



# East Bay Innovation Academy

## Board Meeting

### Date and Time

Wednesday March 16, 2016 at 7:30 PM PDT

### Location

3400 Malcolm Avenue, Oakland, CA 94605

### Agenda

	Purpose	Presenter	Time
<b>I. Opening Items</b>			<b>7:30 PM</b>
Opening Items			
<b>A.</b> Record Attendance and Guests			
<b>B.</b> Call the Meeting to Order			
<b>C.</b> Approve Minutes	Approve Minutes		
Approve minutes for Board Meeting on March 7, 2016			
<b>D.</b> Adjourn Open Session	Vote	Laurie Jacobson Jones	1 m
<b>II. Closed Session Pursuant to Section 54957</b>			<b>7:31 PM</b>
<b>A.</b> Open Closed Session and record Attendance	FYI	Tali Levy	1 m
<b>B.</b> Conference with Labor Negotiator	Discuss	Devin Krugman	27 m
<b>C.</b> Adjourn Closed Session	Vote	Laurie Jacobson Jones	1 m
<b>III. Academic Excellence</b>			<b>8:00 PM</b>
Academic Excellence			
<b>A.</b> Instruction Update and Initial Observations	Discuss	Devin Krugman	15 m

	Purpose	Presenter	Time
Joy Delizo-Osborne to present			
<b>B. Upper School Update</b>	Discuss	Devin Krugman	10 m
<b>IV. Finance</b>			<b>8:25 PM</b>
Finance			
<b>A. Monthly Budget vs. Actuals</b>	Discuss	Renee Cooper	10 m
<b>V. Development</b>			<b>8:35 PM</b>
Development			
<b>A. Development Update</b>	Discuss	Laurie Jacobson Jones	15 m
Katie Binder, Roxanne Andersen and Nicole Fee to report			
<b>VI. Operations</b>			<b>8:50 PM</b>
Facility			
<b>A. Facility Update</b>	Discuss	Rochelle Benning	10 m
<b>B. Recruiting Update</b>	Discuss	Devin Krugman	10 m
<b>C. Enrollment Update</b>	FYI	Devin Krugman	5 m
<b>VII. Board Expansion Committee</b>			<b>9:15 PM</b>
Board Expansion Committee			
<b>A. Discuss any Prospective Board Candidates</b>	Discuss	Tom Pryor	5 m
<b>VIII. CEO Support And Eval</b>			<b>9:20 PM</b>
CEO Support And Eval			
<b>A. Establish CEO Evaluation Committee</b>	Vote	Laurie Jacobson Jones	5 m
<b>IX. Other Business</b>			<b>9:25 PM</b>
<b>A. Consent Agenda</b>	Vote	Laurie Jacobson Jones	2 m

	Purpose	Presenter	Time
<b>X. Closing Items</b>			<b>9:27 PM</b>
<b>A. Public Comment</b>	FYI	Laurie Jacobson Jones	3 m
<b>B. Adjourn Meeting</b>	Vote		

# Coversheet

## Approve Minutes

**Section:** I. Opening Items  
**Item:** C. Approve Minutes  
**Purpose:** Approve Minutes  
**Submitted by:**  
**Related Material:** Minutes for Board Meeting on March 7, 2016

APPROVED



## East Bay Innovation Academy

### Minutes

#### Board Meeting

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**Date and Time**

Monday March 7, 2016 at 8:00 AM

**Location**

<https://zoom.us/j/726473913>

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**Directors Present**

Gary Borden, Laurie Jacobson Jones, Rochelle Benning, Tom Pryor

**Directors Absent**

Ken Berrick, Tali Levy

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**I. Opening Items****A. Record Attendance and Guests****B. Call the Meeting to Order**

Laurie Jacobson Jones called a meeting of the board of directors of East Bay Innovation Academy to order on Monday Mar 7, 2016 at 8:00 AM.

**II. Finance****A. Resolution to Approve re-Routing of State Apportionment Payments**

Laurie Jacobson Jones made a motion to Notification to ACOE of Bank Account for Electronic Receipt of Apportionment Funding.

Kelly Garcia seconded the motion.

The board **VOTED** unanimously to approve the motion.

**Roll Call**

Laurie Jacobson Jones	Aye
Tom Pryor	Aye
Tali Levy	Absent
Ken Berrick	Absent
Kelly Garcia	Aye
Rochelle Benning	Aye
Gary Borden	Aye

**III. Closing Items**

**A. Adjourn Meeting**

Laurie Jacobson Jones made a motion to adjourn the meeting.

Rochelle Benning seconded the motion.

The board **VOTED** unanimously to approve the motion.

**Roll Call**

Kelly Garcia	Aye
Laurie Jacobson Jones	Aye
Tali Levy	Absent
Ken Berrick	Absent
Tom Pryor	Aye
Gary Borden	Aye
Rochelle Benning	Aye

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 8:05 AM.

Respectfully Submitted,  
Laurie Jacobson Jones

# Coversheet

## Instruction Update and Initial Observations

**Section:** III. Academic Excellence  
**Item:** A. Instruction Update and Initial Observations  
**Purpose:** Discuss  
**Submitted by:**  
**Related Material:** March.Board.Updates.31416.pdf



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# Academics



# Instructional Feedback and Strategy

1. Universal Literacy Practices
2. Reading Intervention Program
3. Intensive Teacher Support Cycle
4. Next Steps

# Instructional Feedback and Strategy

## Universal Literacy Practices

- Writing persuasive essays based on data analyses in Math 8
- NewsELA article analysis and response in Science 7
- Use of the TEAL (topic, evidence, analysis, link) structure across all classes at all grade levels.

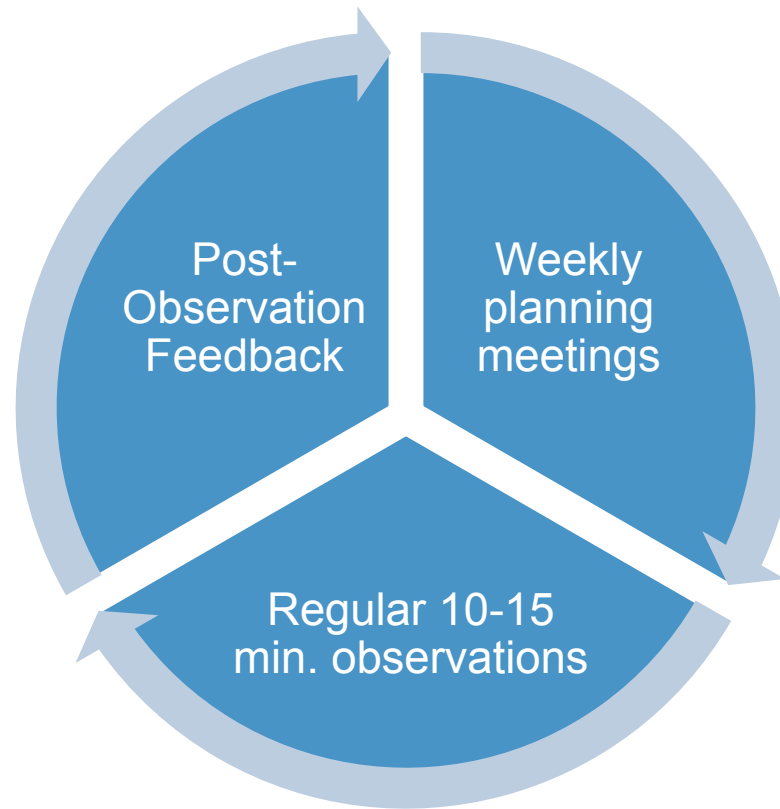
# Instructional Feedback and Strategy

## Reading Intervention Program

- Cory Potts, our seasoned Ed Specialist, has trained all IA's to provide individualized support using tools from Reading A-Z.com
- Cory and I are working together to train the English and History departments in small group intervention strategies (guided reading)

# Instructional Feedback and Strategy

## Intensive Teacher Support Cycle



# Instructional Feedback and Strategy

## Next Steps

1. Capstone Planning
2. 9th Grade Scope and Sequence Planning
3. Summer PD planning



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# Upper School Planning

# Upper School Update

## Current Workstreams

### Facilities

- Official release of Roosevelt site
- Initial tour of site with Roosevelt staff
- Ongoing logistics planning with Roosevelt staff

