			SAME AS C A	BOVE		
			X	000	§	
			WWW.NSB/ X	N.ORG	OMB No. 1545-0047	
For	m		Under section 501(c), 527, or 4947(a)(1) of the artife nal State and continuous continuo	ont private foundations)		•
		of the Treesum.	Do not enter social security numbers on this form as it may be m		Open to Public	THE P
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.	Inspection	
<u>A</u> F	or the	2018 calenda	r year, or tax year beginning and ending	_		-
В	Check if applicabl	e: C Name of	forganization	D Employer identificatio	n number	
	Addre	ss e				
	Name chang		usiness as			=
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	om/ & uiteelephone number		
	Final return termir	1-				-
	Amen	ded	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group retur	rn	-
	return Applic tion	-2-	nd address of principal officer:	for subordinates? ~		
	pendi	ng		H(b) Are all subordinates include	ded? Yes No	
		empt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a list.		
	<u>Nebsit</u>	e: of organization:	Corporation Trust Association Other LY6	H(c) Group exemption near of formation:		-
	-orm c	or organization:	Corporation Trust Association Other [] Ye	ear of formation: TM S	State of legal domicile:	•
	1	Briefly describ	e the organization's mission or most significant activities:			
nce			<u> </u>			_
Governance	2	Check this box				
3000	3		ing members of the governing body (Part VI, line 1a)			•
<u>«</u>	1 '		lependent voting members of the governing body (Part VI, line 1b)			•
/ities			of volunteers (estimate if necessary) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6		•
Activities &			d business revenue from Part VIII, column (C), line 12 ~~~~~~~~~~~~~	7a -	~~~~~~	<u>.</u>
_	b	Net unrelated		. line 26) ~~~~~~ 7b~~~	~~~~~~	-
				ances PSionbtYæatrline 21 from	lin @@ @e nt*Year****	-
nue	8		Part II Signature Blod			•
Revenue	10		ļ			•
œ	11					•
	12		=	OFNITZEL OFO 0 EV	FOLITIVE DIDEOT	- - -
	13		THOMAS J.	GENTZEL, CEO & EX	ECOTIVE DIRECT	OR
	14 15		-			•
Expenses	16a		STEVEN C. DA	R, CPA, CMA		•
xpe	b			LIBRE CPA GROUP F		
ш	17			01 WISCONSIN AVEN	IUE, SUITE 1200 \	WEST
	18		 	THESDA, MD 20814	•	•
Net Assets dr	19		May the IRS discuss this return LHA	with the preparer shown abo Beginning of Current Year	<u>End of Year</u>	
set	20			beginning of Current Teal	Liiu Oi Teai	•
A A	21					
Ž	22					-
<u></u>		14: 6 :				
			ry, I declare that I have examined this return, including accompanying schedulete. Declaration of preparer (other than officer) is based on all information of v			je and b
iiuc	, corre	ct, and comple	ete. Declaration of preparer (other than officer) is based on all information of	Which preparer has any know	vieuge.	•
Sigi	n	Signatu	re of officer	Date		•
Her						<u>-</u>
			print name and title	Data	DTIN	-
Do:	Ч	Print/Type pr	eparer's name Hre/aler's signature	Date Check if self-employed	PTIN	
Pai Pre	a parer	Firm's name	Is a second seco	Firm's EIN	11	-
	Only	Firm's addres	ss	I IIII S LIIV		•
				Phone no.		_

Form 990 (2018)

<u>Forn</u>	n 990 (2018) NATIONAL SCHOOL BOARDS ASSOCIATION	36-2210015	Page 2
	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:		
•	WORKING WITH AND THROUGH OUR STATE ASSOCIATIONS, NSBA ADVOCATES FO)R	
	EQUITY AND EXCELLENCE IN PUBLIC EDUCATION THROUGH SCHOOL BOARD		
	LEADERSHIP.		
2	Did the organization undertake any cignificant program convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X _{No}
	·	Yes	, INO
	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~	Yes	X _{No}
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured 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, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$7,535,126including grants of \$) (Revenue DISTRICT AND INDIVIDUAL SERVICES - NSBA PROVIDES SUPPORT, RESOURCES,	, _{\$} 13,065,107	<u>'. </u>
	EDUCATION AND MATERIALS FOR LOCAL SCHOOL DISTRICTS THAT ARE DIRECTLY	′	
	INVOLVED IN NSBA PROGRAMS SUCH AS NATIONAL CONNECTION, COUNCIL OF U	RBAN	
	BOARDS OF EDUCATION, COUNCIL OF SCHOOL ATTORNEYS, NATIONAL BLACK		
	COUNCIL, NATIONAL HISPANIC COUNCIL, AND AMERICAN INDIAN ALASKA NATIVE		
	COUNCIL.		
	- CONTOIL.		
4b	(Code:) (Expenses \$5,637,296including grants of \$) (Revenue ADVOCACY AND MEMBERSHIP SERVICES - NSBA PROVIDES SUPPORT, RESOURCE	3,270,883	3.
		ES,	
	EDUCATION AND MATERIALS FOR ITS 49 STATE ASSOCIATION MEMBERS. NSBA'S		
	ADVOCACY OFFICE CONSISTS OF THREE PILLARS - FEDERAL ADVOCACY, LEGAL		
	ADVOCACY AND PUBLIC ADVOCACY. NSBA REPRESENTS THE INTERESTS OF THE		
	NATION'S 90,000 LOCAL SCHOOL BOARD MEMBERS BEFORE CONGRESS, FEDERA	L	
	COURTS AND THE PUBLIC.		
4c	(Code:) (Expenses \$) (Revenue	*\$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 13,172,422.	•	

