** PUBLIC DISCLOSURE COPY **

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2019
Open to Public Inspection

Α	For the	e 2019 calendar year, or tax year beginning a	nd ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	BOARDSOURCE			
	Name chang			52-16813	75
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	750 9TH STREET, NW	650	202-452-	
_	termin ated			G Gross receipts \$	5,912,079.
F	Amen	WASHINGTON, DC 20001-4590		H(a) Is this a group re	
	Application pendir			for subordinates	
_	#4523Yahay	SAME AS C ABOVE		H(b) Are all subordinates in	
_		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
_		te: WWW.BOARDSOURCE.ORG		H(c) Group exemptio	
	art I	organization: X Corporation	L Year	of formation: 1990 N	1 State of legal domicile: DC
_	1	Briefly describe the organization's mission or most significant activities: TO	TNSPTRE	AND SUPPOR	Ψ
JCe		EXCELLENCE IN NONPROFIT GOVERNANCE AND			SACTOR DESCRIPTION OF THE PROPERTY OF THE PROP
'n	2	Check this box if the organization discontinued its operations or dis			
ove	3			3	8
Ö	4	Number of independent voting members of the governing body (Part VI, line 1)			8
Activities & Governance	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			34
	6	Total number of volunteers (estimate if necessary)			16
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
Revenue			_	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,956,421.	533,082.
	9	Program service revenue (Part VIII, line 2g)		3,878,206.	3,245,256.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		157,478.	734,817.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	BELLEGISTER AND SERVICE SERVICES	633,768.	669,366.
_	72.	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	W	7,625,873.	5,182,521.
	100000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Committee of the Commit	6,000.	0.
- 52		Benefits paid to or for members (Part IX, column (A), line 4)		0. 2,863,795.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		2,863,793.	3,067,736.
nec	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 350,		0.	0.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,369,426.	3,309,087.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,239,221.	6,376,823.
	7.1355	Revenue less expenses. Subtract line 18 from line 12		1,386,652.	-1,194,302.
or			Ве	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		6,589,957.	5,453,846.
ASS	21	Total liabilities (Part X, line 26)		2,101,375.	2,418,692.
Ne	22	Net assets or fund balances. Subtract line 21 from line 20		4,488,582.	3,035,154.
P	art II	Signature Block			
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying sched	lules and statem	nents, and to the best of m	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepare	r has any knowledge.	
		Signature of officer		Doto	
Sig	gn			Date	
He	re	ANNE WALLESTAD, PRESIDENT & CEO Type or print name and title			
_				Date Check	PTIN
Pa	id	Print/Type preparer's name YUNG-HEE GALLINARO Preparer's signature YUNG-HEE GALLINARO		3/23/2020 if self-employe	
	parer	Firm's name CLIFTONLARSONALLEN LLP		sen-employe	41-0746749
	e Only	Firm's address 901 NORTH GLEBE ROAD, SUITE 20	0	THIIISEIN	0/-0/-J
	,	ARLINGTON, VA 22203		Phone no. 51	7-227-9500
Ma	av the II	RS discuss this return with the preparer shown above? (see instructions)		T 110110 110.3 I	X Yes No
		property and the state of the s			100

Pa	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:
	TO INSPIRE AND SUPPORT EXCELLENCE IN NONPROFIT GOVERNANCE AND BOARD
	AND STAFF LEADERSHIP. BOARDSOURCE ENVISIONS A WORLD WHERE EVERY SOCIAL
	SECTOR ORGANIZATION HAS THE LEADERSHIP IT NEEDS TO FULFILL ITS MISSION
	AND ADVANCE THE PUBLIC GOOD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,830,061. including grants of \$0. (Revenue \$1,482,447.)
	CONSULTING & ASSESSMENT SERVICES:
	BOARDSOURCE'S CONSULTING AND ASSESSMENT SERVICES HELP ORGANIZATIONS
	IDENTIFY CORE ISSUES IN THEIR BOARD PERFORMANCE AND DEVELOPMENT. IN
	2019, BOARDSOURCE CONDUCTED APPROXIMATELY 1,000 BOARD AND CHIEF
	EXECUTIVE ASSESSMENTS AND WORKED WITH OVER100 ORGANIZATIONS ON MORE
	IN-DEPTH CONSULTING ENGAGEMENTS.
	·
4b	(Code:) (Expenses \$1, 300, 298 •including grants of \$0 •) (Revenue \$1, 461, 981 •)
40	
	MEMBERSHIP PROGRAMS:
	BOARDSOURCE HAS SEVERAL MEMBERSHIP PROGRAMS TO MEET THE NEEDS OF
	ORGANIZATIONS, NETWORKS, AND INDIVIDUAL LEADERS. BOARDSOURCE'S CORE
	MEMBERSHIP PROGRAM IS THE BOARD SUPPORT PROGRAM, WHICH PROVIDES
	ORGANIZATIONS WITH A FUNDAMENTAL SET OF BOARD DEVELOPMENT RESOURCES,
	INCLUDING AN ANNUAL BOARD SELF-ASSESSMENT AND UNLIMITED ACCESS TO OUR
	ON-DEMAND CERTIFICATE OF NONPROFIT BOARD EDUCATION AND EMAIL-BASED
	TECHNICAL ASSISTANCE.
4c	(Code:) (Expenses \$1,133,780 • including grants of \$0 •) (Revenue \$0 •)
	SECTOR LEADERSHIP INITIATIVES:
	BOARDSOURCE'S RESEARCH AND LEADERSHIP CALLS ATTENTION TO THE IMPORTANCE
	OF STRONG BOARDS, CREATING AWARENESS AND ACTION AROUND CHALLENGES
	FACING NONPROFIT LEADERS AND IDENTIFYING OPPORTUNITES TO UNLEASH
	GREATER IMPACT FOR THE SECTOR AS A WHOLE. BOARDSOURCE'S LEADERSHIP ALSO
	FOCUSES ON IDENTIFYING AND INTREPRETING TRENDS IMPACTING NONPROFIT
	LEADERSHIP PERFORMANCE AND EFFECTIVENESS AND GENERATING EVIDENCE-BASED
	RECOMMENDATIONS FOR BOARD PRACTICE. OF PARTICULAR IMPORTANCE IS
	BOARDSOURCE'S WORK TO UNDERSTAND AND ADDRESS THE LACK OF RACIAL AND
	ETHNIC DIVERSITY ON NONPROFIT BOARDS, WHICH WE BELIEVE IS ESSENTIAL TO
	THE SOCIAL SECTOR'S ABILITY TO ADVANCE THE PUBLIC GOOD AND CREATE A
	MORE JUST AND EQUITABLE SOCIETY.
41	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 875,993 • including grants of \$ 0 •) (Revenue \$ 617,219 •)
10	Total program service expenses ► 5,140,132.
40	Form 990 (2019)
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		20	
	If "Yes," complete Schedule A	1	_X_	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	0.00		
1727	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- 10		
520.0	during the tax year? If "Yes," complete Schedule C, Part II	4	X	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	- 2		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	v	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10	X	-
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	했던 보겠어졌다. 이 가격하는데 이 가격하는데 하는데 나는데 하는데 이 사람이 아는데 아이를 하게 되는데 아이를 하는데	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		\vdash
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
Α.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-1.000.00	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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		170	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
2.72	Schedule J	23	X	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ZTD		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			525.50
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
- T. T. S.	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	02050		
	If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		₹.
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
38		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O It V Statements Regarding Other IRS Filings and Tax Compliance	00	22	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7.00		
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	program in the terms of the programmer programmer to the figure of the contract of the contrac	à	-	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
		2a 34					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X			
-200	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				37		
	171 7 17 17 17 17 17 17 17 17 17 17 17 1		3a	-	_X_		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b	_			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		4-		v		
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country	county?	4a		X		
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	Counts (ERAP)					
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?	77.5	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				- 11000111		
	were not tax deductible?	30300 TO 2 A TO 10 10 10 10 10 10 10 10 10 10 10 10 10	6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	ces provided to the payor?	7a		X		
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					
	to file Form 8282?		7c		X		
d	gir, gari - namunggara - namungkara - na ganakanan menganan kanan pangkara - namungan menganan mengan mengan m	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		_X_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h	_	_		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
0			8				
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		00				
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b	-			
10	Section 501(c)(7) organizations. Enter:		30				
а	Street Microsoft (Print) Street Office (INT) (Wilder Control of Control	10a					
		10b					
11	Section 501(c)(12) organizations. Enter:						
а		I1a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	l1b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	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	1					
	A SECTION SECT	13b					
		13c	175		77		
			14a 14b		X		
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the year?		45		v		
	excess parachute payment(s) during the year? If "Vos." see instructions and file Form 4720. Schedule N.		15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.		10		-21		