### Staffing

- Hired ELA and Computer Science teachers
- Actively interviewing remaining staff

# Upper School Update

## Ongoing Design and Development Plan

	October	November	December	January	February	March	April	May	June	July	August
<b>Enrollment and Recruiting</b>	Initial Teacher JD Posting and Recruiting	Ongoing JD Revision and Hiring – Screening, Materials Submission, Demo and Interviewing							Staff Onboarding and PD		Upper School Launch
		Ongoing Recruiting – Posting Socialization, School of Ed Outreach, Event Attendance									
	Intent to Enroll Forms	Rolling Application Submission			Lottery and Waitlist	Rolling Registration Completion					
<b>Curriculum and Instruction</b>	Initial Academic Program Design and Course Progression	Academic Resource Research					Course Scope and Sequence Development		Faculty Curriculum Finalization		
		Compliance Timeline Development	Initial WASC Accreditation Application Process								
		Measure N Application Process				Materials Purchasing					
<b>Facilities and Operations</b>	Prop 39 Application Process	Draft Facilities and Operations Plan		Prop 39 Offer Socialization		Facilities Materials Planning and Purchasing					
						Operations Team Hiring and Onboarding					
	MYP Development and Finalization										
						Ongoing Co-Location Planning with Roosevelt Team					





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# Operations

# Enrollment Update

## Enrollment Process

- Waitlists in place for all grades
- Strong early offer acceptance/registration start

## Updated Demographics

- Stronger gender balance
- No race, FRL, IEP/504 or EL data as of yet

# Coversheet

## Monthly Budget vs. Actuals

**Section:** IV. Finance  
**Item:** A. Monthly Budget vs. Actuals  
**Purpose:** Discuss  
**Submitted by:**  
**Related Material:** EBIA-Feb Financials-mc-2016.03.10-YTD FINAL.pdf  
EBIA-Feb Financials-mc-2016.03.10-CF FINAL.pdf

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Variance (Previous vs. Current Forecast)	Forecast Remaining
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast		
<b>SUMMARY</b>											
<b>Revenue</b>											
General Block Grant	101,337	219,079	154,229	1,124,838	1,123,531	1,307	2,442,430	2,480,578	2,480,578	-	1,355,740
Federal Revenue	-	36,665	-	39,094	14,468	24,625	217,059	207,869	189,356	(18,513)	150,263
Other State Revenues	7,561	67,248	89,321	204,094	169,596	34,499	363,730	375,086	377,230	2,144	173,136
Local Revenues	48,071	(44,630)	961	9,185	10,710	(1,525)	17,849	17,849	17,849	0	8,665
Fundraising and Grants	-	17,878	8,617	115,339	85,333	30,005	200,000	200,000	200,295	295	84,957
<b>Total Revenue</b>	<b>156,968</b>	<b>296,240</b>	<b>253,128</b>	<b>1,492,549</b>	<b>1,403,637</b>	<b>88,912</b>	<b>3,241,069</b>	<b>3,281,383</b>	<b>3,265,309</b>	<b>(16,073)</b>	<b>1,772,760</b>
<b>Expenses</b>											
Compensation and Benefits	148,837	158,641	175,734	1,092,141	1,221,109	128,968	1,836,101	1,814,067	1,784,278	29,789	692,136
Books and Supplies	2,267	10,245	31,363	166,502	185,913	19,411	223,721	217,818	234,457	(16,639)	67,955
Services and Other Operating Expenditures	49,002	73,158	100,302	502,367	427,916	(74,451)	882,728	918,259	918,349	(90)	415,982
Capital Outlay	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>200,106</b>	<b>242,044</b>	<b>307,400</b>	<b>1,761,010</b>	<b>1,834,938</b>	<b>73,928</b>	<b>2,942,550</b>	<b>2,950,143</b>	<b>2,937,084</b>	<b>13,060</b>	<b>1,176,074</b>
<i>Operating Income (including Depreciation)</i>	<i>(43,138)</i>	<i>54,196</i>	<i>(54,272)</i>	<i>(268,461)</i>	<i>(431,301)</i>	<i>162,840</i>	<i>298,519</i>	<i>331,239</i>	<i>328,225</i>	<i>(3,014)</i>	<i>596,686</i>
<b>Fund Balance</b>											
Beginning Balance (Unaudited)	(191,059)	(234,197)	(180,001)	34,187	34,187		34,187	34,187	34,187		
Audit Adjustment				190	190		190	190	190		
Beginning Balance (Audited)				34,377	34,377		34,377	34,377	34,377		
Operating Income (including Depreciation)	(43,138)	54,196	(54,272)	(268,461)	(431,301)		298,519	331,239	328,225		
<b>Ending Fund Balance (including Depreciation)</b>	<b>(234,197)</b>	<b>(180,001)</b>	<b>(234,273)</b>	<b>(234,083)</b>	<b>(396,923)</b>		<b>332,896</b>	<b>365,617</b>	<b>362,603</b>		

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

Detail	Actual			Budget vs. Actual			Budget			Forecast Remaining
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast	
<b>Enrollment Breakdown</b>	M5	M6								
6		116	116				110	110	110	-
7		131	131				130	132	132	-
8		95	94				100	100	100	-
<b>Total Enrolled</b>		<b>342</b>	<b>341</b>				<b>340</b>	<b>342</b>	<b>342</b>	-
<b>ADA %</b>										
4-6		97.41%	96.42%				95%	96%	96%	
7-8		94.87%	95.58%				95%	96%	96%	
<b>Average</b>		<b>96.02%</b>	<b>95.58%</b>				<b>95%</b>	<b>96%</b>	<b>96%</b>	
<b>ADA</b>										
4-6		113	111.84				104.5	105.6	105.6	
7-8		215.4	215.053				218.5	222.7	222.7	
<b>Total ADA</b>		<b>328.4</b>	<b>326.9</b>				<b>323.0</b>	<b>328.3</b>	<b>328.3</b>	