Form 990 (2018) Page No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II _____ 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 IL______ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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? 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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 D, 11a 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ______ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X or ----11e Fo0b2018) 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 ~~~~ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 1<u>2a</u> b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional _____ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 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 ______ a linae or more? If "Yes," complete Schedule F, Parts I and IV _____ a linae 15 If "Yes," complete Schedule F, Parts II and IV 15 16 If "Yes," complete Schedule F, Parts III and IV Did the organization reportts totas of more than 510,00s or expensef; or pfineptiong, fundraision servicle D, Pa.83.~~A X, lis 6t, an110 le? 17 18 If "Yes," complete Schedule G, Part II 18 If "Yes." 19 complete Schedule G, Part III 19 20a If "Yes," complete Schedule H 20a

If "Yes," complete Schedule I, Parts I and II

20b

b 21

	(continued)			
			Yes	No
22	If "Yes," complete Schedule I, Parts I and III	22		
23				
	If "Yes," complete			
24a	Schedule J	23		\vdash
2-14	If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
b c		24b		
Ū		24c		
d	0 (504/)(0) 504/)(1) 1504/)(0)	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. If "Yes," complete Schedule L, Part I	25a		
b				
	If "Yes," complete Schedule L, Part I	٥٢١		
26	Schedule E, Faith	25b		
	If "Yes,"			
27	complete Schedule L, Part II	26		\vdash
21				
	If "Yes," complete Schedule L, Part III	27		
28				
а		28a		
b		28b		├─
С		28c		
29		29		
30				
31		30		
-		31		<u> </u>
32		20		
33		32		
		33		
34		34		
35 a		35a		
b				
36	Section 501(c)(3) organizations.	35b		\vdash
00		36		
37				
38		37		_
	Note.	38		
			Yes	No
1a		-		
b c		-		
C		10		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~~~ 2a 81		V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~~~~~~~		V	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			~
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Χ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ماد جو ا		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide		e payo	0 7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		Χ
٨	to file Form 8282? •••••••••••••••••••••••••••••••••	7c		7.
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Χ
e f		7 6 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file in office as required: ~ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
U	sponsoring organization have excess business holdings at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	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:			
а	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.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
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 •••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
С	Enter the amount of reserves on hand 13c			V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	, .		Χ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720. Schedule O.	Fare	2000	(2049)
		LOLU	じいい	(2018)

Form 990 (2018)

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.

	to line out 35, or 105 solow, describe the directinated by processes, or sharings in scribed to 8. Solominated by				
	Check if Schedule O contains a response or note to any line in this Part VI			X	
<u>Sec</u>	ion 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 22				
	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 Q.				
b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~ 1b 19				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?	2		X	
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
3		3		Χ	
	of officers, directors, or trustees, or key employees to a management company or other person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х		
6	Did the organization have members or stockholders?	6	$\stackrel{\wedge}{\vdash}$	—	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		X		
	more members of the governing body?	7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b	Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ng:			
а	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Χ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х		
		11a			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	Х		
		12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		x		
		12c	X		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	\longrightarrow		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V		
	The organization's CEO, Executive Director, or top management official	15a	Х		
b	Other officers or key employees of the organization	15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		<u>X</u>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed J ILrecords Anothe107.90 Tm (Other) Tj 1 0	0?HI	ER 1	ritten p	olicy
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)				
. •	for public inspection. Indicate how you made these available. Check all that apply.	,)		· - • -	
	Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the source of the conflict of interest policy, and the conflict of interest policy and the conflict of interest policy and the conflict of interest policy and the conflict of interest policy.	inanci	al		
13	statements available to the public during the tax year.	ii iai iolo	A1		
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20					

832006 12-31-18 Form990 (2018)

1a	•							•		
current										
current current										
former										
former directors	or trustees									
(A)	(B)			(0				(D)	(E)	(F)
		(do box,	(do not check more than one box, unless person is both an officer and a director/trustee) (Active Michael Compensated Highest compensated employee Former Former							
		direct	ei aii	u a u	recto	p	ee)			
		stee or	rustee		Ф	pensat				
		lual tru	tional t	L	nploye	st com yee	Į.			
		Indivic	Institu	Office	Key e	Highe emplo	Former			