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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	******		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent1b			
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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	-
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3555		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	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	X	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Δ
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		166		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, FL, GA	нт	TT.	KC
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	75	W. 70-6	Wellen T
10	for public inspection. Indicate how you made these available. Check all that apply.	1)S OI 11	i) avaii	able
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	d fine	ncial	
10	statements available to the public during the tax year.	ı ıııa	iolal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOAN PAYNE - 202-349-2500			
	750 9TH STREET NW #650, WASHINGTON, DC 20001			
93200	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2019)

Form 990 (2019) BOARDSOURCE 52-1681375 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	Posit (do not check m		(C) osition ock more than one			(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box offi	box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHY TROWER	6.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) YANELA FRIAS	4.00									
VICE CHAIR		X		X				0.	0.	0.
(3) JULIA WILSON	3.00								75.15	
SECRETARY		X		X				0.	0.	0.
(4) KEITH LIEDERMAN	4.00								55.	
TREASURER		X		X				0.	0.	0.
(5) SHARON ROSSMARK	3.00									
TREASURER UNTIL 9/2019		X		X		_		0.	0.	0.
(6) CAROL GOSS	3.00								500	
DIRECTOR		X						0.	0.	0.
(7) JUDY VREDENBURGH	2.00								28	
DIRECTOR		X						0.	0.	0.
(8) KEVIN WALKER	3.00							120	2	
DIRECTOR		X				<u></u>		0.	0.	0.
(9) RICK MOYERS	3.00									
DIRECTOR		X						0.	0.	0.
(10) SYLVIA YEE	3.00							783	200	
DIRECTOR UNTIL 12/2019		X						0.	0.	0.
(11) ANNE WALLESTAD	40.00							2-12	2.8	
PRESIDENT & CEO				X				273,586.	0.	73,092.
(12) JOAN PAYNE	40.00	-								
VP OF FINANCE	40.00	_		X	-	-		119,053.	0.	22,875.
(13) JENIFER HOLLAND	40.00	-						104 500		04 060
ASSOCIATE VP, CONSULTING &	40.00	_		_		X	_	124,599.	0.	21,368.
(14) JAMES TAYLOR	40.00	-						444 404		04 500
VP OF SECTOR LEADERSHIP INITIATIVES	10.00					X		144,121.	0.	21,690.
(15) ANDREW DAVIS	40.00	-						100 668		11 260
DIRECTOR OF EDUCATION	40.00					X		103,667.	0.	11,362.
(16) MARCI SUNDERLAND	40.00	-						160 551	2	11 500
VP OF HUMAN CAPITAL UNTIL 6/2019	40.00					-	X	162,571.	0.	11,782.
(17) ANNE MEAD	40.00	-					-	107 161	_	10 504
DIRECTOR OF COMM UNTIL 12/2019							X	107,161.	0.	18,594.

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Part VII Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (continued)

(A)	(B)							(D)	Т	(F)			
Name and title	Average	age Position						Reportable	(E) Reportable		Estimated		
	hours per week	box	, unle	ss pe	rson	is bot	h an		compensation		amoun		
	(list any	1					-	from the	from related organizations		comp	other oensa	
	hours for	or direc				ted		organization	(W-2/1099-MISC)	from the		
	related organizations	nstee	truste		00	pensa		(W-2/1099-MISC)			_	anizat	
	below	Individual trustee or director	Institutional trustee		Кеу етрюуве	Highest compensated employee	_				orga	l relat	
	line)	Indivi	Institu	Officer	Key en	Highe	Former				o.gu		
										_			
i e		-			-	-				+			
										\Box			
<u></u>										-			
10					-					+			
-										\exists			
						_		1 034 750		_	100	7 7	(2
1b Subtotal c Total from continuation sheets to Part V								1,034,758.		0.	180	J , I	0.
d Total (add lines 1b and 1c)								1,034,758.		0.	180	0.7	
Total number of individuals (including but r								. V				- / -	
compensation from the organization						60			**				. 7
										r	\rightarrow	Yes	No
3 Did the organization list any former officer,												v	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3	X	
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," com	plete Schedui	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors	SAN TOWAR	55			-	-11		the an transfer	- Bankon Marianton (Marianton Marianton)		E-10 000		
1 Complete this table for your five highest co										ensa	ation fr	om	
the organization. Report compensation for (A)	the calendar y	ear e	endi	ng v	vith	or w	ithii	n the organization's tax (B)	year.		(C	1	
Name and business	address							Description of s	services	C	omper		on
SUSAN MEIER								GOVERNANCE					
648 W ALDINE AVE #3, CHI	CAGO, I	L (506	557	7			CONSULTING			125	5,4	00.
							_						
-				. 100 June 100									
2 Total number of independent contractors (ot lir	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation				_	Ι			l _u		Form 9	agn /	(2010
											OIIII		2019