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Forecast Remaining	
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast		Variance (Previous vs. Current Forecast)
<b>REVENUE</b>											
<b>LCFF Entitlement</b>											
8011 Charter Schools LCFF - State Aid	101,337	178,668	101,337	855,571	847,001	8,570	1,790,235	1,817,641	1,817,641	-	962,070
8012 Education Protection Account Entitlement	-	10,333	-	20,667	20,667	-	64,600	65,664	65,664	-	44,997
8019 State Aid - Prior Years	-	-	(1,486)	(1,486)	-	(1,486)	-	-	-	-	1,486
8096 Charter Schools in Lieu of Property Taxes	-	30,078	54,378	250,086	255,863	(5,777)	587,595	597,273	597,273	-	347,187
<b>SUBTOTAL - LCFF Entitlement</b>	<b>101,337</b>	<b>219,079</b>	<b>154,229</b>	<b>1,124,838</b>	<b>1,123,531</b>	<b>1,307</b>	<b>2,442,430</b>	<b>2,480,578</b>	<b>2,480,578</b>	<b>-</b>	<b>1,355,740</b>
<b>8100 Federal Revenue</b>											
8181 Special Education - Entitlement	-	-	-	-	-	-	27,000	27,000	27,000	-	27,000
8182 Special Education Reimbursement	-	-	-	-	-	-	-	18,513	-	(18,513)	-
8220 Child Nutrition Programs	-	-	-	-	10,206	(10,206)	30,618	-	-	-	-
8291 Title I	-	-	-	-	2,589	(2,589)	6,473	6,473	6,473	-	6,473
8292 Title II	-	-	-	-	216	(216)	540	540	540	-	540
8297 PY Federal - Not Accrued	-	2,915	-	5,344	1,457	3,886	2,429	5,344	5,344	-	-
8298 Implementation Grant	-	33,750	-	33,750	-	33,750	150,000	150,000	150,000	-	116,250
<b>SUBTOTAL - Federal Income</b>	<b>-</b>	<b>36,665</b>	<b>-</b>	<b>39,094</b>	<b>14,468</b>	<b>24,625</b>	<b>217,059</b>	<b>207,869</b>	<b>189,356</b>	<b>(18,513)</b>	<b>150,263</b>
<b>8300 Other State Revenues</b>											
8319 Other State Apportionments - Prior Years	-	-	2,144	2,195	30	2,164	50	50	2,195	2,144	-
8381 Special Education - Entitlement (State)	8,714	8,714	20,383	73,635	50,753	22,882	154,959	157,512	157,512	-	83,877
8382 Special Education Reimbursement (State)	-	-	10,800	10,800	-	10,800	7,467	21,600	21,600	-	10,800
8520 Child Nutrition - State	(1,153)	-	-	-	2,187	(2,187)	6,561	-	-	-	-
8550 Mandated Cost Reimbursements	-	-	-	2,937	2,937	0	2,937	2,937	2,937	-	-
8560 State Lottery Revenue	-	-	9,197	9,197	8,363	835	58,463	59,426	59,426	-	50,229
8590 All Other State Revenue	-	58,534	46,796	105,330	105,326	4	123,787	124,055	124,055	-	18,725
8599 Selpa Admin Offset	-	-	-	-	-	-	9,506	9,506	9,506	-	9,506
<b>SUBTOTAL - Other State Income</b>	<b>7,561</b>	<b>67,248</b>	<b>89,321</b>	<b>204,094</b>	<b>169,596</b>	<b>34,499</b>	<b>363,730</b>	<b>375,086</b>	<b>377,230</b>	<b>2,144</b>	<b>173,136</b>
<b>8600 Other Local Revenue</b>											
8634 Food Service Sales	1,153	2,287	961	9,184	9,600	(416)	16,000	16,000	16,000	-	6,816
8660 Interest	0	0	0	0	0	0	0	0	0	0	-
8690 Other Local Revenue	-	-	-	-	1,109	(1,109)	1,849	1,849	1,849	-	1,849
8999 Uncategorized Revenue	46,917	(46,917)	-	-	-	-	-	-	-	-	-
<b>SUBTOTAL - Local Revenues</b>	<b>48,071</b>	<b>(44,630)</b>	<b>961</b>	<b>9,185</b>	<b>10,710</b>	<b>(1,525)</b>	<b>17,849</b>	<b>17,849</b>	<b>17,849</b>	<b>0</b>	<b>8,665</b>
<b>8800 Donations/Fundraising</b>											
8801 Donations - Parents	-	8,277	8,109	45,869	36,877	8,991	61,462	61,259.61	61,260	-	15,391
8802 Donations - Private	-	9,474	213	60,434	43,333	17,101	130,000	130,000	130,000	-	69,565.71
8803 Fundraising	-	128	295	9,036	5,123	3,913	8,538	8,740	9,036	295	-
<b>SUBTOTAL - Fundraising and Grants</b>	<b>-</b>	<b>17,878</b>	<b>8,617</b>	<b>115,339</b>	<b>85,333</b>	<b>30,005</b>	<b>200,000</b>	<b>200,000</b>	<b>200,295</b>	<b>295</b>	<b>84,957</b>
<b>TOTAL REVENUE</b>	<b>156,968</b>	<b>296,240</b>	<b>253,128</b>	<b>1,492,549</b>	<b>1,403,637</b>	<b>88,912</b>	<b>3,241,069</b>	<b>3,281,383</b>	<b>3,265,309</b>	<b>(16,073)</b>	<b>1,772,760</b>

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Variance (Previous vs. Current Forecast)	Forecast Remaining	
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast			
<b>EXPENSES</b>												
<b>Compensation &amp; Benefits</b>												
1000	<b>Certificated Salaries</b>											
1100	Teachers Salaries	69,303	68,361	70,041	505,180	603,909	98,729	807,930	743,930	743,930	-	238,750
1103	Teacher - Substitute Pay	4,570	6,030	6,140	16,965	-	(16,965)	-	22,400	22,400	-	5,435
1111	Teacher - Bonus	-	-	-	-	-	-	39,600	39,600	39,600	-	39,600
1148	Teacher - Special Ed	11,444	11,444	11,444	69,586	74,386	4,800	114,440	114,440	114,440	-	44,854
1150	Teacher - Summer School	-	-	-	-	-	-	-	4,000	-	4,000	-
1300	Certificated Supervisor & Administrator Salaries	10,833	10,833	10,833	84,167	84,167	(0)	127,500	127,500	127,500	-	43,333
1311	Cert-Admin - DESEL, Curr. Instr	5,833	9,508	14,000	49,758	52,083	2,325	103,750	106,167	106,167	-	56,408
1322	Cert Admin - Bonus	-	-	-	-	-	-	25,875	25,875	25,875	-	25,875
	<b>SUBTOTAL - Certificated Employees</b>	<b>101,984</b>	<b>106,177</b>	<b>112,459</b>	<b>725,656</b>	<b>814,545</b>	<b>88,889</b>	<b>1,219,095</b>	<b>1,183,912</b>	<b>1,179,912</b>	<b>4,000</b>	<b>454,256</b>
<b>2000 Classified Salaries</b>												
2103	Summer Tutor	-	-	-	407	-	(407)	407	407	407	-	-
2104	Instructional Assistant SPED	5,359	5,600	3,969	37,293	47,628	10,335	79,380	79,380	79,380	-	42,087
2105	Classified - Enrichment/Intersession	3,854	4,016	7,185	27,969	20,160	(7,809)	33,600	33,600	33,600	-	5,631
2300	Classified Supervisor & Administrator Salaries	5,833	5,833	5,833	37,222	37,917	695	61,250	61,250	61,250	-	24,028
2311	Classified Admin - Bonus	-	-	-	-	-	-	-	3,500	3,500	-	3,500
2400	Classified Clerical & Office Salaries	10,546	9,232	2,023	61,661	62,361	700	96,750	89,550	89,550	-	27,889
2401	Classified Clerical & Office Salaries - Bonus	-	-	-	-	-	-	3,000	3,000	3,000	-	3,000
2928	Other Classified - Food	-	-	8,360	8,360	-	(8,360)	-	18,450	18,450	-	10,090
	<b>SUBTOTAL - Classified Employees</b>	<b>25,592</b>	<b>24,681</b>	<b>27,371</b>	<b>172,912</b>	<b>168,066</b>	<b>(4,846)</b>	<b>274,387</b>	<b>289,137</b>	<b>289,137</b>	<b>-</b>	<b>116,225</b>
<b>3000 Employee Benefits</b>												
3100	STRS	9,519	9,969	10,456	73,996	83,088	9,092	137,381	133,606	133,177	429	59,181
3300	OASDI-Medicare-Alternative	4,115	4,244	4,584	30,750	21,235	(9,515)	35,070	35,716	35,651	65	4,901
3400	Health & Welfare Benefits	7,322	6,768	17,548	67,054	100,199	33,145	133,599	133,599	108,599	25,000	41,545
3500	Unemployment Insurance	306	5,837	2,351	11,148	18,141	6,993	19,096	20,863	20,615	248	9,467
3600	Workers Comp Insurance	-	966	966	10,625	15,836	5,210	17,474	17,235	17,188	47	6,562
	<b>SUBTOTAL - Employee Benefits</b>	<b>21,262</b>	<b>27,783</b>	<b>35,905</b>	<b>193,574</b>	<b>238,498</b>	<b>44,925</b>	<b>342,619</b>	<b>341,018</b>	<b>315,229</b>	<b>25,789</b>	<b>121,656</b>