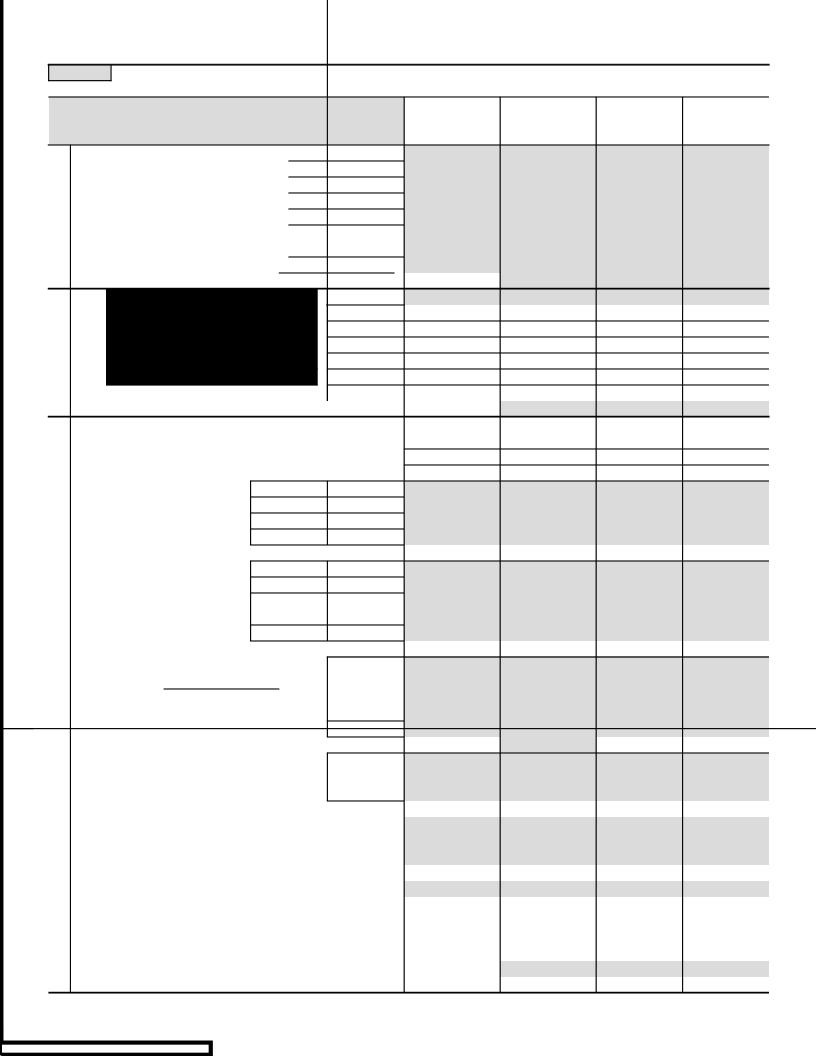
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990 (2018)

Part VII Section A. Officers, Directors, Trustee	es, Key Employ	<u>ees</u>	, and	d Hi	ghes	st Co	omp	ensated Employees	(continued)				
(A)	(B)				C)			(D)	(E)		(F)		
Name and title	Average	(-1-		Posi	ition	46		Reportable	Reportable		mated		
	hours per					than of the s		compensation	compensation		ount of		
	week	96	er an	d a di		r/trus	'	from	from related		ther		
	(list any	or dire				pg		the	organizations	compe	ensation		
	hours for	96	trustee			nsat		organization	(W-2/1099-MISC)		m the		
	related	uste.	trus		ee	upe		(W-2/1099-MISC)		orgai	nization		
	organizations	Individual trustee	Institutional t		oldi	t co	١.			and	related		
	below	ividu	tituti	Officer	/ em	hes	ine.			organ	izations		
	line)	Ind	Ins	JO#	Ke	Highest compensated employee	굔						
(18) MICAH ALI	2.00												
EX OFFICIO VOTING DIRECTOR		Χ						0.	0.		0.		
(19) STEVE CORONA	2.00												
EX OFFICIO VOTING DIRECTOR		Χ						0.	0.		0.		
(20) RODNEY SCHILT	2.00												
EX OFFICIO VOTING DIRECTOR		Х						0.	0.		0.		
(21) ERIC GERMANN	2.00							<u> </u>	<u> </u>				
REGIONAL DIRECTOR - CENTRA	2.00	Χ						0.	0.		0.		
	F 00	^						0.	U.		<u> </u>		
(22) KEVIN E. CIAK (EFF 4/18)	5.00	.,						45.000	•		•		
PRESIDENT/IMMEDIATE PAST PRESIDENT		Х		Х				15,000.	0.		0.		
(23) FRANK C. PUGH (EFF 4/18)	5.00												
PRESI DENT		Χ		Χ				40,000.	0.		0.		
(24) ELIZABETH BRANHAM (EFF 4/18)	5.00												
PRESI DENT-ELECT		Χ		Χ				10,000.	0.		0.		
(25) CHARLIE WILSON	5.00							,					
SECRETARY-TREASURER		Х		Х				0.	0.		0.		
(26) THOMAS GENTZEL	35.00							0.	0.	+			
CEO & EXECUTIVE DIRECTOR	2.00			Χ				403,954.	0.	26	240.		
1b Sub-total							· · · · · · ·	240.					
c Total from continuation sheets to Part VII, Section A ~~~~~~~ 1,653,973. 0.							120,						
d Total (add lines 1b and 1c) ••••••	••••							2,122,927.	0.	156,	156,821.		
2 Total number of individuals (including but no	ot limited to the	se l	isted	labo	ove)	who	re	ceived more than \$100,0	000 of reportable				
compensation from the organization											16		
										\	res No		
3 Did the organization list any former officer,	director, or tru	stee	. ke	/ em	nolar	vee.	or h	nighest compensated em	nplovee on				
line 1a? If "Yes," complete Schedule J for s									.p.o, oo o	3	X		
4 For any individual listed on line 1a, is the su									o organization				
and related organizations greater than \$150	nn or reportable	= co " co	mnle	iisai	iion Sche	anu Mule	Ulli Ifد	er compensation from th for such individual	e organization		х		
										4			
5 Did any person listed on line 1a receive or a									iuai for services	_	X		
rendered to the organization? If "Yes," com	ipiete Schedui	3) [OI SU	ıcn	pers	011	•••••	•••••••		5			
Section B. Independent Contractors													
1 Complete this table for your five highest cor										tion from			
the organization. Report compensation for t	<u>he calendar ye</u>	ar e	<u>ndin</u>	<u>g wi</u>	th o	r wit	hin_	the organization's tax ye	ar.				
(A)				_				(B)		(C)			
Name and business	address	N	DNE	=				Description of s	ervices	Compens	sation		
							J						
							\dashv						
							\dashv		-				
2 Total number of independent contractors (in	cluding but no	t lim	ited	to th	nose	liste	ed a	above) who received mor	e than				
\$100.000 of compensation from the organiz	ation				()							
SEE PART VII, SECTION A CON	IOITAUNITI	٧S	HΕ	ETS	S					Form 9	90 (2018)		