Part VIII Statement of Revenue

		Check if Schedule O	contai	ins a respons	se or note to any lin	e in this Part VIII			
e -				,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	Van Lanati	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
G E		Fundraising events							
iffs ar A		Related organizations							
s, G		Government grants (conti							
Si		All other contributions, gifts,							
hel		similar amounts not included			533,082.				
를 전	a	Noncash contributions included in			333,002.				
Cor	~	Total. Add lines 1a-1f			D	533.082.			
		Total Flag miss facilities			Business Code	333,002,			
ф	2 a	MEMBERSHIP DUES			900099	1,461,981.	1,461,981.		
S S		CONSULTING			900099	898,079.	898,079.		
Sel		ASSESSMENTS			900099	584,368.	584,368.		
am		TRAINING FEES			900099	300,828.	300 828.		
Program Service Revenue	е	to,				, , , , , , , , , , , , , , , , , , , ,			
P.	f	All other program service	reven	ue					
		Total. Add lines 2a-2f				3 245 256.			
	3	Investment income (include							
		other similar amounts)	1000		0.	81,975.			81,975.
	4	Income from investment of							
	5	Royalties				54,697.			54,697.
		THE STANCE OF ST		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	296,04	5.				
		Less: rental expenses	6b	-	0.				
		Rental income or (loss)	6c	296,04	5.				
	d	Net rental income or (loss				296,045.			296,045.
	7 a	Gross amount from sales of		(i) Securities	s (ii) Other				: ft - (3)
		assets other than inventory	7a	1,320,00	0.				
	b	Less: cost or other basis		- I I I I I I I I I I I I I I I I I I I					
en		and sales expenses	7b	667,15	8.				
Ven	С	Gain or (loss)		652,84	2.				
Other Revenue		Net gain or (loss)			>	652,842.			652,842.
her	8 a	Gross income from fundraisi	ng eve	nts (not		,			
ŏ		including \$		of					
		contributions reported on	line 1	c). See					
		Part IV, line 18			Ва				
	b	Less: direct expenses			Bb				
	С	Net income or (loss) from	fundr	aising even <u>t</u> s	·				
	9 a	Gross income from gamin	ng acti	ivities. See					
		Part IV, line 19			9a				
	b	Less: direct expenses			9b				
	С	Net income or (loss) from	gamir	ng activities_					
	10 a	Gross sales of inventory,	less re	eturns					,
		and allowances			0 a 378,791.				
	b	Less: cost of goods sold		1	Ob 62,400.				
	С	Net income or (loss) from	sales	of inventory		316,391.	316,391,		
2					Business Code				
Miscellaneous Revenue	11 a								
lan	b								
3ev	С								
Mis		All other revenue				2,233,			2,233.
1. T.	W255	Total. Add lines 11a-11d			0.101.101.00.00.101.00.00.00.101.00.00.101.00.00	2,233.	US 25 25		
	12	Total revenue. See instruction	ons .	*************		5,182,521.	3,561,647,	0.	1,087,792,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
) je	8b, 9b, and 10b of Part VIII.	17	expenses	general expenses	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,	444,608.	241,492.	154,875.	48,241
6	trustees, and key employees	444,000.	241,492.	154,075.	40,241
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	2,153,211.	1,721,951.	312,115.	119,145
7	Other salaries and wages	2,133,211.	1,741,951.	314,113.	119,145
8	Pension plan accruals and contributions (include	62 202	51 710	8,371.	2 202
_	section 401(k) and 403(b) employer contributions)	63,292.	51,718.		3,203
9	Other employee benefits	195,712.	171,665.	26,939.	12,309
10	Payroll taxes	195,712.	149,237.	34,274.	14,401
11	Fees for services (nonemployees):	102 102	102 102		
a		493,183.	493,183.	1,183.	250
	Legal	5,987.	4,445.		359 5,451
	Accounting	90,945.	67,529.	17,965.	5,451
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
g		FFF 040	400 275	05 505	40 060
	column (A) amount, list line 11g expenses on Sch 0.)	555,842.	480,375.	25,507.	49,960
12	Advertising and promotion	162,108.	132,951.	22,370.	6,787
13	Office expenses	134,202.	107,919.	17,707.	8,576
14	Information technology	37,117.	27,560.	7,332.	2,225
15	Royalties	12,347.	12,347.	100 700	FF 4F4
16	Occupancy	925,228.	687,006.	182,768.	55,454
17	Travel	281,552.	274,093.	4,357.	3,102
18	Payments of travel or entertainment expenses				
VELET.	for any federal, state, or local public officials	67 200	62 162	1 040	0 100
19	Conferences, conventions, and meetings	67,290.	63,162.	1,940.	2,188
20	Interest	1,190.	884.	235.	71
21	Payments to affiliates	267 940	100 005	E2 010	16 054
22	Depreciation, depletion, and amortization	267,849. 42,517.	198,885. 32,266.	52,910. 7,865.	16,054 2,386
23	Insurance	42,517.	34,400.	7,000.	4,300
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 0.)				
а	LICENSES/PERMITS	118,459.	113,084.	4,124.	1,251
b	BANK FEES	68,923.	66,110.	2,159.	654
С	SHIPPING/POSTAGE/PRINTI	41,379.	39,760.	1,116.	503
d	C	2,969.	2,510.	352.	107
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,376,823.	5,140,132.	886,464.	350,227
26	Joint costs. Complete this line only if the organization	77 77	\$7 T2	17 5	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) BOARDSOURCE Part X Balance Sheet

Par	t X	Balance Sheet					20 5 - 12 - 17 - 17 - 17 - 17 - 17 - 17 - 17
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			174.	1	330
	2	Savings and temporary cash investments		917,847.		301,193	
	3	Pledges and grants receivable, net			1,240,000.		460,500
	4	Accounts receivable, net			166,376.	4	204,823
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	ons (as defined				
		under section 4958(f)(1)), and persons describe			6		
sts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		125,974.	8	134,264	
⋖	9	Prepaid expenses and deferred charges			204,145.	9	176,697
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,464,945.			
	b	Less: accumulated depreciation	10b	1,646,259.	1,002,927.	10c	818,686
	11	Investments - publicly traded securities	2,932,514.	11	3,357,353		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			6,589,957.		5,453,846
	17	Accounts payable and accrued expenses	193,536.	1225	337,798		
	18	Grants payable	1 001 150	18	1 105 000		
	19	Deferred revenue			1,021,178.		1,406,299
	20	Tax-exempt bond liabilities				20	
SMAN	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form		M			
Liabilities		trustee, key employee, creator or founder, subs		- 1751		222	
Lia		controlled entity or family member of any of the		[88] [88] [88] [88] [88] [88] [88] [88]		22	
=12	23	Secured mortgages and notes payable to unrela		A SAN TANK TO A SAN TANK T		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			886,661.	05	674,595
	oe.	of Schedule D Total liabilities. Add lines 17 through 25			2,101,375.		2,418,692
	26	Organizations that follow FASB ASC 958, che	ok boro	► ▼	2,101,373.	20	2,410,092
es		and complete lines 27, 28, 32, and 33.	eck nere				
anc	27	Net assets without donor restrictions			2,280,747.	27	1,676,685
Sale	28	Net assets with donor restrictions			2,207,835.		1,358,469
힏	20	Organizations that do not follow FASB ASC 9			2,201,033.	20	1,330,403
Ē		and complete lines 29 through 33.	oo, chec	K liefe			
ò	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in		. [[[[[[[[[[[[[[[[[[[31	
Net Assets or Fund Balances	32	Total net assets or fund balances		4,488,582.		3,035,154	
_	UZ	Total liabilities and net assets/fund balances	6,589,957.		5,453,846		