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Forecast Remaining	
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast		Variance (Previous vs. Current Forecast)
<b>4000 Books &amp; Supplies</b>	-	-	-								
4100 Approved Textbooks & Core Curricula Materials	-	3,698	2,202	33,522	52,804	19,283	52,804	53,115	53,115	-	19,593
4200 Books & Other Reference Materials	156	47	-	203	800	597	1,600	1,600	1,600	-	1,397
4300 Materials & Supplies	267	175	600	7,959	9,405	1,446	7,336	7,391	8,191	(799)	231
4320 Educational Software	7	150	6,467	13,860	5,000	(8,860)	10,000	10,059	15,059	(5,000)	1,198
4326 Art & Music Supplies	-	-	2,796	2,796	-	(2,796)	-	-	5,000	(5,000)	2,204
4330 Office Supplies	576	1,485	457	9,051	11,461	2,410	18,010	18,116	18,116	-	9,065
4352 Quest (After School)	112	-	145	665	-	(665)	2,500	2,500	2,500	-	1,835
4400 Noncapitalized Equipment	-	318	-	3,551	13,376	9,825	14,681	14,681	14,681	-	11,130
4410 Classroom Furniture, Equipment & Supplies	-	-	840	4,909	1,822	(3,087)	4,069	4,131	4,971	(840)	61.45
4420 Computers (individual items less than \$5k)	810	-	13,300	69,887	61,800	(8,087)	64,000	65,292	70,292	(5,000)	405.01
4423 Staff Computers	99	818	66	1,047	3,200	2,153	4,800	4,800	4,800	-	3,753
4430 Non Classroom Related Furniture, Equipment & Supplies	-	-	-	-	-	-	180	180	180	-	180.00
4710 Student Food Services	241	3,556	4,491	19,051	26,244	7,193	43,740	35,952	35,952	-	16,901
<b>SUBTOTAL - Books and Supplies</b>	<b>2,267</b>	<b>10,245</b>	<b>31,363</b>	<b>166,502</b>	<b>185,913</b>	<b>19,411</b>	<b>223,721</b>	<b>217,818</b>	<b>234,457</b>	<b>(16,639)</b>	<b>67,955</b>



**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Variance (Previous vs. Current Forecast)	Forecast Remaining
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast		
<b>5000 Services &amp; Other Operating Expenses</b>											
5210 Conference Fees	-	-	-	-	5,125	5,125	10,000	10,000	10,000	-	10,000
5220 Travel and Lodging	-	-	-	-	1,350	1,350	2,700	2,700	2,700	-	2,700
5300 Dues & Memberships	-	160	-	3,883	4,216	332	7,026	7,026	7,026	-	3,143
5450 Insurance - Other	-	1,115	1,115	12,264	15,406	3,142	17,000	17,100	17,100	-	4,836
5515 Janitorial, Gardening Services & Supplies	6,527	4,270	4,800	41,512	46,968	5,456	70,452	70,452	70,452	-	28,940
5535 Utilities - All Utilities	2,190	5,359	4,365	29,396	32,125	2,729	50,732	50,732	50,732	-	21,336
5611 Prop 39 Related Costs	-	-	-	52,113	52,113	-	104,226	104,839	104,839	-	52,726
5615 Repairs and Maintenance - Building	-	176	65	415	1,206	791	2,011	2,011	2,011	-	1,596
5616 Repairs and Maintenance - Computers	71	563	803	2,108	7,200	5,092	12,000	12,000	12,000	-	9,892
5803 Accounting Fees	2,977	-	662	3,638	-	(3,638)	8,000	8,000	8,000	-	4,362
5809 Banking Fees	109	639	90	1,170	200	(970)	300	1,080	1,170	(90)	0
5810 Intersession	8,472	9,543	20,467	63,455	-	(63,455)	102,000	102,600	102,600	-	39,145
5812 Business Services	10,833	10,333	10,833	86,167	82,727	(3,439)	130,000	130,000	130,000	-	43,833
5815 Consultants - Instructional	2,925	6,825	8,775	23,500	8,000	(15,500)	41,250	41,250	41,250	-	17,750
5820 Consultants - Non Instructional - Custom 1	-	-	-	1,601	13,889	12,288	25,000	2,000	2,000	-	399
5824 District Oversight Fees	-	-	-	-	14,688	14,688	24,424	24,806	24,806	-	24,806
5830 Field Trips Expenses	-	-	-	-	4,650	4,650	9,300	9,300	9,300	-	9,300
5836 Fingerprinting	57	138	-	1,399	331	(1,067)	1,094	1,399	1,399	-	-
5839 Fundraising Expenses	-	297	2,694	5,115	3,740	(1,374)	6,234	6,234	6,234	-	1,119
5843 Interest - Loans Less than 1 Year	-	7,029	41	7,791	-	(7,791)	7,873	7,873	7,873	-	82
5845 Legal Fees	6,214	7,383	8,660	47,458	36,667	(10,791)	55,000	55,000	55,000	-	7,542
5851 Marketing and Student Recruiting	-	-	79	484	722	238	1,300	1,340	1,340	-	856
5857 Payroll Fees	(250)	598	272	1,746	2,000	254	3,000	3,000	3,000	-	1,254
5860 Printing and Reproduction	-	-	-	-	108	108	180	180	180	-	180
5861 Prior Yr Exp (not accrued)	-	-	-	9,385	-	(9,385)	9,385	9,385	9,385	-	-
5863 Professional Development	-	4,784	16,088	20,872	12,000	(8,872)	24,665	24,665	24,665	-	3,793
5866 SPED MH Day/NPS Services	-	-	3,822	3,822	-	(3,822)	-	55,570	55,570	-	51,748
5869 Special Education Contract Instructors	7,804	10,084	8,848	53,360	48,000	(5,360)	80,000	80,000	80,000	-	26,640
5872 Special Education Admin Fee	-	-	-	-	-	-	9,506	9,506	9,506	-	9,506
5875 Staff Recruiting	347	278	1,340	2,949	1,030	(1,919)	3,090	3,090	3,090	-	141
5878 Student Assessment	-	-	-	-	-	-	3,090	3,090	3,090	-	3,090
5881 Student Information System	-	891	(575)	316	5,925	5,609	11,850	11,850	11,850	-	11,534
5884 Substitutes	-	810	173	1,478	14,509	13,031	23,941	24,083	24,083	-	22,605
5887 Technology Services	-	-	-	9,529	2,148	(7,381)	9,579	9,579	9,579	-	50
5899 Miscellaneous Operating Expenses	111	(111)	5,648	5,648	-	(5,648)	-	-	-	-	(5,648)
5900 Communications	595	1,394	989	8,905	9,600	695	14,400	14,400	14,400	-	5,495
5905 Communications - Cell Phones	-	-	-	-	72	72	120	120	120	-	120
5910 Communications - Internet / Website Fees	-	-	-	-	-	-	-	-	-	-	-
5915 Postage and Delivery	-	60	-	71	1,200	1,129	2,000	2,000	2,000	-	1,929
<b>SUBTOTAL - Services &amp; Other Operating Exp.</b>	<b>49,002</b>	<b>73,158</b>	<b>100,302</b>	<b>502,367</b>	<b>427,916</b>	<b>(74,451)</b>	<b>882,728</b>	<b>918,259</b>	<b>918,349</b>	<b>(90)</b>	<b>415,982</b>

**East Bay Innovation Academy**

Budget vs. Actuals  
As of Feb close

	Actual			Budget vs. Actual			Budget			Forecast Remaining	
	Dec	Jan	Feb	Actual YTD	Budget YTD	Variance (YTD less Budget)	Approved Budget	Previous Month's Forecast	Current Forecast		Variance (Previous vs. Current Forecast)
<b>6000 Capital Outlay</b>											
6100 Sites & Improvement of Sites	-	-	-	-	-	-	-	-	-	-	-
6200 Buildings & Improvement of Buildings	-	-	-	-	-	-	-	-	-	-	-
6300 School Libraries	-	-	-	-	-	-	-	-	-	-	-
6400 Equipment	-	-	-	-	-	-	-	-	-	-	-
<b>SUBTOTAL - Capital Outlay</b>	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL EXPENSES</b>	<b>200,106</b>	<b>242,044</b>	<b>307,400</b>	<b>1,761,010</b>	<b>1,834,938</b>	<b>73,928</b>	<b>2,942,550</b>	<b>2,950,143</b>	<b>2,937,084</b>	<b>13,060</b>	<b>1,176,074</b>
<b>6900 Total Depreciation (includes Prior Years)</b>	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL EXPENSES including Depreciation</b>	<b>200,106</b>	<b>242,044</b>	<b>307,400</b>	<b>1,761,010</b>	<b>1,834,938</b>	<b>73,928</b>	<b>2,942,550</b>	<b>2,950,143</b>	<b>2,937,084</b>	<b>13,060</b>	<b>1,176,074</b>