10590923 712177 71548

Form 990 (E)										
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	es, a	and	High	nest	Con	npensated Employees	(continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	ардр	y)	compensation	compensation	amount of
	per	tor				ploy		from	from related	other
	week (list any	direc				d en		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	e or	tee			sate		(W-2/1099-MISC)	(VV-2/1099-WII3C)	organization
	related	uste.	trus		ee ,	nper		(** =/ *********************************		and related
	organizations	ual tı	ional		oldu	st cor	L			organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employ	Former			
	line)	u	느	0		I	Ŀ			
Total to Part VII. Section A. line 1c •••••••••••••••••••••••••••••••••••										



Form	n 990 (2018) NATIONAL SCHO	OOL BOARDS ASS	OCIATION	36-22	10015 Page 10	
	rt IX Statement of Functional Expenses	3				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All ot	her organizations must c	complete column (A).		
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX ••••••	••••••	X	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses	
1	Grants and other assistance to domestic organiza	ations				
	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,	1,466,650.	985,188.	481 462(~~~	Tj yfo1,462(~~~) Tj	vfo1 4
6	trustees, and key employees ~~~~~ Compensation not included above, to disqualified		000,100.	101,102(7 1, 310 1, 102(7 1)	, , , .
6	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)-~	u I				
7	Other salaries and wages ~~~~~~					
8	Pension plan accruals and contributions (include					
Ū	section 401(k) and 403(b) employer contributions					
9	Other employee benefits ~~~~~~					
10	Payroll taxes ~~~~~~~~					
11	Fees for services (non-employees):					
а	Management ~~~~~~~~~					
b	Legal ~~~~~					
С	Accounting ~~~~~~~~					
d	Lobbying ~~~~~~~~					
е	Professional fundraising services. See Part IV, lir	ie 17				
f	Investment management fees ~~~~~~					
g	Other. (If line 11g amount exceeds 10% of line 29)					
	column (A) amount, list line 11g expenses on Scl	<u>h O.)</u>				
12	Advertising and promotion ~~~~~~					
13	Office expenses					
14	Information technology ~~~~~~					
15	Royalties ~~~~~~~~~~					
16	Occupancy					
17 18	Payments of travel or entertainment expenses					
10	for any federal, state, or local public officials ~					
19	Conferences, conventions, and meetings ~~					
20	Interest ~~~~~~~~~					
21	Payments to affiliates ~~~~~~~					
22	Depreciation, depletion, and amortization ~~					
23	Insurance ~~~~~~~~					
24	Other expenses. Itemize expenses not covered	17.12				
	above. (List miscellaneous expenses in line 24e. 24e amount exceeds 10% of line 25, column (A)	If line				
	amount, list line 24e expenses on Schedule O.)					
а			-			
b						
C				-		
d						
	All other expenses				_	
<u>25</u>	Total functional expenses Add lines 1 through 24e			1		
26	Joint costs.Complete this line only if the organiza reported in column (B) joint costs from a combine	I .				
	-, (=, joint 00010 iroin a 00110ine	1.	i	1	i	

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Check here |

		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 ~~~~~~~~~~~~~	~~~~~		1	
	2	Savings and temporary cash investments ~~~~~	~~~~~~		2	
	3	Pledges and grants receivable, net ~~~~~~~~			3	
	4	Accounts receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			4	
	5	Loans and other receivables from current and forme				
		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 495	· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of section 5	501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Con	mplete 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 ~~~ 10)a			
	b	Less: accumulated depreciation ~~~~~ 10)b		10c	
	11	Investments - publicly traded securities ~~~~~~		11		
	12	Investments - other securities. See Part IV, line 11 ~		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets ~~~~~~~~~~~~~~		14		
	15	Other assets. See Part IV, line 11 ~~~~~~~~	~~~~~~		15	
	16	Total assets. Add lines 1 through 15 (must equal lin	e 34) ••••••		16	
	17	Accounts payable and accrued expenses ~~~~~			17	
	18	Grants payable ~~~~~~~~~~~~~	~~~		18	
	19	Deferred revenue ~~~~~~~~~~~~~~~~~~			19	
	20	Tax-exempt bond liabilities ~~~~~~~~~~~	~~~~~		20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D ~~~~		21	
Se	22	Loans and other payables to current and former office				
Liabilities		key employees, highest compensated employees, at	nd disqualified persons.			
-jap		Complete Part II of Schedule L ~~~~~~~~~~			22	
_	23	Secured mortgages and notes payable to unrelated	·		23	
	24	Unsecured notes and loans payable to unrelated thir	rd parties ~~~~~~		24	
	25	Other liabilities (including federal income tax, payabl				
		parties, and other liabilities not included on lines 17-2	24). Complete Part X of			
		Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			25	
	26	Total liabilities. Add lines 17 through 25			26	
		Organizations that follow SFAS 117 (ASC 958), check	ck here and			
S		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			27	
3ak	28	Temporarily restricted net assets			28	
nd I	29	Permanently restricted net assets ~~~~~~~~~			29	
Fu		Organizations that do not follow SFAS 117 (ASC 958	8), check here			
Net Assets or Fund Balances	20	and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds ~~~			30	
t As	31	Paid-in or capital surplus, or land, building, or equipment			31	
Š	32	Retained earnings, endowment, accumulated incom-			32	
	33 34	Total liabilities and net assets/fund balances •••••••			33 34	
	J 4	i otal liabilities and het assets/juilly balances			1 04	