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	******		*****	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,37		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,19	4,3	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,48	8,5	82.
5	Net unrealized gains (losses) on investments	5	-25	9,1	26.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,03	5,1	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990:		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	**(*************	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	102			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	*******	3b		

Form 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

		BOAR	DSOURCE					5	2-1681375
Pa	rt I	Reason for Public (All organizations must co	omplete th	is part.) Se	ee instructions.		
he	organ	zation is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	and the same of th			versen de contra			
2		A school described in secti					K K		
3	一	A hospital or a cooperative					ii).		
4	一	A medical research organiz						iii). Enter	the hospital's name.
		city, and state:	ation operated in co.	iganiotion, man a moopital	40001100	000110	(2)(.)(.)(,	and moophan o manne,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental ur	nit describ	ed in
5		section 170(b)(1)(A)(iv). (Complete Part II.)						iod III	
6				contal unit described in	ocation 17	70/6V4VAV	()		
0	H	A federal, state, or local gov							mulalia dagaribad in
7	-	An organization that norma		ntial part of its support i	rom a gov	ernmentai	unit or from th	e generai	public described in
_		section 170(b)(1)(A)(vi). (C		WW 7 /0 II D					
8	=	A community trust describe							00 POD JAMES TO 00 POD 00
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the org	anization	after June 30, 1975.
	_	See section 509(a)(2). (Cor	mplete Part III.)						
11	\Box	An organization organized a	and operated exclus	ively to test for public sa	fety. See :	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 50	09(a)(3). C	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustee	s of the s	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatior	n(s), by ha	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.			7000 Tr. S. 1987 Co. S. C. C. S. T		Production and the second
C		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its support	ed organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.		
е		Check this box if the orga		B 70 (1) [1] 10 - 10 [1] 10 [1] 10 [10 [10] 10 [10] 10 [10] 10 [10] 10 [10] 10 [10] 10 [10] 10 [10]				I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	r the number of supported o	The second section of the second seco		0.01				
q		ride the following information							
	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of r	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tot:	al								

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				3		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
6	Public support. Subtract line 5 from line 4.						-
	ction B. Total Support		-			.	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	U.S. 1. S. 1					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	man are seen to be to the first and the second are seen as the second are second as the second a	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for t	7.0	51 150 110 110 110 110				=
	organization, check this box and stop						
Sec	ction C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2018 \$	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the or	ganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies a	s a publicly supp	oorted organization	n			▶□
b	33 1/3% support test - 2018. If the or	_					
	and stop here. The organization qualifi	ies as a publicly	supported organiz	ration			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "facts						State
	meets the "facts-and-circumstances" to	est. The organiza	ation qualifies as a	publicly supporte	d organization	********	▶□
b	10% -facts-and-circumstances test	- 2018. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		to the contract of the contrac		Contract of the Contract of th		**
	organization meets the "facts-and-circu	ımstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶ 🔲

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 BOARDSOURCE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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

Sec	ction A. Public Support	elow, please comp	piete Part II.)					
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(u) zo io	(b) zo to	(0) 2011	(u) zo io	(0) 2010	(i) rotal	
	membership fees received. (Do not							
	include any "unusual grants.")	1.953.740.	1,562,662.	1,415,071.	2,956,421.	533,082.	8,420,976.	
2	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	4,546,292.	3,657,712.	5,036,885.	4,266,656.	3,624,047.	21,131,592.	
	Gross receipts from activities that are not an unrelated trade or business 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	6,500,032.	5,220,374.	6,451,956.	7,223,077.	4,157,129.	29,552,568.	
	Amounts included on lines 1, 2, and		20 20					
	3 received from disqualified persons	759,750.	822,875.	625,000.	850,000.		3,057,625.	
b	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		16,628.		108,156.		568,570.	
C	Add lines 7a and 7b	759,750.	839,503.	1,009,944.	958,156.	58,842.	3,626,195.	
	Public support. (Subtract line 7c from line 6.)						25,926,373.	
-	ction B. Total Support		The supplementary of the suppl		11070270		1944 <u>- 1</u> 001 50	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 6 Gross income from interest,	6,500,032.	5,220,374.	6,451,956.	7,223,077.	4,157,129.	29,552,568.	
108	dividends, payments received on securities loans, rents, royalties, and income from similar sources	196,190.	284,014.	424,324.	459,544.	432,717.	1,796,789.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	196,190.	284,014.	424,324.	459,544.	432,717.	1,796,789.	
	whether or not the business is regularly carried on			143.			143.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,543.	50,042.	9,242.	3,966.	2,233.	86,026.	
	Total support. (Add lines 9, 10c, 11, and 12.)	6,716,765.	5,554,430.	6,885,665.	7,686,587.	4,592,079.	31,435,526.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,	
500	check this box and stop here		raantana				P	
_	<u>.</u>			-1(6)		45	82.47 %	
16	Public support percentage for 2019 (I Public support percentage from 2018				over a time of to several time of to several time of to several time of the several ti	15	82.47 % 82.55 %	
_	ction D. Computation of Inves					10	02.55 70	
	Investment income percentage for 20			ne 13 column (f))		17	5.72 %	
18	Investment income percentage from					18	4.69 %	
	33 1/3% support tests - 2019. If the					.6.67		
	more than 33 1/3%, check this box a						▶ X	
b	33 1/3% support tests - 2018. If the						and	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization		
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	162	MO
1		- 1
2		_
3a		
3b		
3с		
4a		
4b		
4c		
5a		_
5b		
5c		_
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8	5	
9a		<u> </u>
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9c		
10a		
10b 990 or 99	90-F7	2019

Sche	dule A (Form 990 or 990-EZ) 2019 BOARDSOURCE 52-16	8137	5 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
	A family member of a person described in (a) above?	11b		
_	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		
Sec	tion B. Type I Supporting Organizations		1	207
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
1020	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,	88		
_	supervised, or controlled the supporting organization.	2		
Sec	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			
C	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Did the examination provide to each of its supported examinations, but he lest day of the fifth month of the		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			
0	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			
3	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		
Sac	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	e)	
2	Activities Test. Answer (a) and (b) below.	udonom	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ч	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.	2a		
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? <i>Provide details in Part VI</i> .	3a		
	11			

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Schedule A (Form 990 or 990-EZ) 2019

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.

1	Check here if the organization satisfied the Integral Part Test as a qualifying	- 1/2 - 1/2 - 1/2	AND THE PROPERTY OF THE BEST O	Part VI). See instruction
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		14
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount	-21		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting org	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		Z-10013/3 Page/
	ion D - Distributions	(a)(o) cupporting orgi	amzationo (continuca)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		Our one real
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or barbasas at aubbartas		
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets	W 84		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.	ļ		
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0040

Employer identification number

2019

OMB No. 1545-0047

BOARDSOURCE 52-1681375 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively reliaious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > _______ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

I HA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

BOARDSOURCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>-</u>	\$5,000.	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
5	,	\$	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Employer identification number

BOARDSOURCE

	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Hamo, address, and ZIF + +	\$ 100,000.	Person X Payroll Noncash

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$	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.)		