**East Bay Innovation Academy**

Monthly Cash Forecast

As of Feb close

	2015/16											Forecast	AP/AR	
	Actual & Projected													
	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Projected	Apr Projected	May Projected	Jun Projected		
<b>Beginning Cash</b>	\$133,206	164,909	149,805	229,583	322,137	249,231	97,829	73,518	55,361	136,597	247,278	316,898		
<b>Revenue</b>														
General Block Grant	-	78,856	106,255	295,867	169,215	101,337	219,079	154,229	367,143	270,798	241,608	241,608	2,480,578	234,583
Federal Income	-	-	1,228	1,201	-	-	36,665	-	14,430	34,680	-	-	189,356	101,153
Other State Income	-	4,841	-	22,319	12,804	7,561	67,248	89,321	8,231	37,681	26,314	18,952	377,230	81,959
Local Revenues	0	0	2,385	2,398	0	48,071	(44,630)	961	4,740	1,308	2,308	308	17,849	-
Fundraising and Grants	4,614	41,362	26,582	11,400	4,887	-	17,878	8,617	123	10,000	34,760	20,000	200,295	20,073
<b>Total Revenue</b>	<b>4,614</b>	<b>125,059</b>	<b>136,450</b>	<b>333,185</b>	<b>186,906</b>	<b>156,968</b>	<b>296,240</b>	<b>253,128</b>	<b>394,667</b>	<b>354,467</b>	<b>304,991</b>	<b>280,868</b>	<b>3,265,309</b>	<b>437,768</b>
<b>Expenses</b>														
Compensation & Benefits	15,903	86,094	167,978	181,510	157,445	148,837	158,641	175,734	178,328	161,274	161,274	190,854	1,784,278	407
Books & Supplies	51,950	31,868	14,591	6,844	17,373	2,267	10,245	31,363	31,354	13,676	13,676	9,250	234,457	-
Services & Other Operating Expenses	13,828	47,016	60,801	68,406	89,852	49,002	73,158	100,302	112,188	70,517	70,435	118,364	918,349	44,478
Capital Outlay	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>81,681</b>	<b>164,979</b>	<b>243,370</b>	<b>256,760</b>	<b>264,670</b>	<b>200,106</b>	<b>242,044</b>	<b>307,400</b>	<b>321,870</b>	<b>245,467</b>	<b>245,385</b>	<b>318,467</b>	<b>2,937,084</b>	<b>44,885</b>
<b>Operating Cash Inflow (Outflow)</b>	<b>(77,068)</b>	<b>(39,920)</b>	<b>(106,920)</b>	<b>76,425</b>	<b>(77,763)</b>	<b>(43,138)</b>	<b>54,196</b>	<b>(54,272)</b>	<b>72,797</b>	<b>109,000</b>	<b>59,605</b>	<b>(37,599)</b>	<b>328,225</b>	<b>392,883</b>
Revenues - Prior Year Accruals	132,918	-	3,487	(1,201)	-	-	35,000	19,003	-	-	-	-	-	-
Expenses - Prior Year Accruals	(16,040)	(2,977)	-	-	-	-	1,575	14,584	(1,575)	-	-	-	-	-
Accounts Receivable - Current Year	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Payable - Current Year	(14,847)	26,643	(45,987)	18,294	9,417	48,706	(39,836)	5,334	-	-	-	-	-	-
Summerholdback for Teachers	(23,260)	(7,337)	\$2,681	7,369	3,831	5,453	5,457	5,527	10,014	10,014	10,014	5,305	-	-
Loans Payable (Current)	-	-	226,517	-	-	(154,048)	(72,469)	-	-	-	-	-	-	-
Loans Payable (Long Term)	-	-	-	(8,333)	(8,391)	(8,374)	(8,234)	(8,333)	-	(8,333)	-	-	-	-
Other Balance Sheet Changes	30,000	8,487	-	-	-	-	-	-	-	-	-	-	-	-
<b>Ending Cash</b>	<b>164,909</b>	<b>149,805</b>	<b>229,583</b>	<b>322,137</b>	<b>249,231</b>	<b>97,829</b>	<b>73,518</b>	<b>55,361</b>	<b>136,597</b>	<b>247,278</b>	<b>316,898</b>	<b>284,603</b>		

# Coversheet

## Development Update

**Section:** V. Development  
**Item:** A. Development Update  
**Purpose:** Discuss  
**Submitted by:**  
**Related Material:** 2015-16 Fundraising Update.pdf

### 2016 Fundraising Plan

3.9.16	Goal:	Actual:	Remaining:
<b>Giving Drive</b>	\$75,000	\$58,016	\$16,984
Community Giving		\$47,339	
Corporate Matches		\$8,477	
Business Donations		\$	
Fun Run		\$2,200	
<b>Auction</b>	\$45,000	\$46,085	<\$1085>
<b>Retail Fundraising:</b>	\$0	\$654	
<b>Grants:</b>	\$80,000	\$45,000	\$35,000
<b>Totals:</b>	<b>\$200,000</b>	<b>\$149,755</b>	<b>\$50,245</b>

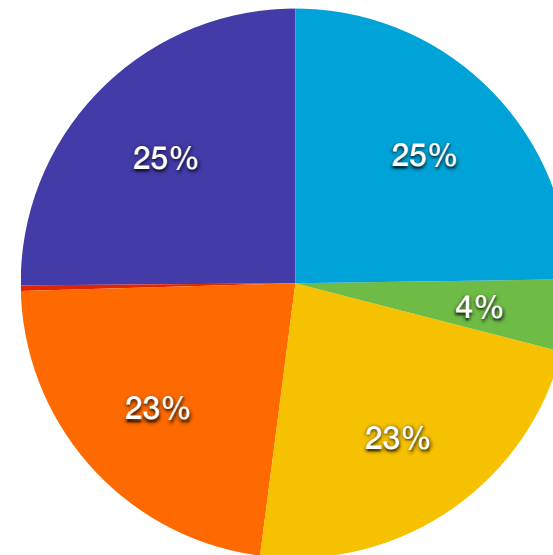
#### Anticipated Donations:

Reoccurring Donations expected	\$4,080.00
Pledged Corporate Matches	\$2,750.00
Springfest	\$5,000.00

### 2016 Fundraising Results

APPEALS	MONEY RAISED
<b>Giving Drive &amp; Fun Run</b>	49,539
<b>Corporate Match</b>	8,477
<b>2016 Auction &amp; Party</b>	46,085
<b>EBIA Grants</b>	45,000
<b>Retail/Passive Fundraising:</b>	654
<b>Still Need to Earn</b>	50,245

Pie Chart



- Giving Drive & Fun Run
- Corporate Match
- 2016 Auction & Party
- EBIA Grants
- Retail/Passive Fundraising:
- Still Need to Earn

# Coversheet

## Consent Agenda

**Section:** IX. Other Business  
**Item:** A. Consent Agenda  
**Purpose:** Vote  
**Submitted by:**  
**Related Material:** EBIA 2014 Tax Returns - DRAFT 02-10-2016.pdf  
EBIA - 2015-16 Check Register - am.xls

Form **990**

OMB No. 1545-0047

## Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2014

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the <b>2014</b> calendar year, or tax year beginning <b>7/01</b> , <b>2014</b> , and ending <b>6/30</b> , <b>2015</b>	
<b>B</b> Check if applicable:	<b>C</b>
<input type="checkbox"/> Address change	<b>EAST BAY INNOVATION ACADEMY</b> <b>3400 MALCOLM AVENUE</b> <b>OAKLAND, CA 94605-5353</b>
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>
<b>D</b> Employer identification number <b>46-2428863</b>	
<b>E</b> Telephone number <b>(510) 577-9557</b>	
<b>G</b> Gross receipts \$ <b>2,128,727.</b>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J</b> Website: ▶ <b>WWW.EASTBAYIA.ORG</b>	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
<b>L</b> Year of formation:	<b>2013</b>
<b>M</b> State of legal domicile:	<b>CA</b>

Part I Summary			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>LOCATED IN OAKLAND, EAST BAY INNOVATION ACADEMY OPERATES AS A CALIFORNIA PUBLIC CHARTER SCHOOL DEDICATED TO COLLEGE PREPARATION FOR STUDENTS IN GRADES 6 - 12. DURING 2014-15, THE SCHOOL SERVED ROUGHLY 216 STUDENTS IN GRADES 6 &amp; 7 IN ITS FIRST YEAR OF OPERATION.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	6
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	<b>5</b>	29
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	191,876.	2,097,914.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		3,526.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		22,253.
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	191,876.	2,123,693.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	11,064.	1,202,846.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	158,398.	908,884.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	169,462.	2,111,730.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	22,414.	11,963.	
<b>Net Assets of Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	54,705.	375,347.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	32,291.	340,970.
		22,414.	34,377.