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1		775,6			
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		247,1			
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -17						
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	1	,916,	413.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) •••••••	10	-14,5	35,4	45.		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	~~~~		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Χ		
	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:						
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit				
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-		3a		Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a sectior 4947(a)(1) nonexempt charitable trust. | Attach to Form 990 or Form 990-EZ. 2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Dest	D (D. L.II O	land Otal										
Part I	Reason for Public C	narity Status (All organizations must co	mplete thi	s part.) Se	ee instructions.						
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)							
1	A church, convention of chu	urches, or association	n of churches described	in sectior	n 170(b)(1)(A)(i).						
2	A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170(b)(1)(A)(ii	i).						
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
	city, and state:	•	,									
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
Ü	section 170(b)(1)(A)(iv). (0		logo or allitorolly office	o. opo.a.c	ou by a go							
6	A federal, state, or local go	•	antal unit described in	coction 17	0/b\/1\/ <i>\</i> \\	(v)						
		ŭ			. , . , . ,	` '	ublic described in					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	· ·											
9	An agricultural research org		. , , , , , ,		•	-	-					
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or					
	university:											
10	An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	oort from o	ontribution	ns, membership fees, an	d gross receipts from					
	activities related to its exem	npt functions - subjec	t to certain exceptions, a	nd (2) no i	more than	33 1/3% of its support for	rom gross investment					
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
	See section 509(a)(2). (Co	mplete Part III.)										
11	An organization organized	and operated exclusi	vely to test for public saf	ety. See	section 50	9(a)(4).						
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform th	ne function	s of, or to carry out the	ourposes of one or					
	more publicly supported org	ganizations described	d in section 509(a)(1) o	r section 5	09(a)(2).	See section 509(a)(3).	Check the box in					
	lines 12a through 12d that of		, , , ,			. , . ,						
а	Type I. A supporting orga	• •				•	givina					
~	the supported organization	•	•	•	•							
	organization. You must o			majority o	i tilo diloo		pporung					
b	Type II. A supporting organization.	•		on with ite	cupportor	Lorganization(c) by bay	ina					
D		·				. , , ,	•					
	control or management o			me persor	is that con	illoi oi manage lile supp	ortea					
	organization(s). You mus	•				and from a Canada Harta Cata assaulta	at 201.					
С	Type III functionally integ						a with,					
	its supported organization	, , ,										
d	Type III non-functionally i	•					, ,					
	that is not functionally into	•	• •	•		uirement and an attentiv	reness					
	requirement (see instruct	ions). You must com	plete Part IV, Sections A	and D, an	d Part V.							
е	Check this box if the orga	inization received a v	vritten determination fror	n the IRS t	hat it is a	Type I, Type II, Type III						
	functionally integrated, or	Type III non-function	nally integrated supportin	ig organiza	ation.							
f Ente	er the number of supported of	organizations ~~~~	.~~~~~~~~~~~	~~~~~	~~~~							
	vide the following information			() (Τ.						
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your gove	ganization lis	eqv) Amount of monetary	(vi) Amount of other					
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
						-						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~~ 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~ 3 The value of services or facilities furnished by a governmental unit to the organization without charge ~ 4 Total. Add lines 1 through 3 ~~~ 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~~~~~~~ Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 ~~~~~ 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ Net income from unrelated business activities, whether or not the business is regularly carried on ~ 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~ 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 % 15 15 Public support percentage from 2017 Schedule A, Part II, line 14 ~~~~~~~~~~~~ % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~~~~~~~~ If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or b 10% -facts-and-circumstances test - 2017. more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2018

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513 ~~~~						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge ~						
6	Total. Add lines 1 through 5 ~~~						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~~						
С	Add lines 7a and 7b ~~~~~						
8	Public support. (Subtract line 7c from line 6)					
		,					_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 ~~~~~	, ,	, ,	, ,	, ,	, ,	,,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
	Unrelated business taxable income						
	(less section 511 taxes) from busines	ses					
	acquired after June 30, 1975~~~						
11	Add lines 10a and 10b ~~~~~ Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12							
12	Total aupport/Addition and additional						
	Total support(Add lines 9, 10c, 11, and 12.) First five years.	<u> </u>		<u> </u>	L	I	
14							
	stop here						
15						15	
15						16	
16						1 16 1	
17	20	10				17	
18		2017				18	
	33 1/3% support tests - 2018.	2017				_ 10	
ısa	ου 1/0/0 συρροπ τεσιο - 2010.	stop here.					
h	33 1/3% support tests - 2017.	stop here.					
D	00 1/0/0 Support tosts - 2017.	6	top here.				
		5	TOP TICIE.				