Employer identification number

BOARDSOURCE

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	:		
		\$ r	ş-
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I		(See instructions.)	
			5 .
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	15-
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(coo monacatione,)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	990. 990-EZ. or 990-PF)

Employer identification number

BOARDS	SOURCE			52-1681375
Part III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line er	ntry. For organizations	that total more than \$1,000 for the year
	Use duplicate copies of Part III if additiona	I space is needed.	1033 for the year. (Lines this line, one	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
<u>.</u>	Transferee's name, address, a	(e) Transfer of gi		nsferor to transferee
	, and 600, 6		Total Office of the	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	BOARDSO	URCE	AND	5 475.5 W	52-1681375
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures		▶\$	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.				
	art I-C Complete if the org				c)(3).
	Enter the amount directly expende				
2	Enter the amount of the filing organ		Ü		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b			> \$	
4					
5	Enter the names, addresses and er made payments. For each organize	[설명] (10 1 5.10) (보호 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Salata de la Calendar de la Calendar de Ca		- name and the same and the sam
	contributions received that were pr	아마아마아 아마일 것이 아마아아아마아 아래 아는 아름은 얼마나 아니는 그렇게 아마이를 만들었다.			Green are a reason was really wealth that a real filter are a filter as
	political action committee (PAC). If	그는 사용하다 하게 되었다. 아이들은 100 시간에 사용하는 사람들은 사람들이 되었다.			no obgregatou fanta of a
	(a) Name	(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

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

Schedule C (Form 990 or 990-EZ) 2019

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	adule C (Form 990 or 990-EZ) 2019			- E04(-\(0\)1 (!)	54-I	6813/5 Page 2
ra	rt II-A Complete if the org section 501(h)).	anization is exer	npt under section	n 501(c)(3) and fil	ea Form 5/68 (el	ection under
C	heck if the filing organization	CHEN TO THE PROPERTY OF THE PR		Part IV each affiliated	group member's nam	e, address, EIN,
		e of excess lobbying e				
C	heck 🕨 🔙 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		,
		ts on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)		4,911.	
b	Total lobbying expenditures to influ			-		
	Total lobbying expenditures (add li			THE CONTRACT STREET, AND ADMINISTRATION OF THE CONTRACT STREET, AND	4,911.	
	Other exempt purpose expenditure				6,345,842.	
	Total exempt purpose expenditure				6,350,753.	
	Lobbying nontaxable amount. Enter				467,538.	
	If the amount on line 1e, column (a) o	manuscriptor I manuscriptor	oying nontaxable amo			-
	Not over \$500,000	NAME OF THE PARTY	the amount on line 1e.	June 101		
	Over \$500,000 but not over \$1,000	ra company i a company de company	0 plus 15% of the exc	ess over \$500 000		
	Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
	Over \$1,500,000 but not over \$17.		0 plus 5% of the exce			
	Over \$17,000,000	\$1,000,0		00 0701 \$1,000,000.		
	0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 41,000,0	,001			
a	Grassroots nontaxable amount (en	ter 25% of line 1f)			116,885.	
_	Subtract line 1g from line 1a. If zero				0.	-
	Subtract line 1f from line 1c. If zero				0.	
i	If there is an amount other than ze					
-	reporting section 4911 tax for this			*****************	[Yes No
		***************************************	raging Period Under			
	(Some organizations the	nat made a section 50	01(h) election do not	have to complete all	of the five columns b	elow.
		See the separa	ate instructions for lir	es 2a through 2f.)		
		Lobbying Expen	ditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount	423,452.	467,688.	461,961.	6,345,842.	7,698,943.
b	Lobbying ceiling amount					11 540 115
	(150% of line 2a, column(e))					11,548,415.
С	Total lobbying expenditures	367.	4,527.	6,440.	4,911.	16,245.
	Grassroots nontaxable amount	105,863.	116,922.	115,490.	116,885.	455,160.
е	Grassroots ceiling amount (150% of line 2d, column (e))					682,740.

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

4,141.

367.

13,946.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
the lobbying activity.	Yes	No	Amo	ount
1 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?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total. Add lines 1c through 1i				
2a 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?				
<u>art III-A</u> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5)	, or se	ction	
A 200 M			Yes	j
그 사람이 다 집 집에 가 그로 그들을 하는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그				
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year? on 501(c)(5)	2 3 , or se		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se o) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se o) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se o) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	ne prior year? on 501(c)(5) "No" OR (k	, or se b) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). a Current year	ne prior year? on 501(c)(5) "No" OR (b	2 3 , or se o) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). Current year Carryover from last year	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se o) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). Current year Carryover from last year Carrover from last year	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part		e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). Current year Carryover from last year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part		e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political campaign activity expenditures from the section 162(e) dues Total	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or see b) Part		e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior year? on 501(c)(5) "No" OR (b	2 3 , or see b) Part		e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	ne prior year? on 501(c)(5) "No" OR (b	2 3 , or se b) Part		e 3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part	III-A, lin	e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part	III-A, lin	e 3,
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for nondeductible section 162(e) dues for nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	ne prior year? on 501(c)(5) "No" OR (k	2 3 , or se b) Part	III-A, lin	e 3,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	52-16813/5
I ai	organization answered "Yes" on Form 990, Part IV, line 6.	Complete if the
		b) Funds and other accounts
1	Total number at end of year	D) tariac and color accounts
2	Aggregate value of contributions to (during year)	-
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ide
0	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	****************
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ▶	
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, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	on easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
122	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	olilliai Assets.
		lance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	rice of public
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	a shoot works of
ь	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	e of public service,
	(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 financial gain,	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	history
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	
TABLE THE REAL PROPERTY.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

C	Net investment earnings, gains, and losses	31,918.	-11,235.	25,411.	26,881.	-1,7
d	Grants or scholarships			40,907.		16,3
е	Other expenditures for facilities			**		
	and programs					
f	Administrative expenses					
g	End of year balance	330,198.	298,280.	309,515.	325,011.	298,1
2	Provide the estimated percentage of the current	t year end balance (lii	ne 1g, column (a)) he	eld as:		
а	Board designated or quasi-endowment	8.81 %				

The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by: Yes No X (i) Unrelated organizations 3a(i) X (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

64.02

27.17 %

Part VI Land, Buildings, and Equipment.

b Permanent endowment ▶

Term endowment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		511,008.	374,301.	136,707.
c Leasehold improvements		806,983.	806,983.	0.
d Equipment		639,299.	274,517.	364,782.
e Other		507,655.	190,458.	317,197.
Total. Add lines 1a through 1e. (Column (d) must equ		nn (B), line 10c.)		818,686.