<b>Part II Signature Block</b>	
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 officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	Signature of officer: <u>DEVIN KRUGMAN</u> Date: _____ Type or print name and title: <u>EXECUTIVE DIRECTOR</u>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <u>CHRISTY WHITE, CPA</u> Preparer's signature: <u>CHRISTY WHITE, CPA</u> Date: _____ Check <input type="checkbox"/> if self-employed PTIN: <u>P01297358</u>
	Firm's name: ▶ <u>CHRISTY WHITE ASSOCIATES</u> Firm's address: ▶ <u>348 OLIVE STREET</u> <u>SAN DIEGO, CA 92103</u>
	Firm's EIN: ▶ <u>27-2956198</u> Phone no.: <u>(619) 270-8222</u>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PREPARE A DIVERSE GROUP OF STUDENTS TO BE SUCCESSFUL IN COLLEGE AND TO BE  
THOUGHTFUL, ENGAGED CITIZENS WHO ARE LEADERS AND INNOVATORS IN A 21ST CENTURY GLOBAL  
WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,827,146. including grants of \$ ) (Revenue \$ 2,097,914.)

EAST BAY INNOVATION ACADEMY (EBIA) IS A COLLEGE PREPARATORY CHARTER SCHOOL OFFERING  
PUBLIC EDUCATION IN OAKLAND. 2014-15 WAS EBIA'S FIRST YEAR OF SCHOOL OPERATION WITH  
CLASSES BEGINNING IN AUGUST 2014 FOR ROUGHLY 216 STUDENTS IN GRADES 6 AND 7.  
THROUGH PERSONALIZED AND PROJECT-BASED LEARNING, AND BY LEVERAGING BEST PRACTICES IN  
CURRICULUM DESIGN AND TECHNOLOGY, EBIA ENGAGES STUDENTS IN 21ST CENTURY WORK, USING  
COMPETENCIES NECESSARY FOR PRODUCTIVE LIVES AS CITIZENS IN A DYNAMIC, INCREASINGLY  
COMPETITIVE GLOBAL WORLD. EBIA DELIVERS A PERSONALIZED LEARNING EXPERIENCE THAT  
PROVIDES EVERY STUDENT THE OPPORTUNITY TO ACHIEVE THEIR ACADEMIC GOALS REGARDLESS OF  
THEIR PREVIOUS PREPARATION AND BACKGROUND.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,827,146.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		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? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....		X
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		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.....		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.....		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.....		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 (see instructions).....		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.....	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.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>25b</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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
<b>35b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2014)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="30"/>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input checked="" type="checkbox"/>	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="29"/>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input checked="" type="checkbox"/>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? <input type="checkbox"/>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <input type="checkbox"/>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <input type="text"/>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text"/>		
<b>13 c</b>	Enter the amount of reserves on hand <input type="text"/>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 4		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	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? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? . . . . .	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . SEE SCHEDULE O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. . . . .	X	
<b>15 b</b>	Other officers or key employees of the organization. . . . . SEE SCHEDULE O. . . . .	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 EDTEC 1410A 62ND STREET EMERYVILLE CA 94608 (510) 663-3500

**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**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURIE JACOBSON JONES CHAIRPERSON	5 0	X		X				0.	0.	0.
(2) ROCHELLE BENNING VICECHAIR/TREAS	5 0	X		X				0.	0.	0.
(3) TALI LEVY SECRETARY	5 0	X		X				0.	0.	0.
(4) KIMBERLY SMITH MEMBER	2 0	X						0.	0.	0.
(5) AMBER BANKS MEMBER	2 0	X						0.	0.	0.
(6) TOM PRYOR CHAIR-BOARD EXP	2 0	X						0.	0.	0.
(7) DEVIN KRUGMAN EXECUTIVE DIR.	40 0			X			51,620.	0.	4,348.	
(8) DAVID PHILHOWER DIRECTOR	40 0			X			21,681.	0.	0.	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						73,301.	0.	4,348.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						73,301.	0.	4,348.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 1,962.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b> 1,969,636.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 126,316.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>▶</b> 2,097,914.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>STUDENT ACTIVITIES</u>		611710	3,248.	3,248.	
	<b>b</b> <u>FOOD SERVICE SALES</u>		722210	278.	278.	
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>▶</b>	3,526.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
		<b>d</b> Net rental income or (loss)				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
		<b>d</b> Net gain or (loss)				
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,962. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	25,944.			
		<b>b</b> Less: direct expenses	<b>b</b>	5,034.		
		<b>c</b> Net income or (loss) from fundraising events	<b>▶</b>	20,910.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities		<b>▶</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>▶</b>				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>REFUNDS/OTHER INCOME</u>	900099	1,343.		1,343.		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>▶</b>	1,343.				
<b>12 Total revenue.</b> See instructions	<b>▶</b>	2,123,693.	3,526.	0.	1,343.	

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**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,661.	123,411.	56,250.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	866,051.	809,805.	56,246.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,994.	52,442.	2,552.	
9 Other employee benefits	50,846.	48,851.	1,995.	
10 Payroll taxes	51,294.	45,799.	5,495.	
11 Fees for services (non-employees):				
a Management				
b Legal	23,441.		23,441.	
c Accounting	3,734.		3,734.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)SCH. O	411,788.	318,854.	92,934.	
12 Advertising and promotion	2,650.	470.	2,180.	
13 Office expenses	16,143.	14,529.	1,614.	
14 Information technology	16,120.	15,800.	320.	
15 Royalties				
16 Occupancy	220,537.	208,115.	12,422.	
17 Travel	11,066.	11,066.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,166.		11,166.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BOOKS AND SUPPLIES</u>	186,031.	171,796.	14,235.	
b <u>DUES AND MEMBERSHIPS</u>	6,208.	6,208.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,111,730.	1,827,146.	284,584.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing	8,132.	1	131,409.
	2	Savings and temporary cash investments		2	1,797.
	3	Pledges and grants receivable, net		3	30,000.
	4	Accounts receivable, net	42,672.	4	203,654.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,901.	9	8,487.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	10c
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	54,705.	16	375,347.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	32,291.	17	90,970.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	250,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	32,291.	26	340,970.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	22,414.	27	34,377.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances.</b>	22,414.	33	34,377.
	34	<b>Total liabilities and net assets/fund balances.</b>	54,705.	34	375,347.

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Form 990 (2014)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,123,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,111,730.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,414.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,377.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
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?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2014)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number <b>46-2428863</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>33-1/3% support test – 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .						
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. . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
4 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 5. . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
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. . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11 and 12.) . . . . .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	18	%

19a **33-1/3% support tests – 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

b **33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> .....		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> .....		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i> .....		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> .....		
<b>3c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> .....		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> .....		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> .....		
<b>c</b> 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)? <i>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.</i> .....		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> .....		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.....		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?.....		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> .....		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> .....		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i> .....		
<b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i> .....		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> .....		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> .....		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below.</i> .....		
<b>b</b> Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> .....		

**Part 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	
b A family member of a person described in (a) above? .....	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i> .....	11c	

**Section B. Type I Supporting Organizations**

	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? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> .....	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? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> .....	2	

**Section 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)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)</i> .....	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? .....	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> .....	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i> .....	3	

**Section 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 year ( <b>see instructions</b> ):			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
2 Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> .....	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? <i>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.</i> .....	2b		
3 Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
a 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		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> .....	3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) 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	<b>Distributable Amount.</b> 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-functionally-integrated Type III supporting organization (see instructions).



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes.....	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
<b>4</b>	Amounts paid to acquire exempt-use assets.....	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required).....	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.....	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.....	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.....	
<b>9</b>	Distributable amount for 2014 from Section C, line 6.....	
<b>10</b>	Line 8 amount divided by Line 9 amount.....	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6.....		
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).....		
<b>3</b>	Excess distributions carryover, if any, to 2014:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>	From 2013.....		
<b>f</b>	<b>Total</b> of lines 3a through e.....		
<b>g</b>	Applied to underdistributions of prior years.....		
<b>h</b>	Applied to 2014 distributable amount.....		
<b>i</b>	Carryover from 2009 not applied (see instructions).....		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.....		
<b>4</b>	Distributions for 2014 from Section D, line 7:		
<b>a</b>	Applied to underdistributions of prior years.....		
<b>b</b>	Applied to 2014 distributable amount.....		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.....		
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....		
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....		
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.....		
<b>8</b>	Breakdown of line 7:		
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>	Excess from 2013.....		
<b>e</b>	Excess from 2014.....		

