



Oakland Military Institute, College Preparatory Academy

Regular Board Meeting

Published on April 28, 2025 at 3:48 PM PDT

Date and Time

Thursday May 1, 2025 at 4:00 PM PDT

Location

Address: 3877 Lusk St. Oakland, CA 94608

Room: B104, B Side Building

In response to the expiration of Governor Newsom's Executive Order N-29-20, which temporarily suspended provisions of the Brown Act relating to public meetings, the Board will resume in-person board meetings.

In Compliance with the Americans with Disabilities Act, those requiring special assistance to access the board meeting should contact Carlos Rodriguez at crodriguez@omiacademy.org. Notifications of at least 24 hours prior to the meeting will enable Oakland Military Institute to make reasonable arrangements to ensure accessibility to the board meeting.

Agenda

	Purpose	Presenter	Time
I.	Open Session		
II.	Opening Items		4:00 PM

	Purpose	Presenter	Time
A.	Roll Call		1 m
B.	Call the Meeting to Order		1 m
	CALL TO ORDER: The Chairman of the Governing Board of Directors will call the Oakland Military Institute College Preparatory Academy meeting to order at 4:00 PM, or as soon thereafter as possible.		
C.	Adjourn to Closed Session	Jerry Brown	30 m
	Public Employee Performance Evaluation Pursuant to Government Code 54954.2		
	• Superintendent's Evaluation		
D.	Reconvene to Open Session	Jerry Brown	2 m
	Announcement of Actions Taken in Closed Session		
E.	Public Comment		6 m
	INVITATION TO ADDRESS THE BOARD: Non-Agenda, Agenda, and Closed Session items.		
	Summary: The Board encourages public comment concerning any item of importance and will recognize requests to speak before the item is discussed or voted upon. To assure your rights to address any action item, please notify the Executive Director's Office of your desire to speak by noon the day prior to the Board Meeting; however, we will also make comment cards available at the podium. Those requesting to address the Board will have a total of two (2) minutes.		
	The Board encourages public comment concerning any item of importance and will recognize requests to speak on items not appearing on the Agenda. Speakers should be aware that the Board members are not permitted to comment on the issues they raise, but may request those items to be properly agendaized for inclusion in the discussion at a future meeting.		
	If anyone has any questions or concerns, please contact the Executive Assistant to the Superintendent/Commandant Liaison Mr. Carlos Rodriguez at crodriguez@omiacademy.org .		
F.	Ordering of the Agenda		2 m

	Purpose	Presenter	Time
III. Approval of Consent Items			4:42 PM
A. Minutes of March 27, 2025 Regular Meeting	Approve Minutes	Carlos Rodriguez	2 m
B. OMI Bank Account Activity (March 2025)		Jessika Welcome	5 m
C. Personnel Report		Kathryn Wong	5 m
D. New Contracts		CMSgt (CA) Thomas James	10 m
IV. Cadet Commander Report			5:04 PM
A. Cadet Commander Report		Bryan Ramos	5 m
V. Superintendent's Update			
Dr. Streshly will provide the OMI Board an update on the following items:			
<ul style="list-style-type: none"> • Recognize Governor's Baccalaureate Diploma First Annual Awardees 			
VI. Information/Discussion Items			5:09 PM
A. College/Career + Wellness Center Presentation			15 m
B. Cadet Performance: Math Review		Jonathan Pike	15 m
C. Financial Update		Jessika Welcome	10 m
D. CD Extension		CMSgt (CA) Thomas James	2 m
E. Recruiting Update		CMSgt (CA) Thomas James	5 m
VII. Action Items			5:56 PM
A. Approve Form 990 + California Tax Return		Jessika Welcome	2 m

	Purpose	Presenter	Time
VIII. Standing Item: Review Board Meeting Quorum for next meeting			
IX. Board Member Comments			
X. Closing Items			5:58 PM
A. Adjourn Meeting	Discuss	Jerry Brown	1 m

Coversheet

Minutes of March 27, 2025 Regular Meeting

Section: III. Approval of Consent Items
Item: A. Minutes of March 27, 2025 Regular Meeting
Purpose: Approve Minutes
Submitted by: Carlos Rodriguez
Related Material: Minutes for Regular Board Meeting on March 27, 2025

BACKGROUND:

The Oakland Military Institute (OMI) College Preparatory Academy held a Regular Board Meeting on March 27, 2025.

RECOMMENDATION:

The OMI Board of Directors approve the attached minutes for the Regular Board Meeting held on March 27, 2025.



Oakland Military Institute, College Preparatory Academy

Minutes

Regular Board Meeting

Date and Time

Thursday March 27, 2025 at 4:00 PM

Location

Address: 3877 Lusk St. Oakland, CA 94608

Room: B104, B Side Building

In response to the expiration of Governor Newsom's Executive Order N-29-20, which temporarily suspended provisions of the Brown Act relating to public meetings, the Board will resume in-person board meetings.

