
			ied historic structur	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a conserv	vation easement on t	he
-	last day of the tax year.			
			eld at the End of t	ne Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
(	: Number of conservation easements on a certified historic structure included in (a)	2 c		
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	organizatio	n during the	
4	Number of states where property subject to conservation easement is located ►			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation eas	sements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservati ▶\$	ion easeme	nts during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4	4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	expense sta cribes the	atement and baland organization's acco	ce sheet, and ounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	ther Sim	ilar Assets.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in f Part XIII the text of the footnote to its financial statements that describes these items.	ement and furtherance	balance sheet wore of public service,	ks of art, provide in
ł	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furtherary following amounts relating to these items:			f art, e
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for financia amounts required to be reported under FASB ASC 958 relating to these items:	al gain, prov	vide the following	
	Revenue included on Form 990, Part VIII, line 1			
ŀ	Assets included in Form 990, Part X		►Ş	

Schedule D (Form 990) 2021 Calli							23-706			Page Z
Part III   Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, o	r Other :	Similar Ass	ets (c	<u>ontinu</u>	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check a	iny of t	he following that n	nake signifi	cant use of its	collectio	n	
a Public exhibition			<b>d</b> Loan	or exc	hange program					
<b>b</b> Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.		ions and	explain how they	y furthe	er the organization	's exempt p	ourpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or an to be ma	receive intained	donations of ar	t, histo organiz	orical treasures, e zation's collection	or other si	milar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	Arrangen	nents.	Complete if	the o	rganization ar	swered	'Yes' on Fo	rm 990	ົງ, Par	t IV,
1 a ls the organization an agent, trus on Form 990, Part X?	stee, custodia	n or oth	er intermediary	for co	ntributions or oth	er assets	not included	Yes	Г	No
b If 'Yes,' explain the arrangement	in Part XIII a	and com	plete the follow	ing tab	ole:		•		<u></u>	_
, ,			•	_				Amoun	t	
c Beginning balance						1c				
d Additions during the year						ļ				
e Distributions during the year										
f Ending balance										
2a Did the organization include an a							iahility?	Yes		No
b If 'Yes,' explain the arrangement							L			⊣‴
bit res, explain the arrangement	III Fait Aiii.	CHECK II	ere ir ure expiai	Iation	rias been provide	cu on i ait	XIII		· · · · · L	
Part V Endowment Funds. C	omploto if	the ore	anization or	CWOT	od 'Vec' on E	orm 000	Dart IV/ lin	00 10		
Fart v Endowment runds.					(c) Two years bac		hree years back		Four years	e back
1 a Beginning of year balance	(a) Current	. year	(b) Prior yea	f	(c) Two years bac	x (u)	Tiree years back	(6)	our years	s Dack
0 0 1						-				
<b>b</b> Contributions								-		
c Net investment earnings, gains, and losses		****								
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance								1		
2 Provide the estimated percentage	of the curre	nt year	end balance (lir	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowm	ent 🟲		%							
<b>b</b> Permanent endowment ►										
c Term endowment ►	%									
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100	%.							
3 a Are there endowment funds not in t		•		are hel	d and administere	d for the		Γ	Yes	No
organization by: (i) Unrelated organizations								3a(i)	103	110
(ii) Related organizations								3a(ii)		
• •								1		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-		•					3b		
4 Describe in Part XIII the intended			ation's endowme	ent tur	ias.					
Part VI Land, Buildings, and										4.0
Complete if the organi	zation ans	wered	'Yes' on For	m 990	0, Part IV, line	e 11a. S	ee Form 99	o, Par	t X, lir	ne 10.
Description of property		(a) Cost (in	or other basis vestment)	(b)	Cost or other pasis (other)		cumulated eciation	(d) [	3ook va	lue
1 a Land										
<b>b</b> Buildings										
c Leasehold improvements				••••	190,091.		160,382.		29.	709.
<b>d</b> Equipment					237,808.		185,461.	,··,···,, , ,		,347.
e Other					63,165.	,	63,165.			0.
Fatal Add lines 1a through 1a (Colum		aual For	m 990 Part V	colum		L	<u>557±05.</u>		02	056