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

EAST BAY INNOVATION ACADEMY

Employer identification number

46-2428863

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 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**

For 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 contributions.

**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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number <b>46-2428863</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INNOVATOR ACADEMIES ED FOUNDATION 1790 THIRD STREET, SUITE A NAPA, CA 94559	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE NEED PROJECT 8408 KAO CIRCLE MANASSAS, VA 20110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

EAST BAY INNOVATION ACADEMY

46-2428863

**Part II Noncash Property** (see instructions). Use duplicate copies of 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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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Name of organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number 46-2428863
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ *N/A*  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

Employer identification number

EAST BAY INNOVATION ACADEMY

46-2428863

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.



**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to 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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,128,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	2,128,727.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	-5,034.	
	c Add lines 4a and 4b	4c		-5,034.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,123,693.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,116,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	5,034.	
	e Add lines 2a through 2d	2e		5,034.
3	Subtract line 2e from line 1		3	2,111,730.
4	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.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,111,730.

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

MANAGEMENT BELIEVES ALL OF ITS SIGNIFICANT TAX POSITIONS WOULD BE UPHELD UNDER EXAMINATION; THEREFORE, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED.

**SCHEDULE D, PART XI, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

FUNDRAISING EVENT DIRECT EXPENSES	\$	-5,034.
TOTAL	\$	<u>-5,034.</u>

**Part XIII** Supplemental Information (continued)

**SCHEDULE D, PART XII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EVENT DIRECT EXPENSES.....	\$	5,034.
TOTAL	\$	<u>5,034.</u>

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**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**EAST BAY INNOVATION ACADEMY**

Employer identification number

**46-2428863**

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II. ....	X	
<u>THE SCHOOL PUBLISHES ITS NONDISCRIMINATORY POLICY WITHIN ITS CHARTER DOCUMENT. THE CHARTER DOCUMENT IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND IS MADE AVAILABLE UPON REQUEST.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered 'No' to any of the above, please explain. If you need more space, use Part II.		
<u>THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL WHICH OPERATES TUITION-FREE; THEREFORE, SCHOLARSHIPS AND FINANCIAL ASSISTANCE ARE NOT APPLICABLE.</u>		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered 'Yes' to either line 6a or line 6b, explain on Part II. <span style="float: right;">SEE PART II</span>		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II. ....	X	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

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**SCHEDULE E, LINE 6 - EXPLANATION OF AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY**

THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FORM THE CALIFORNIA DEPARTMENT OF EDUCATION AND THE COUNTY OF ALAMEDA, CALIFORNIA AS PART OF ITS OPERATION AS A PUBLIC CHARTER SCHOOL.

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**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**EAST BAY INNOVATION ACADEMY**

Employer identification number

**46-2428863**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SPRINGFEST (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1	Gross receipts	27,906.		27,906.
2	Less: Contributions	1,962.		1,962.
3	Gross income (line 1 minus line 2)	25,944.		25,944.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes	119.	119.
	6	Rent/facility costs	50.	50.
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	4,865.	4,865.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Subtract line 10 from line 3, column (d)			20,910.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	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?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization operate 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:

<b>a</b> The organization's facility	<b>13 a</b>	%
<b>b</b> An outside facility	<b>13 b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15 a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**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?  Yes  No

**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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

**Open To Public Inspection**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

EAST BAY INNOVATION ACADEMY

Employer identification number

46-2428863

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) LAURIE JACOBSON JONES												
(2)	CHAIR	CASHFLOW	X		50,000.		X	X			X	
(3) ROCHELLE BENNINGS												
(4)	V. CHAIR	CASHFLOW	X		35,000.		X	X			X	
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KIMBERLY SMITH - IAEF	BOARD MEMBER	30,000.	GRANT RECEIVABLE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SUPPLEMENTAL INFORMATION**

KIMBERLY SMITH SERVED AS AN AGENT FOR INNOVATOR ACADEMIES EDUCATION FOUNDATION IN PROVIDING A GRANT IN THE AMOUNT OF \$30,000 TO EAST BAY INNOVATIONS ACADEMY. KIMBERLY SMITH ALSO SERVED AS A BOARD MEMBER FOR EAST BAY INNOVATIONS ACADEMY DURING 2014-15. THE GRANT WAS PLEDGED IN JUNE 2015 AND RECEIVED IN JULY 2015 AND THEREFORE, RECORDED AS GRANTS RECEIVABLE AS OF JUNE 30, 2015.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2014**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**EAST BAY INNOVATION ACADEMY**

Employer identification number

**46-2428863**

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE EXECUTIVE DIRECTOR/HEAD OF SCHOOL WILL PROVIDE A COPY OF THE FORM 990 TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT. ANY NECESSARY EDITS WILL BE RELAYED TO THE TAX PREPARER. UPON FINAL APPROVAL BY THE HEAD OF SCHOOL, THE TAX PREPARER WILL FILE THE FORM 990 WITH THE IRS ON BEHALF OF THE ORGANIZATION.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ALL BOARD MEMBERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO FILE AN ANNUAL STATEMENT (FORM 700 STATEMENT OF ECONOMIC INTEREST) IN ACCORDANCE WITH CALIFORNIA CODE OF REGULATIONS. THE ORGANIZATION WILL REVIEW THE CONFLICT OF INTEREST POLICY AND STATEMENTS ANNUALLY AND WHEN ANY NEW BOARD MEMBER JOINS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE BOARD OF DIRECTORS WILL APPROVE COMPENSATION OF THE EXECUTIVE DIRECTOR/HEAD OF SCHOOL BASED ON COMPARABLE DATA AVAILABLE FROM OTHER PUBLIC CHARTER SCHOOLS AND SCHOOL DISTRICTS FOR INDIVIDUALS WITH SIMILAR RESPONSIBILITIES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE BOARD OF DIRECTORS WILL APPROVE COMPENSATION OF OTHER KEY EMPLOYEES BASED ON COMPARABLE DATA AVAILABLE FROM OTHER PUBLIC CHARTER SCHOOLS AND SCHOOL DISTRICTS FOR INDIVIDUALS WITH SIMILAR RESPONSIBILITIES.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST WITH SOME DOCUMENTS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
BUSINESS SERVICES PROVIDER	105,239.	105,239.		
INSTRUCTIONAL CONSULTANTS	97,374.	97,374.		
OTHER SERVICES AND FEES	132,955.	55,298.	77,657.	

Name of the organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number <b>46-2428863</b>
--	---

**FORM 990, PART IX, LINE 11G (CONTINUED)  
OTHER FEES FOR SERVICES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUND- RAISING</u>
SPECIAL EDUCATION SERVICES	60,943.	60,943.		
SPONSORING DISTRICT OVERSIGHT	15,277.		15,277.	
TOTAL	<u>\$ 411,788.</u>	<u>\$ 318,854.</u>	<u>\$ 92,934.</u>	<u>\$ 0.</u>

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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

EAST BAY INNOVATION ACADEMY

Employer identification number

46-2428863

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY SUITE 680 OAKLAND, CA 94607 94-6000385	K-12 PUBLIC EDUCATION	CA			N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s).....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s).....		X
<b>d</b> Loans or loan guarantees to or for related organization(s).....		X
<b>e</b> Loans or loan guarantees by related organization(s).....		X
<b>f</b> Dividends from related organization(s).....		X
<b>g</b> Sale of assets to related organization(s).....		X
<b>h</b> Purchase of assets from related organization(s).....		X
<b>i</b> Exchange of assets with related organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
<b>o</b> Sharing of paid employees with related organization(s).....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses.....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses.....		X
<b>r</b> Other transfer of cash or property to related organization(s).....		X
<b>s</b> Other transfer of cash or property from related organization(s).....		X