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Directors Present

B. Cross, J. Brown, J. Wire, S. Bryce

Directors Absent

A. Campbell Washington, D. Clisham, M. Mares

Guests Present

C. James, C. Rodriguez, J. Pike, J. Welcome (remote), K. Wong, M. Streshly

I. Opening Items

A. Roll Call

B. Call the Meeting to Order

J. Brown called a meeting of the board of directors of Oakland Military Institute, College Preparatory Academy to order on Thursday Mar 27, 2025 at 4:05 PM.

C. Adjourn to Closed Session

The open meeting was adjourned to closed session at: 4:06pm

D. Reconvene to Open Session

The meeting was reconvened back to open session at: 4:41PM

Announcement of actions taken:

No actions were taken in the closed session.

E. Public Comment

There were no public comment at this board meeting.

F. Ordering of the Agenda

J. Wire made a motion to approve the currently written order of the agenda.

S. Bryce seconded the motion.

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

II. Approval of Consent Items

A. Minutes of February 27, 2025 Regular Meeting

J. Wire made a motion to approve the minutes from Regular Board Meeting on 02-27-25.

S. Bryce seconded the motion.

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

B. OMI Bank Account Activity (February 1, 2025-February 28, 2025)

J. Wire made a motion to approve the OMI bank account activity.

S. Bryce seconded the motion.

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

C. Personnel Report

J. Wire made a motion to approve the personnel report for the civilian and military staff.

S. Bryce seconded the motion.
The board **VOTED** to approve the motion.

D. New Contracts

J. Wire made a motion to approve the new contracts.
S. Bryce seconded the motion.
The board **VOTED** to approve the motion.

E. Reduction in Force for 25-26

J. Wire made a motion to approve the reduction in force for 2025-2026.
S. Bryce seconded the motion.
The board **VOTED** to approve the motion.

III. Cadet Commander Report

A. Cadet Commander Report

C/COL Jose Delgado Castillo gave a presentation to the Board of Directors. He began by giving a recap of March in which cadets volunteered at the Oakland Running Festival, went through the Annual General Inspection, and some cadets obtained letters of college acceptances.

Every year, OMI is evaluated during the Annual General Inspection and this year OMI scored a "superior." A "superior" note is the highest score that OMI could have gotten.

Some of the colleges and universities that the senior cadets were accepted in so far were UC Berkeley, UCLA, and Claremont Mckenna among others. The rest of the cadets will receive notifications in April.

During the month of April, cadets and staff have been preparing for special events that are coming up. The change of command ceremony where the next cadet commander will be sworn in, will be held on April 15, 2025. That cadet will be leading the cohort of cadets in the upcoming school year.

The Military Ball was an upcoming April event happening in Alameda and Jose invited the Board to the ball.

Current OMI cadets are being partnered with prospective candidates to be their mentor.

IV. Superintendent's Update

A. Superintendent's Update

Dr. Streshly mentioned first that she joined a Oakland Charters Leaders Group and that group discusses ways to support charters.

Peralta Community Colleges have been asked to exclude charters from having access to the dual enrollment courses that are being offered because OUSD is limiting access to charters. Many of the charter schools have gotten feedback from deans from Peralta that they are not allowed to work with charters. OMI is being affected and Dr. Streshly asked Governor Brown's assistance in this matter.

A Lighthouse Charter School leader sponsored a bill with a moderate Republican that explains that charters are disadvantaged because charters are kept to the same funding levels as OUSD. OUSD has an unduplicated pupil count of 82% while OMI has 92%. That is thousands of dollars per cadet that is not being brought in to the school.

Diane Au gave a presentation for the CCI Update. Our graduation class for 2025 will push OMI from cadets being 70% prepared to 77%. OMI is the only school other than Arise Academies that has a higher CCI rate (college and career indicator). In order to be eligible to score well, the cadet has to meet one of the measures shown.

The majority of the cadets that have reached "prepared" status did it with having A-G completion and gained additional criterions.

Joe Wire mentioned that this is good statistics that OMI could use to promote the school.

V. Information/Discussion Items

A. Cadet Performance: Math & Writing Review

Jonathan Pike gave an overview of the recent findings for the math program. Dr. Streshly mentioned that some of the cadets need help in reading word problems and figure out what the question is asking. Governor Brown agreed with Dr. Streshly and Jonathan Pike that teaching to the test is the best way to see results right now.

OMI Staff have been giving the cadets comprehensive assessments and determining what the cadets need help on. Once that process has been completed, staff used the focused assessments tools so that the cadets can learn specifically what they are struggling with.