BAA

Schedule D (Form 990) 2021

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market  (d) Method of valuation: Cost or end-of-year market  (e) Method of valuation: Cost or end-of-year market  (f) Financial derivatives.  (g) Other  (h)  (g)  (h)  (h	
(1) Financial derivatives	
(2) Closely held equity interests	
(A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ►  Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year material (b) Book value (c) Method of valuation: Cost or end-of-year material (c) Method o	
(A) (B) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ►  Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year material (b) Book value (c) Method of valuation: Cost or end-of-year material (c) Method o	
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Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part IX   Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year material (d) (e) Method of valuation: Cost or end-of-year mater	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year material (c)	V line 12
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).   Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	A, IIIIC 13.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . \rightarrow  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	arket value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ►  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).   Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).   Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . >  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) \(\bigsim \)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶    Part IX   Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part	
<del></del>	ok value
(1) Deposits (2) Right of Use Asset	1,516. 995,334.
(3)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
	996,850.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Boo	ok value
(1) Federal income taxes	
	995,334.
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
(10)	
(11) T-t-1 (Column (h) must equal Form (00) Part V column (P) line (F)	
Total. (Column (b) must equal Form 990, Part X, column (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.	995,334.

chedule D (Form 990) 2021 California Special Districts Association 2	3-7065662	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		*-
1 Total revenue, gains, and other support per audited financial statements	1 5	5,599,644.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	A1-17-20-17-17-18	
b Donated services and use of facilities		
c Recoveries of prior year grants	7 1	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3 5	5,599,644.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 5	5,599,644.
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.		
1 Total expenses and losses per audited financial statements	1 5	5,455,313.
2 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	7	
c Other losses	1 1	
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3 5	5,455,313.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1 1	

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

Schedule D (Form 990) 2021

4 c

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5,455,313.

Part XIII Supplemental Information.

## SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

23-7065662 California Special Districts Association **Questions Regarding Compensation** Yes 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain... 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?..... 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan?..... 4 b Χ c Participate in or receive payment from an equity-based compensation arrangement?..... 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. 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: 5 a a The organization?..... b Any related organization? 5 h If 'Yes' on line 5a or 5b, describe in Part III. 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: **b** Any related organization? 6b If 'Yes' on line 6a or 6b, describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III...... If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53,4958-6(c)?......

Page 2

23-7065662

Schedule J (Form 990) 2021 California Special Districts Association

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	1/or 1099-MISC and/or	· 1099-NEC compensatio		(D) Nontaxable	(F) Total of	(F) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
Neil McCormick	€	303,153.	0	0	19,500.	24,339.	346,992.	
1 CEO	(1)		0		O             	 	10           	         
Rick Wood	Θ	174,422.	0	0	8,650.	24,287.	207,359.	
2 Finance & Admin	(ii)	0.	0		00		0	0.
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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

# SCHEDULE O (Form 990)

# 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.ns.gov/i ormago for the latest information

California Special Districts Association

23-7065662

Employer identification number

# Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Voting dues-paying members elect the board members of CSDA

# Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Changes in By-Laws require approval of the members.

### Form 990, Part VI, Line 11b - Form 990 Review Process

The Organization engages a CPA firm to prepare the required returns. A draft is submitted to the board for review prior to filing. The Finance & Administration Director and the CEO also review, CEO signs.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflicts of interest are dealt with on an as-needed basis. However, the organization has not had many conflicts surface historically.

# Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

An Executive Committee composed of Board members performs an initial review and then makes recommendations to the Board members. Then, collectively the Board members determine the compensation for the CEO on a yearly basis.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request, the organization will make available public documents to the appropriate parties.

Schedule R (Form 990) 2021 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f) Direct controlling entity 23-7065662 N/AN/AN/A (e) End-of-year assets Public charity status (if section 501 (c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
➤ Attach to Form 990. e o) (d) Total income Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. (**d)** Exempt Code section TEEA5001L 09/21/21 501(c)(3) 501(c)(4)(c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) CACA (b) Primary activity California Special Districts Association Risk Financing Government -(b) Primary activity Education Finance BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity Special District Leadership Founda 1112 I St, Ste 200 Sacramento, CA 95814 Special District Risk Managment Au 1112 I Street Sacramento, CA 95814 ------------(a) Name, address, and EIN of related organization CSDA Finance Corporation 1112 I St, Ste 200 Sacramento, CA 95814 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) ଷ୍ଟ 3 4 ω ଷ ଡ

(g) Sec 512(b)(13) controlled entity?