.

	 Yes	No
1		
2		
2		
3		
4		
5		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee instructions).			
a a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
			165	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
	•	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Schodulo A (Form 0	00 00		2040

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	ations	T age o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com	plete Se	ections A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Ad	d lines 1 through 3	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
_	tructions for short tax year or assets held for part of year):			
	erage monthly value of securities	1a		
	erage monthly cash balances	1b		
	ir market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other			
	tors (explain in detail in Part VI):			
2 Acc	guisition indebtedness applicable to non-exempt-use assets	2		
	btract line 2 from line 1d	3		
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions)	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Itiply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
Section C	C - Distributable Amount			Current Year
1 Adi	justed net income for prior year (from Section A, line 8, Column A)	1		
	ter 85% of line 1	2		
	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	ter greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting orga	nization (see
	instructions).		,, 11 3 · 3 ·	•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

and 4c.

8 Breakdown of line 7:

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

7 Excess distributions carryover to 2019.

Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2018 NATIONAL SCHOOL BOARDS ASSOCIATION	36-2210015	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6.	1 and 2; Part IV, Section B, line 1e; I	n C,
	(See instructions.)		

Department of the Treasury Internal Revenue Service			
memai Revenue Service			

Name of organization

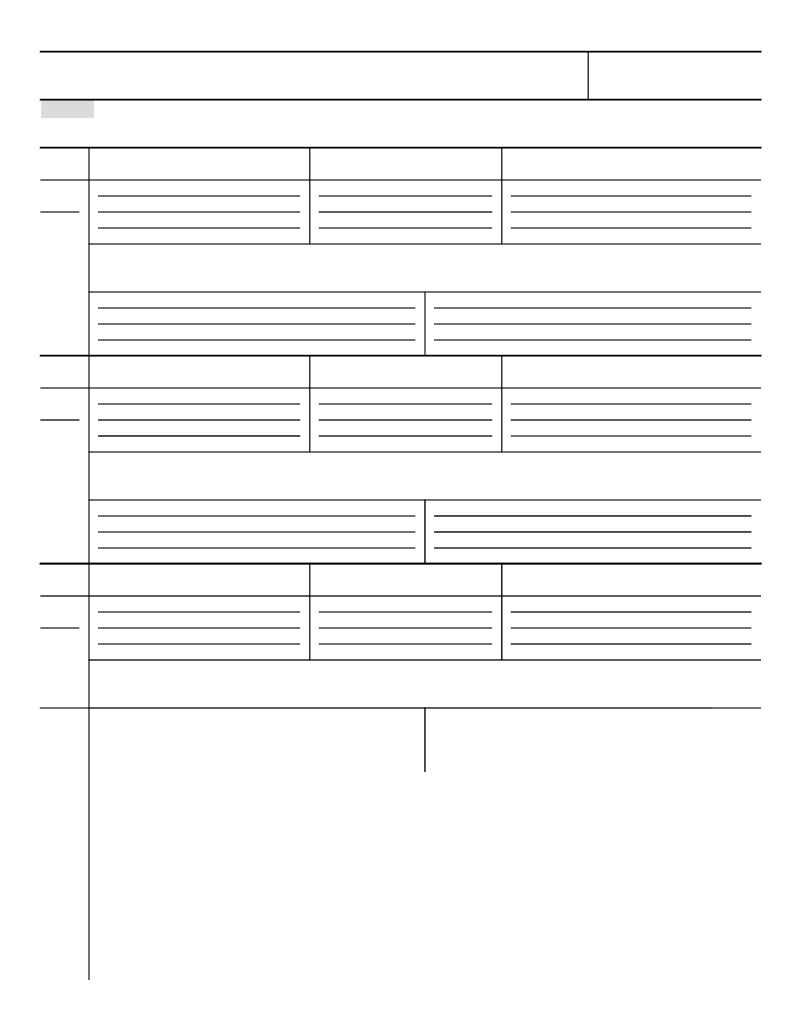
Employer identification number

NATIONAL SCHOOL BOARDS ASSOCIATION

36-2210015

NATION	IAL SCHOOL BOARDS ASSOCIATION		86-2210015
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL SCHOOL BOARDS ACTION CENTER 1680 DUKE STREET, 2ND FLOOR ALEXANDIRA , VA 22314	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 J Complete if the organization is described below. J Attach to Form 990 or Form 990-EZ. | Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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 Part II-A.