Schedule D (Form 990) 2019

Part VII	Investments -	Other	Securities

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives	52 15		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		-	
Part VIII Investments - Program Related.		d.	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)	AT - 67		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		'	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	.	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV. line	11e or 11f, See Form 990, Part X. line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			3.05
(2) DEFFERED CONSTRUCTION ALLO	WANCE		291,731
(3) DEFFERED RENT	MILITOL		382,864
(4)			302,004
(5)			
(6)			
(7)			
(8)			
(9) Tabel (Column /b) must equal Form 000, Part V and (P) line	25 \		674 EDE
Total. (Column (b) must equal Form 990, Part X, col. (B) line	20.)		674,595

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BOARDSOURCE 52-1681375 Page 4

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements 1 5,065,321.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

1	Total revenue, gains, and other support per audited financial statements			1	5,065,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-259,126.		
b	Donated services and use of facilities	2b	79,526.		
С	Recoveries of prior year grants	2c	**		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-179,600.
3	Subtract line 2e from line 1			3	5,244,921.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10 12			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		s	
b	Other (Describe in Part XIII.)	4b	-62,400.		
С	Add lines 4a and 4b			4c	-62,400.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5.182.521.

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. 6,518,749. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 79,526. b Prior year adjustments 2b 2c d Other (Describe in Part XIII.) 2d 62,400. 141,926. e Add lines 2a through 2d 2e 6,376,823. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE JUDITH O'CONNOR MEMORIAL FUND: AN ENDOWMENT THAT GENERATES EARNINGS TO SUPPORT A LECTURESHIP WHICH WILL HONOR OUTSTANDING LEADERS AND THINKERS IN THE NONPROFIT SECTOR FOR THEIR ACHIEVEMENTS IN NONPROFIT LEADERSHIP OR THEIR CONTRIBUTION TO THE FIELD OF NONPROFIT GOVERNANCE, AND SCHOLARSHIPS TO ATTEND THE BOARDSOURCE LEADERSHIP FORUM.

PART X, LINE 2:

BOARDSOURCE IS EXEMPT FROM FEDERAL TAXES ON INCOME OTHER THAN NET

UNRELATED BUSINESS INCOME UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT BOARDSOURCE IS A PUBLICLY SUPPORTED ORGANIZATION.

932054 10-02-19

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

BOARDSO	NIRCE				52-1681	375
	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,		
required to complete this pa	rt.			many-my saleson (2-17-19)	NAMES OF THE PARTY OF THE PARTY.	The states with Committee and Committee
 1 Indicate whether the organization rai a Mail solicitations b X Internet and email solicitation c X Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with inviduals or entities (fundraisers) purs	ation of ation of al fundra al (inclue profess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SPARK POINT FUNDRAISING LLC -		Yes	No			
1 THOMAS CIRCLE STE 700,	GRANT WRITING SERVICES		Х	5,000.	15,500.	-15,500.
ORR GROUP - 3000 K STREET NW	SPONSORSHIP OUTREACH				2227.12	
STE 280, WASHINGTON , DC	SERVICES		Х	0.	55,250.	-55,250.
			>	5,000.	70,750.	-70,750.
3 List all states in which the organization licensing. AL, AK, AZ, AR, CA, CO, CT, NC, ND, OH, OK, OR, PA, RI,	FL,GA,HI,IL,KS,KY	,LA,			•	
LHA For Paperwork Reduction Act Not	tice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

SEE PART IV FOR CONTINUATIONS

52-1681375 Page 2 Schedule G (Form 990 or 990-EZ) 2019 BOARDSOURCE Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 7 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

932082 09-11-19

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 BOARDSOURCE	52-1	681	375	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
é	a The organization's facility		13a		%
ı	a An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
	Name				
	Address ►				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party ▶\$				
(c If "Yes," enter name and address of the third party:				
	Name ►				
	Address ►				34
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ш	Yes	No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
-	organization's own exempt activities during the tax year ▶ \$		0.000.000.000		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v).	and Par	t III, lii	nes 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
a.c	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	тсгр	c.		
<u> </u>	THE STATE OF THE S	TOLIC			
_					
<u>(I</u>) NAME OF FUNDRAISER: SPARK POINT FUNDRAISING LLC				
<u>(</u>]	a) ADDRESS OF FUNDRAISER: 1 THOMAS CIRCLE STE 700, WASHINGT	ON ,	DC	2	0005
_					
<u>(</u>]) NAME OF FUNDRAISER: ORR GROUP				
<u>(</u>]) ADDRESS OF FUNDRAISER: 3000 K STREET NW STE 280, WASHING	TON	, D	С	20007
_					

Schedule G (Form 990 or 990-EZ) BOARDSOURCE	52-1681375 Page 4
Schedule G (Form 990 or 990-EZ) BOARDSOURCE Part IV Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Employer identification number 52-1681375 BOARDSOURCE

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	300 M 100 M			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	in column (B) reported as deferred on prior Form 990
(1) ANNE WALLESTAD	Ξ	253,586.	20,000.	0	54,891.	18,201.	346,678.	0.
SIDENT & CEO	€			0		0		0
S TAYLOR	Ξ	144,12	0	0.	2,53	19,157.	165,811	0
F SECTOR LEADERSHIP INITIATIVES	\equiv		0	0		0	0	0
	Ξ	162,57	0	0	3,06	8,716.	174,35	0
OF HUMAN CAPITAL UNTIL 6/2019	€		0	0	0	0		0
	Ξ	107,161.	0	0	4,289.	14,305.	125,755.	0
SCTOR OF COMM UNTIL 12/2019	Ξ		0	.0	0.	0.		0
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							Schedu	Schedule J (Form 990) 2019

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 52–1681375

52-1681375 BOARDSOURCE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BOARDSOURCE LEADERSHIP FORUM: BOARDSOURCE'S CONFERENCE, THE BOARDSOURCE LEADERSHIP FORUM, CONVENES NONPROFIT BOARD MEMBERS, CHIEF EXECUTIVES, AND OTHERS TO BUILD POSITIVE MOMENTUM AND LEARNING FOCUSED ON STRENGTHENING NONPROFIT LEADERSHIP AT THE HIGHEST LEVEL - THE BOARD OF DIRECTORS. 2019 WAS A PLANNING YEAR FOR THE CONFERENCE, WHICH WILL TAKE PLACE IN MAY, 2020. EXPENSES \$ 373,296. INCLUDING GRANTS OF \$ 0. REVENUE S 0. PUBLIC EDUCATION PROGRAMS: BOARDSOURCE'S EDUCATIONAL PROGRAMS PROVIDE FOCUSED SUPPORT TO BOARD MEMBERS, NONPROFIT EXECUTIVES, GOVERNANCE CONSULTANTS AND OTHERS LOOKING TO CULTIVATE KNOWLEDGE AND UNDERSTANDING OF STRONG BOARD LEADERSHIP PRACTICES. OFFERINGS INCLUDE REMOTE-ACCESS TRAINING PROGRAMS AND ROLE-BASED TRAINING PROGRAMS FOR EXECUTIVES, BOARD MEMBERS AND CONSULTANTS. BOARDSOURCE'S TRAINING PROGRAMS REACHED MORE THAN 2.800 NONPROFIT LEADERS IN 2019. INCLUDING GRANTS OF \$ 0. REVENUE \$ 300,828. EXPENSES \$ 233,054. WRITTEN RESOURCES: BOARDSOURCE'S LIBRARY OF NONPROFIT BOARD LEADERSHIP RESOURCES INCLUDES MORE THAN 400 PUBLICATIONS AND TOOLS ON A BROAD RANGE OF TOPICS RELEVANT TO NONPROFIT EXECUTIVES, BOARD LEADERS, AND PRACTITIONERS. IN 2019 ALONE, MORE THAN 200,000 WRITTEN RESOURCES WERE ACCESSED BY NONPROFIT LEADERS FROM ACROSS THE COUNTRY AND AROUND THE GLOBE. EXPENSES \$ 269,643. INCLUDING GRANTS OF \$ 0. REVENUE \$ 316,391.