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**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OAKLAND UNIFIED SCHOOL DISTRICT	K	115,505.	LEASE PYMTS
(2) OAKLAND UNIFIED SCHOOL DISTRICT	M	15,277.	OVERSIGHT FEES
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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Form **8868**

(Rev January 2014)

Department of the Treasury  
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. . . . ▶

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number (EIN) or <b>46-2428863</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>3400 MALCOLM AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94605-5353</b>	

Enter the Return code for the return that this application is for (file a separate application for each return). . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ EDTEC -----

Telephone No. ▶ (510) 663-3500 Fax No. ▶ (510) 663-3503

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . . . ▶ . If it is for part of the group, check this box . . . ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 16, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 20 14, and ending 6/30, 20 15.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. . . . .	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. . . . .	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . .	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev 1-2014)

FIFZ0501L 12/31/13

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

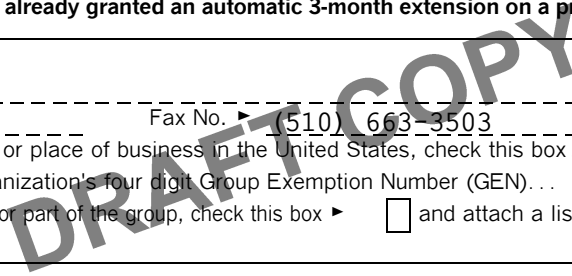
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number (EIN) or <b>46-2428863</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>CHRISTY WHITE ASSOCIATES 348 OLIVE STREET</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92103</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **EDTEC**  
Telephone No.  **(510) 663-3500** Fax No.  **(510) 663-3503**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.



- I request an additional 3-month extension of time until 5/15, 20 16.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 14, and ending 6/30, 20 15.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension . . . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

<b>8 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .	<b>8 a</b> \$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . .	<b>8 b</b> \$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . .	<b>8 c</b> \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **EXECUTIVE DIRECTOR** Date

TAXABLE YEAR

2014

# California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **7/01/2014**, and ending (mm/dd/yyyy) **6/30/2015**

Corporation/Organization name <b>EAST BAY INNOVATION ACADEMY</b> <small>Additional information. See instructions.</small>		California corporation number <b>3564103</b>
Street address (suite or room) <b>3400 MALCOLM AVENUE</b>		FEIN <b>46-2428863</b>
City <b>OAKLAND</b>	State <b>CA</b>	ZIP code <b>94605-5353</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn)  <input type="checkbox"/> Merged/Reorganized                  Enter date (mm/dd/yyyy) <input type="checkbox"/></p> <p><b>E</b> Check accounting method:                  1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?                  1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If 'Yes,' what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? If 'Yes,' enter the gross receipts from nonmember sources \$ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is an IRS Form 1023/1024 pending? Date filed with IRS <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

CACA1112L 07/30/15

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>	1	30,813.
	2 Gross dues and assessments from members and affiliates. <input type="checkbox"/>	2	
	3 Gross contributions, gifts, grants, and similar amounts received. <b>SEE SCH. B</b> <input type="checkbox"/>	3	2,097,914.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B... <input type="checkbox"/>	4	2,128,727.
	5 Cost of goods sold. <input type="checkbox"/>	5	
	6 Cost or other basis, and sales expenses of assets sold. <input type="checkbox"/>	6	
	7 Total costs. Add line 5 and line 6. <input type="checkbox"/>	7	
	8 Total gross income. Subtract line 7 from line 4. <input type="checkbox"/>	8	2,128,727.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	9	2,116,764.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	10	11,963.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. <input type="checkbox"/>	11	
	12 Total payments. <input type="checkbox"/>	12	
	13 Penalties and Interest. See General Instruction J. <input type="checkbox"/>	13	
	14 Use tax. See General Instruction K. <input type="checkbox"/>	14	
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. <input checked="" type="checkbox"/>	15	

<b>Sign Here</b>	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.		
	Signature of officer <b>EXECUTIVE DIRECTOR</b>	Title	Date
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>CHRISTY WHITE, CPA</b>	Date	Telephone (510) 577-9557
	Firm's name (or yours, if self-employed) and address <b>CHRISTY WHITE ASSOCIATES</b>		PTIN P01297358
	<b>348 OLIVE STREET</b>		FEIN 27-2956198
	<b>SAN DIEGO, CA 92103</b>		Telephone (619) 270-8222
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**EAST BAY INNOVATION ACADEMY**

46-2428863

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	30,813.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	30,813.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11	179,661.
<b>Expenses and Disbursements</b>	12	Other salaries and wages.	●	12	866,051.
	13	Interest	●	13	
	14	Taxes	●	14	51,294.
	15	Rents	●	15	220,537.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 2	●	17	799,221.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	2,116,764.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		8,132.	●	133,206.
2	Net accounts receivable		42,672.	●	233,654.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule.			●	
10 a	Depreciable assets.				
b	Less accumulated depreciation.				
11	Land			●	
12	Other assets. Attach schedule. STM 3		3,901.	●	8,487.
13	<b>Total assets</b>		54,705.		375,347.
<b>Liabilities and net worth</b>					
14	Accounts payable		32,291.	●	90,970.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. ST 4			●	250,000.
17	Mortgages payable			●	
18	Other liabilities. Attach schedule.				
19	Capital stock or principal fund		22,414.	●	34,377.
20	Paid-in or capital surplus. Attach reconciliation.			●	
21	Retained earnings or income fund.			●	
22	<b>Total liabilities and net worth</b>		54,705.		375,347.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	11,963.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.		11,963.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6.		11,963.

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

OMB No. 1545-0047

**2014**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> EAST BAY INNOVATION ACADEMY	<b>Employer identification number</b> 46-2428863
--	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization
- 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**

For 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 contributions.

**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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2014) **or 990-PF.**

Name of organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number <b>46-2428863</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INNOVATOR ACADEMIES ED FOUNDATION 1790 THIRD STREET, SUITE A NAPA, CA 94559	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE NEED PROJECT 8408 KAO CIRCLE MANASSAS, VA 20110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number <b>46-2428863</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of 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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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Name of organization <b>EAST BAY INNOVATION ACADEMY</b>	Employer identification number 46-2428863
--	--

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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**2014**

**CALIFORNIA STATEMENTS**

**PAGE 1**

**EAST BAY INNOVATION ACADEMY**

**46-2428863**

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	25,944.
PROGRAM SERVICE REVENUE.....		3,526.
REFUNDS/OTHER INCOME.....		1,343.
	TOTAL	<u>\$ 30,813.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 17  
OTHER EXPENSES**

ACCOUNTING FEES.....	\$	3,734.
ADVERTISING AND PROMOTION.....		2,650.
BOOKS AND SUPPLIES.....		186,031.
DUES AND MEMBERSHIPS.....		6,208.
INFORMATION TECHNOLOGY.....		16,120.
INSURANCE.....		11,166.
LEGAL FEES.....		23,441.
OFFICE EXPENSES.....		16,143.
OTHER EMPLOYEE BENEFIT.....		50,846.
OTHER FEES.....		411,788.
PENSION PLAN CONTRIBUTIONS.....		54,994.
SPECIAL EVENT EXPENSES.....		5,034.
TRAVEL.....		11,066.
	TOTAL	<u>\$ 799,221.</u>

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**STATEMENT 3  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		8,487.
	TOTAL	<u>\$ 8,487.</u>

**STATEMENT 4  
FORM 199, SCHEDULE L, LINE 16  
BONDS AND NOTES PAYABLE**

LENDER'S NAME:	CA SCHOOL FINANCING AUTHORITY	
DATE OF NOTE:	7/08/2014	
MATURITY DATE:	9/20/2019	
REPAYMENT TERMS:	6 PAYMENTS PER YEAR FOR 5 YRS	
INTEREST RATE:	0.24	
SECURITY PROVIDED:	STATE APPORTIONMENT FUNDING	
PURPOSE OF LOAN:	CHARTER SCHOOL START-UP	
ORIGINAL AMOUNT:	250,000.	
BALANCE DUE:		250,000.

TOTAL NOTES AND BONDS PAYABLE \$ 250,000.

## Notice

The following file is attached to this PDF. You will need to open this packet in an application that supports attachments to pdf files, e.g. [Adobe Reader](#):

EBIA - 2015-16 Check Register - am.xls