(f)
Direct controlling
entity

Open to Public Inspection

OMB No. 1545-0047

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Yes

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Schedule R (Form 990) 2021 California Special Districts Association

Partill

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.

UBI General or Percentage ownership edule partner?	Yes No								<b>a Corporation or Trust.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	of- Percentage Sec 512(b)(13) controlled entity?	Yes No								
Dispropor- tionate amount in box allocations? 20 of Schedule K-1 (Form	2			- The minimum interview of the minimum of the minim					answered 'Yes' (year.	(g) Share of end-of-year assets			 *************		 	***************************************			-
(g) Share of Disp end-of-year tio assets alloc	Yes		 						organization a	Share of total income									
Share of total SI income enc					<del></del>				 Complete if the ration or trust	(C corp, S corp,			 		 				
t income irelated, om tax stions	514)								 <b>tion or Trust.</b> ted as a corpc	le Direct gn controlling	- 1								
	215-								 as a Corpora	Legal domicile (state or foreign	country		 			A. W. A.			
(c) (d) Legal Direct domicile controlling (state or foreign	country)				······································	····			 <b>itions Taxable</b> re related orga	(b) Primary activity			•		 	Add a principal of the second			
Primary activity Cool (st. (st. )	00								<b>Identification of Related Organizations Taxable as a Corporation or Trust.</b> Complete if the organization answaline 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	of related organization							te star wat food start star star star bets held done star s		
(a) Name, address, and EIN of related organization		(1)		(2)			(3)	1 1 1 1 1 1 1	Part IV Identification o	(a) Name, address, and EIN of related organization		(I)	POR ADMI UPPR 1999 1999 1999 1994 1994 1994 1994 199	(2)		(6)	PRESE SAME SAME SHARE SHARE WARR SHARE SAME SAMES		

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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.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	ed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 <b>0</b>	  ×
Giff grant or capital contribution from related organization(s)			(	: >
c dist, grant, or capital contribution not related organization (3)			اد :	4
d Loans or loan guarantees to or for related organization(s)			.:	×
e Loans or loan quarantees by related organization(s)			- e	×
† Dividends from related organization(s)			11	X
g Sale of assets to related organization(s)			1g	× —
h Purchase of assets from related organization(s).			1P	×
Exchange of assets with related organization(s)			-	; >
- Contained of actions of the contained of generation (Contained to the contained to the co				<b>4 :</b>
Lease of facilities, equipment, of other assets to related organization(s)			=	×
k Lease of facilities, equipment, or other assets from related organization(s)			::   	×
1 Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			- - - -	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u> </u>	×
				: ×
				4
s Reimbursement haid to related organization(s) for expenses				>
# Reimburgement paid by related organization(s) for expenses			2 7	<  >
			- - :	4
r Other transfer of cash or property to related organization(s)			<u>-</u>	$\bowtie$
s Other transfer of cash or property from related organization(s)			 S	×
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.	I relationships and trar	saction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	sterminina
	type (a-s)		amount ir	nvolved
(1) Special District Leadership Foundation	ପ	80,000.	cash	payment
(2) CSDA Finance Corporation	ဎ	47,03I.	cash pay	payment
	Ą	000	cash pay	payment
(5)				
(6)				
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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.

Name, address, and EIN of entity Primary activity (state or foreign country)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated.	Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	(K) Percentage ownership
			from tax under sections 512-514)	Yes No			Yes No	(Form 1065)	Yes No	-1
(1)							1			
(2)			T. T			***************************************				
(3)		44444-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			TANAMAN MANAGEMENT AND					
	,									
(4)						HIRMANA ANA DESTA NATURA PARA PARA PARA PARA PARA PARA PARA P				
						PRANAMENTAL PROPERTY AND THE				
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(9)					ANALES STATEMENT AND STATEMENT		***************************************	the felt was the same and a same a same a same a same a same a sam		
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.