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 (Proxy Tax) (see separate instructions), then

<u>¥ Section 501(c)(4). (5). or (6) organiza</u>	ations: Complete Part III.					
Name of organization				Emplo	oyer identification nu 36-2210015	mber
	art I-A Complete if the organization is exempt under section 501(c) or is a section 527 org					
Part I-A Complete if the orga	nization is exempt under so	ection 501(c) or is	a section 527 or	ganiza	ation.	
1 Provide a description of the organization			Part IV.			
2 Political campaign activity expenditu				J \$		
3 Volunteer hours for political campaig	gn activities ~~~~~~~~~~	~~~~~~~~~				
Part I-B Complete if the orga	nization is exempt under se	action E01(a)(2)				
1 Enter the amount of any excise tax	•	` , ` ,				
2 Enter the amount of any excise tax				J ¢		
3 If the organization incurred a section				σψ	Yes	No
4a Was a correction made? ~~~~~~					Yes	No
b If "Yes." describe in Part IV.					100	
	nization is exempt under se	ection 501(c), exce	pt section 501(c	;)(3).		
1 Enter the amount directly expended	by the filing organization for sect	ion 527 exempt function	activities ~~~~	J \$		
2 Enter the amount of the filing organi						
exempt function activities ~~~~~	~~~~~~~~~~~~~~~~~~	~~~~~		J \$		
3 Total exempt function expenditures.	Add lines 1 and 2. Enter here an	d on Form 1120-POL,				
line 17b ~~~~~~~~~~~	~~~~~~~~~~~	~~~~		J \$	Yes	
4 Did the filing organization file Form	1120-POL for this year? ~~~~	~~~~~~~	~~~~		Yes	No
5 Enter the names, addresses and en	nployer identification number (EIN	l) of all section 527 politi	tical organizations to	which	the filing organization	on
made payments. For each organiza						
contributions received that were pro	• •			parate	segregated fund or	a
political action committee (PAC). If a	additional space is needed, provic	de information in Part IV	'. 		1	
(a) Name	(b) Address	(c) EIN	(d) Amount paid t		(e) Amount of po	
			filing organization funds. If none, ent		contributions received promptly and direction	
			Turido. Il riorio, crit	0, 0.	delivered to a sep	oarate
					political organiza	
			<u> </u>		ii none, enter	-0
		+				

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

	(6	a)	(b)
	Yes	No	Amo	unt
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a				
b				
c d				
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f g				
h				
i j				
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b c				
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3		312		

					 		
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Complete if the committee annual all IV	on Form 000 Bort N	/ line 11h Ca	o Form 000	Dort V line 40	
Complete if the organization answered "Yes" (a) Description of security or categoryluding name of security)	(b) Book value				end-of-year market value
1) Financial derivatives	(, === , , , , , , , , , , , , , , , ,	(3)			,
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 1:	<u>2.) </u>				
	E 000 B (IV		-	D () () ()	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value				end-of-year market value
	(b) Book value	(6)	Metriod or v	aluation. Cost of t	end-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.(Col. (b) must equal Form 990, Part X, col. (B) line 1	<u>3.) </u>				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. Se	e Form 990,	Part X, line 15.	
(a)	Description				(b)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
rotal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)				
lotal.	,				
(a)		(b)			
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				-	
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)				
2.					

Page

Schedule D (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		compensation incentive report		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS GENTZEL	(i)	378,954.	25,000.	0.	18,546.	17,694.	440,194.	0.
CDO A DUDGITUD DIDUCTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEATHER DEAN	(i)	246,993.	0.	0.	15,769.	3,422.	266,184.	0.
DEDITON EXECUTATIVE DIDECTION AND COO	(ii) [0.	0.	0.	0.	0.	0.	0.
(3) RORY DAVENPORT	(i)	226,572.	0.	0.	15,209.	1,901.	243,682.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRANCISCO NEGRON	(i)	229,072.	0.	0.	10,690.	21,422.	261,184.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VERJEANA MCCOTTER-JACOBS	(i)	186,566.	0.	0.	6,823.	1,836.	195,225.	0.
CHIEF MEMBER SERVICES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RENEE JOE	(i)	178,824.	0.	0.	8,255.	0.	187,079.	0.
MANAGING DIRECTOR, MARKETING & COMMU	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	157,066.	2,500.	0.	11,122.	0.	170,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SONJA TRAINOR	(i)	158,452.	0.	0.	4,452.	0.	162,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KANISHA WILLIAMS	(i)	144,269.	0.	0.	10,852.	0.	155,121.	0.
MANAGING DIRECTOR, MEMBER SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O

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

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. LGo to www.irs.gov/Form990 for the latest information