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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

THE DRAFT 990 IS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS SIGNED AND FILED.

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

THE AUDIT COMMITTEE REVIEWS THESE STATEMENTS ANNUALLY AND REPORTS TO THE FULL BOARD OF DIRECTORS. IF A CONFLICT IS DISCLOSED, THE COMMITTEE REFERS

THE MATTER TO THE BOARD OF DIRECTORS FOR ANY REQUIRED BOARD ACTION.

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

PRIOR TO DETERMINING A COMPENSATION INCREASE FOR THE PRESIDENT & CEO, A COMPENSATION ANALYSIS IS COMPLETED. IN 2019, THIS ANALYSIS WAS COMPILED BY THE VICE PRESIDENT OF HUMAN CAPITAL AND OPERATIONS USING COMPARABLE SALARY DATA FROM THREE OR MORE NONPROFIT SALARY SURVEYS. ADDITIONALLY, COMPARABLE ORGANIZATION SALARY AND BENEFIT INFORMATION IS COMPILED FROM THE FEDERAL FORM 990 OF SIMILAR ORGANIZATIONS TO USE AS A REFERENCE. THE COMPENSATION ANALYSIS IS PROVIDED TO THE BOARD CHAIR, AS WELL AS THE COMPENSATION AND EVALUATION COMMITTEE. THEY PROVIDE ANY RECOMMENDATIONS TO THE FULL BOARD ON A SALARY INCREASE FOR THE PRESIDENT & CEO. THIS IS TYPICALLY COMPLETED DURING THE EXECUTIVE SESSION OF A BOARD MEETING OR THROUGH CONFIDENTIAL EMAIL. ANY INCREASE IN COMPENSATION FOR THIS POSITION REQUIRES APPROVAL OF THE BOARD. IN 2019, THE CHAIR OF THE CEO EVALUATION AND COMPENSATION COMMITTEE WAS RESPONSIBLE FOR PROVIDING WRITTEN DOCUMENTATION TO THE VICE PRESIDENT OF HUMAN CAPITAL AND OPERATIONS ON THE NEWLY APPROVED SALARY AND EFFECTIVE DATE

PRIOR TO DETERMINING A COMPENSATION INCREASE FOR THE OFFICERS & KEY

BOARDSOURCE

Employer identification number 52-1681375

EMPLOYEES, A COMPENSATION ANALYSIS IS COMPLETED. IN PREVIOUS YEARS, THIS ANALYSIS WAS COMPILED BY THE VICE PRESIDENT OF HUMAN CAPITAL AND OPERATIONS USING COMPARABLE SALARY DATA FROM THREE OR MORE NONPROFIT SALARY SURVEYS AS WELL AS COMPARABLE ORGANIZATION SALARY INFORMATION COMPILED FROM THE FEDERAL FORM 990 OF SIMILAR ORGANIZATIONS TO USE AS A REFERENCE. THE COMPENSATION ANALYSIS IS PROVIDED TO THE PRESIDENT & CEO. BASED ON THE PERFORMANCE EVALUATION OF THESE INDIVIDUALS, THE PRESIDENT & CEO PROVIDES A MEMO TO THE BOARD OF DIRECTORS REQUESTING A COMPENSATION ADJUSTMENT ALONG WITH THE COMPENSATION ANALYSIS AND A PROPOSED BOARD OF DIRECTORS RESOLUTION AUTHORIZING A SALARY INCREASE. THIS IS TYPICALLY COMPLETED DURING THE EXECUTIVE SESSION OF A BOARD MEETING OR THROUGH CONFIDENTIAL E-MAIL. ANY INCREASES IN COMPENSATION FOR OFFICERS & KEY EMPLOYEES REQUIRES APPROVAL OF THE BOARD. THE CHAIR OF THE BOARD OF DIRECTORS THEN PROVIDES WRITTEN APPROVAL TO THE VICE PRESIDENT OF HUMAN CAPITAL AND OPERATIONS ON THE NEWLY APPROVED SALARIES AND EFFECTIVE DATE. ALTHOUGH MS. PAYNE IS TREATED AS AN OFFICER FOR PURPOSES OF THE 990 AS THE TOP FINANCIAL OFFICIAL, SHE IS NOT A LEGAL OFFICER OF THE CORPORATION AND THEREFORE HER COMPENSATION IS NOT SUBJECT TO THE POLICY LISTED ABOVE. THE LAST TIME THAT BOARDSOURCE HAD EMPLOYEES OTHER THAN THE CEO WHO WERE CLASSIFIED AS OFFICERS OR KEY EMPLOYEES AND WHO RECEIVED A COMPENSATION ADJUSTMENT WAS IN 2012, AT WHICH POINT THIS PROCESS FOR BOARD REVIEW OF COMPENSATION WAS UTILIZED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY

NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

PAST 5 YEARS AUDITS ARE AVAILABLE ON OUR WEBSITE. THE CONFLICT OF INTEREST
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

		90 or 990-EZ) (2019)						Page
Name of the	organiza	ation BOARDS(OURCE					Employer identification number 52-1681375
POLICY	AND	GOVERNING	DOCUMENTS	ARE	AVAILABLE	UPON	REQUEST	•
2.								
F								
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+								
-								
1								
7								
-								
i e								
2								

