

CHARTER SCHOOL UNAUDITED ACTUALS
FINANCIAL REPORT -- ALTERNATIVE FORM
July 1, 2016 to June 30, 2017

CHARTER SCHOOL CERTIFICATION

Charter School Name: East Bay Innovation Academy
CDS #: 01612590129932
Charter Approving Entity: Oakland Unified School District
County: Alameda
Charter #: 1620

NOTE: An Alternative Form submitted to the California Department of Education will not be considered a valid submission if the following information is missing:

For information regarding this report, please contact:

<u>For County Fiscal Contact:</u>	<u>For Approving Entity:</u>	<u>For Charter School:</u>
<u>Shirene Moreira</u> Name	<u>Minh Co</u> Name	<u>Michelle Cho</u> Name
<u>Director, District Advisory Services</u> Title	<u>Accounting Manager</u> Title	<u>COO/CFO</u> Title
<u>510-670-4192</u> Telephone	<u>510-879-0132</u> Telephone	<u>510-577-9557</u> Telephone
<u>smoreira@acoe.org</u> E-mail address	<u>minh.co@ousd.org</u> E-mail address	<u>michelle.cho@eastbayia.org</u> E-mail address

To the entity that approved the charter school:

() 2016-17 CHARTER SCHOOL UNAUDITED ACTUALS FINANCIAL REPORT -- ALTERNATIVE FORM: This report has been approved, and is hereby filed by the charter school pursuant to *Education Code* Section 42100(b).

Signed: _____ Date: _____
Charter School Official
(Original signature required)

Printed Name: Devin Krugman Title: Head of School

To the County Superintendent of Schools:

() 2016-17 CHARTER SCHOOL UNAUDITED ACTUALS FINANCIAL REPORT -- ALTERNATIVE FORM: This report is hereby filed with the County Superintendent pursuant to *Education Code* Section 42100(a).

Signed: _____ Date: _____
Authorized Representative of
Charter Approving Entity
(Original signature required)

Printed Name: Minh Co Title: Acctg Mgr

To the Superintendent of Public Instruction:

() 2016-17 CHARTER SCHOOL UNAUDITED ACTUALS FINANCIAL REPORT -- ALTERNATIVE FORM: This report has been verified for mathematical accuracy by the County Superintendent of Schools pursuant to *Education Code* Section 42100(a).

Signed: _____ Date: _____
County Superintendent/Designee
(Original signature required)