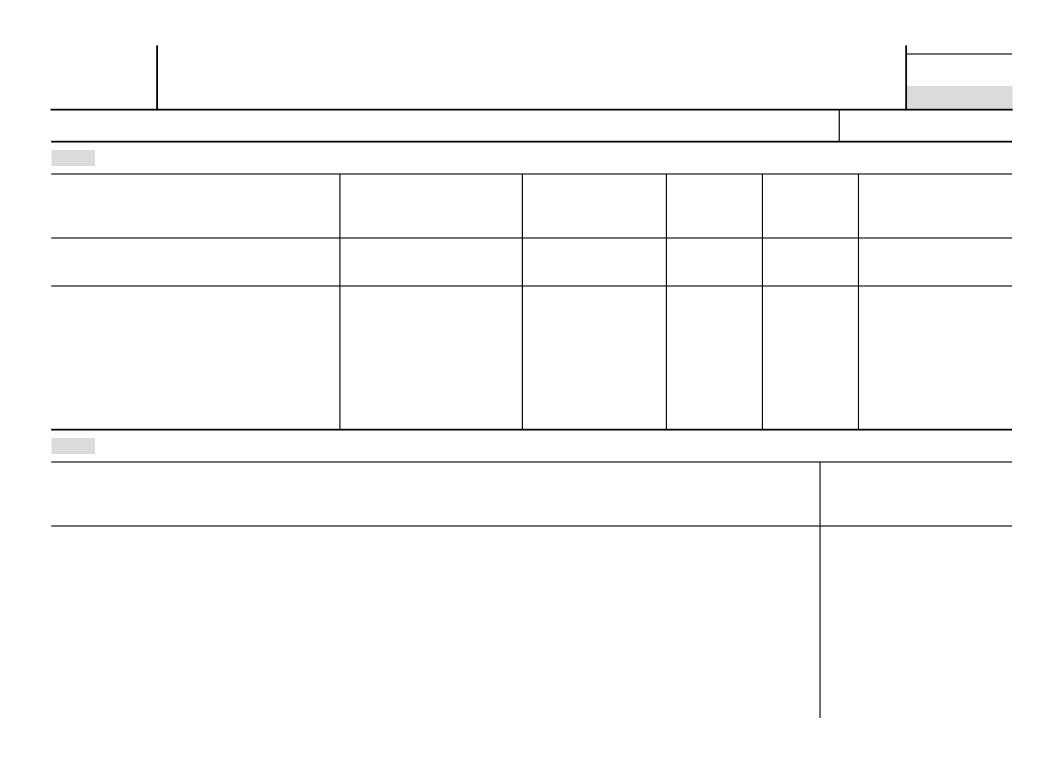
Open to Public Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization

NATIONAL SCHOOL BOARDS ASSOCIATION

<u>Inspection</u> Employer identification number 36-2210015

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS INCLUDE 49 STATE ASSOCIATIONS
FORM 990, PART VI, SECTION A, LINE 7A:
ASSOCIATION MEMBERS, STAE ASSOCIATIONS OF SCHOOL BOARDS, AND THEIR DELEGATE
ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
THE CONSTITUTION AND BYLAWS OF NSBA MUST BE AMENDED BY A TWO-THIRDS VOTE OF
THE MEMBERS PRESENT AND VOTING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS INITIALLY REVIEWED IN DETAIL BY THE ORGANIZATION'S
ACCOUNTING DEPARTMENT AND MANAGEMENT. FURTHERMORE, PRIOR TO FILING WITH THE
INTERNAL REVENUE SERVICE, A COPY OF THE FORM 990 WAS PROVIDED TO ALL NSBA
BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
AT THE BEGINNING OF EACH NEW TERM YEAR, ALL BOARD MEMBERS AND OFFICERS SIGN
THE CONFLICT OF INTEREST POLICY. IF THERE IS ANY REAL OR POTENTIAL
CONFLICT, THE EXEOTHE FOR5 OFFICERS SIGN



Part III Identification of Related Organizations treated as a part of the part III	anizations Taxable as artnership during the ta	a Partnersh ax year.	ip. Complete it	f the organiz	zation answe	ered "Ye	s" on Form	n 990, Pa	art IV, line	34, be	ecause	e it had one or	r more	e relat	ed	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(h)	(i)		(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predom	inant income d, unrelated,	Share	e of total come		are of of-year		portionat	e Code V-U	BI	General managii	or Perc	entage ership
or related organization		(state or foreign	entity	lexcluded	from tax und is 512-514)	er	Joine		sets		ations?	amount in b 20 of Sched K-1 (Form 1	Jule	managii partner	? OWII	ersnih
		country)		Section	15 3 12-3 14)					Yes	No	K-1 (FOIIII I	065)	<u>YesiN</u>	0	
				_												
	-															
	1															
	_															
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Part IV Identification of Related Organizations treated as a co	anizations Taxable as	a Corporations the tax ve	on or Trust. Cear.	omplete if the	he organizati	ion ansv	vered "Yes	s" on For	m 990, Pa	art IV,	ine 34	, because it h	nad on	ne or n	nore re	lated
(a)		<u></u>	(b)	(c)	(d)		(e)	(f))		(g)	T	(h)		(i)
Name, address, and E		Primary activity		Legal domicile	Direct cont	ntrolling Type of		f entity Share of to		of total	Share of		Percenta		e 512	(i) ection (b)(13) trolled ntity?
of related organization	on			(state or foreign country)	entity	/	(C corp, S cor or trust)		income		-	end-of-year assets		nershi		
				oodinity)									+		Yes	No
											+		+			
											4		—			
					1		1		l							1

Schedule R (Form 990) 2018 Page 3

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 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) 1a b 1b 1c С 1d d е 1e 1f 1g g 1h 1i 1i 11 1m m n 10 0 1p р q 1q (a) (b) (c) (d) (1) (4) (5)

Schedule R (Form 990) 2018 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. nstru.00 Tf regardough (d)
Predominant income partners sec. (related, unrelated, 501(c)(3) excluded from tax underorgs ? Yes No (a) (b) (c) (f) (g) (h) (i) (k) Dispropor tionate amount in box 2 managing allocations of Schedule K-1 partner?

Yes No (Form 1065) Yes No

Schedule R (Form 990) 2018

Schedule R	R (Form 990) 2018	NATIONAL SCHOOL BOARDS ASSOCIATION	36-2210015	Page 5
Part VII	R (Form 990) 2018 Supplemental Infor	mation.		1 440 0
	Provide additional inform	nation for responses to questions on Schedule R. See instructions.		
	. Torras adamentar imeni	Taken to 135 periode to queens its sit content of the content of t		
-				