Form 990-T	E	Exempt Organization Bus	ine	ss Income	e Tax Re	turn	OMB No. 1545-0047
		(and proxy tax unde	er se	ction 6033(e)))		2040
	For ca	lendar year 2019 or other tax year beginning		, and ending			2019
Department of the Treasury		► Go to www.irs.gov/Form990T for in	structio	ons and the latest in	nformation.		Once to Dublin Incompliants
Internal Revenue Service	•	Do not enter SSN numbers on this form as it may	be ma	de public if your or	ganization is a 5		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cl	nanged	and see instruction	s.)	(Em	ployer identification number ployees' trust, see tructions.)
B Exempt under section	Print	BOARDSOURCE					52-1681375
X 501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. box	, see ir	structions.		E Unr	elated business activity code
408(e) 220(e)	Туре	750 9TH STREET, NW, NO	. 6	50		(00)	a mod dottono.j
408A 530(a)		City or town, state or province, country, and ZIP or	foreig	n postal code			
529(a)		WASHINGTON, DC 20001-	459	0		54	1800
C Book value of all assets at end of year		F Group exemption number (See instructions.)					
5,435,9			oration	1 501(c) tr	rust	401(a) trust	Other trust
		ation's unrelated trades or businesses.			cribe the only (or	,	
		ALIFIED TRANSPORTATION		75 16			
		ice at the end of the previous sentence, complete Pa	rts I an	d II, complete a Sch	edule M for each	additional tra	de or
business, then complete		1.000	Fi 175 C	70 - V25 - V25	20-00		
(2018년 1일 1일 1일 이렇구면 12 12 12 12 12 12 12 12 12 12 12 12 12		poration a subsidiary in an affiliated group or a paren	it-subs	idiary controlled gro	oup?	▶ ∐ `	Yes X No
		tifying number of the parent corporation.			2 2 2	> 000	240 0500
J The books are in care of				V///17/7174			349-2500
	are literature	de or Business Income		(A) Income	(B) E	xpenses	(C) Net
1a Gross receipts or sale							
b Less returns and allow		c Balance	10		2		10
		A, line 7)	2		-		-
3 Gross profit. Subtract			3		-		
		h Schedule D)	4a		-		-
		Part II, line 17) (attach Form 4797)	4b				-
		sts	4c		-		-
		ship or an S corporation (attach statement)	5 6				
6 Rent income (Schedu		(Cabadala E)	-		-		
		ne (Schedule E)	7		-		100
		and rents from a controlled organization (Schedule F)	8		+		-
		on 501(c)(7), (9), or (17) organization (Schedule G)	77 9555		+		
		me (Schedule I)	10		+		
		a J)	12		_		
		ns; attach schedule) gh 12			0.		+
Part II Deductio		ot Taken Elsewhere (See instructions fo					
		be directly connected with the unrelated busin			J118.)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
		562)					
21 Less depreciation cla	aimed o	n Schedule A and elsewhere on return		21a		21b	
22 Depletion				*******	*********	22	
		mpensation plans					
24 Employee benefit pro	ograms	***************************************				24	<u>-</u>
25 Excess exempt expe	nses (S	chedule I)				25	
		hedule J)					-
		nedule)					
		14 through 27					0.
		ncome before net operating loss deduction. Subtrac				29	0.
	73	loss arising in tax years beginning on or after Janua	75 M GA			N-27,559-0	
(see instructions)		***************************************				30	0.
31 Unrelated business t	axable i	ncome. Subtract line 30 from line 29				31	0.

52-1681375 Page 2 Form 990-T (2019) BOARDSOURCE **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0. 33 Amounts paid for disallowed fringes 0. Charitable contributions (see instructions for limitation rules) STMT 1 34 34 35 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37 37 1,000. 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37, enter the smaller of zero or line 37 0. 39 Part IV Tax Computation 0. Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 42 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0. Part V Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46b Other credits (see instructions) General business credit. Attach Form 3800 46c Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d 46e 0. Subtract line 46e from line 45 47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 48 48 0. Total tax. Add lines 47 and 48 (see instructions) 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0. 51 a Payments: A 2018 overpayment credited to 2019 51a 6,240. 51b b 2019 estimated tax payments c Tax deposited with Form 8868 51c d Foreign organizations; Tax paid or withheld at source (see instructions) 51d e Backup withholding (see instructions) 51e f Credit for small employer health insurance premiums (attach Form 8941) 51f g Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 51a through 51g 6,240. 52 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖 53 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 54 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 6.240. 6,240. Enter the amount of line 55 you want; Credited to 2020 estimated tax 56 56 Part VI | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 59 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here PRESIDENT & CEO the preparer shown below (see Signature of officer instructions)? X Yes Date Print/Type preparer's name Preparer's signature Date Check self- employed Paid 3/23/2020 YUNG-HEE GALLINARO P00035293 Preparer Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Use Only 901 NORTH GLEBE ROAD, SUITE 200 Firm's address > ARLINGTON, VA 22203 Phone no. 517-227-9500

2

923711 01-27-20

Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	. 2		_ 7	Cost of goods sold. Su	btract I	line 6			
3 Cost of labor	. 3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs							7		
(attach schedule)			8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	1(2)		4	property produced or a	cquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	. 5			the organization?					
Schedule C - Rent Income (see instructions)	From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	2. Rent receiv	ed or accrued							N. E.
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)		of rent for	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected d 2(b) (atta	with the income ch schedule)	in
(1)		200 01.000							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instru	uctions)					
			:	Gross income from or allocable to debt-		Deductions directly con to debt-finance	ed property	<u>'</u>	
1. Description of debt-fina	anced property			financed property	(a)	Straight line depreciation (attach schedule)) Other deduction (attach schedule)	
(1)			+						
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct imn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)			1	%					
(4)				%					
			•			inter here and on page 1, Part I, line 7, column (A).		r here and on pag t I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions inc						•			0.

Schedule F - Interest,				1	Controlled O			-			***
1. Name of controlled organiza	ution	2. Emp identific numb	ation	3. Net uni (loss) (see	elated income instructions)	4. Tota	al of specified nents made	includ	t of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations			202					,		
7. Taxable Income		nrelated income ee instructions		9. Total	of specified pay made	nents	10. Part of column in the controllingross	mn 9 tha ing orgai s income	nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
Totals						•	Add colun Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. lere and on page 1, Part I, line 8, column (B).
Schedule G - Investme	ent Incor					(17) Or	ganization	1	0 • 1		<u> </u>
200 (02 (02 (02 (02 (02 (02 (02 (02 (02	cription of incor	me			2. Amount of	income	3. Deductio directly conne	ected	4. Set-	asides	5. Total deductions and set-asides
(1)					(13)		(attach sched	dule)	(attach s	chedule	(col. 3 plus col. 4)
(2)											
(3)											
(4)											
4.7					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals						0.					0
Schedule I - Exploited (see instri		Activity	Incom	ne, Othe	r Than Ac	lvertisi	ng Income	•			
Description of exploited activity	2. G unrelated income trade or b	business e from	directly with pr of un	openses connected roduction irelated iss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Jumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals	Enter here page 1, line 10,	, Part I,	page	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisi	ing Incor		structio								0
Part I Income From					solidated	Basis)				
			_		4		1				7 -
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, comput arough 7.	5. Circulat income		6. Reade cost		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	>).	0	•						0 Form 990-T (201

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

						3.
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in:	structions)		
7			2.	3. Perce	nt of 4 Com	nensation attributable

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
otal, Enter here and on page 1, Part II, line 14	o albertos il paribertos i	•	

Form 990-T (2019)

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	1
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017			
FOR TAX YEAR 2018 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	20,946		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	20,946		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	20,946 0 20,946		
ALLOWABLE CONTRIBUTIONS DEDUCTION			0
TOTAL CONTRIBUTION DEDUCTION			0