In addition to the math help, OMI staff will start using assessments that train cadets to build their stamina when having to read multiple texts in a testing atmosphere. The end of the year test requires cadets to read multiple texts so training them would be beneficial to them. The English department gives their cadets a benchmark test every six weeks and determine what they need to teach after so that the cadets are getting more help on what they are struggling with.

B. Financial Update

Jessika Welcome began by explaining that the forecast was updated and improved by \$100,000. OMI pulled back around \$85,000 in staffing compensation and benefits due to a combination of unpaid leaves, changes to hourly schedules and reductions in anticipated stipends.

Jessika explained that the end of the P2 attendance reporting was coming up and that the ADA is expected to be very close to the projected target of 456.

Jessika mentioned that the next board meeting in May 1, OMI staff will be able to have the first draft of the budget with all of the assumptions included. The May 29 board meeting will be able to see the draft that the board members will be voting on in June.

The projected operating income for the 25-26 and 26-27 years would be positive incomes if 500 student enrollment is obtained.

She explained that she wants to start to have a metric that OMI can see what the target cash reserve is in comparison to the expenses.

C. AGI Results

CMSgt James explained that OMI last year got outstanding rating but this year, OMI got superior. The AGI affirms the leadership, logistics management and all the programs insurance safety.

VI. Action Items

A. 2025-2026 Course Catalog

S. Bryce made a motion to approve the 2025-2026 Course Catalog.

J. Wire seconded the motion.

Only changes were that OMI staff added an ethnic studies class and a STEAM class for the middle school. Computer science class was also added, along with a robotics class.

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

VII. Standing Item: Review Board Meeting Quorum for next meeting

A. May 1, 2025 Board Meeting

Governor Brown yes

BG (CA) Cross yes

Anne Washington ?

Joseph Wire yes

Marc Mares ?

Simon Bryce yes

David Clisham ?

VIII. Board Member Comments

A. Board Member Comments

No board member comments were made.

IX. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 5:42 PM.

Respectfully Submitted,

J. Brown

J. Wire made a motion to adjourn the meeting.

S. Bryce seconded the motion.

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

Coversheet

OMI Bank Account Activity (March 2025)

Section: III. Approval of Consent Items
Item: B. OMI Bank Account Activity (March 2025)
Purpose:
Submitted by: Jessika Welcome
Related Material: OMI March Register 2025.pdf

BACKGROUND:

Staff recommends ratification of payroll and vendor warrants paid between March 1, 2025 to May 1, 2025. Detailed information and supporting documentation are available for review in the Finance Department if needed.

Specific vendor payments and total payroll amounts paid during the specified time period are attached.

RECOMMENDATION:

Staff recommends the OMI Board of Directors approve the payroll and vendor warrants paid during the time period of March 1, 2025 to May 1, 2025.

Month: March 2025

					Total Paid By Check:	\$ 380,755.92
					Total Paid By Credit Card:	\$ 4,547.46

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Payment Type	Check #/CC Account	Vendor	Transaction Date	Description	Void	Amount
Check	21070	Republic Indemnity Co Of America	3/10/2025	Bill #030125--Insurance		\$ 3,614.39
Check	21043	Blaisdell's	3/3/2025	Bill #1928790-0--Materials & Supplies Bill #1938179-0--Materials & Supplies		\$ 3,425.70
Check	21064	First Alarm	3/10/2025	Bill #872385--Inspection Recurring Daily Communciation Test & Monitoring Service: 04/01 - 04/30/25 Bill #872383--Inspection Recurring Daily Communciation Test & Monitoring Service: 04/01 - 04/30/25 Bill #872384--Inspection Recurring Daily Communciation Test & Monitoring Service: 04/01 - 04/30/25		\$ 3,361.05
Check	21076	Waste Management of Alameda Co	3/10/2025	Bill #5832016-2216-9--Trash Svc -March '25		\$ 3,043.32
Check	21079	Young, Minney & Corr,LLP	3/10/2025	Bill #15099--Legal Services through 02/03 - 02/24/25		\$ 2,901.00
Check	21110	Scoot Education	3/25/2025	Bill #113094--Services: 03/10 - 03/14/25		\$ 2,810.00
Check	21050	Jordan Bloch Films	3/3/2025	Bill #158--Film Production Installment #5		\$ 2,500.00
Check	21066	Mid-County Officials Network	3/10/2025	Bill #OMIMCONMBSK02525FW--2024-2025 Varsity Basketball		\$ 2,459.00
Check	21060	Comcast Business	3/10/2025	Bill #235344874--Recurring Charges due by 04/01/25		\$ 2,350.00
Check	21061	Comcast Business	3/10/2025	Bill #234324274--Recurring Charges due by 04/01/25 & Adjustments		\$ 2,269.47
Check	21072	Scoot Education	3/10/2025	Bill #110469--Services: 02/24 - 02/28/25		\$ 2,055.00
Check	21071	SafeTight Security LLC	3/10/2025	Bill #10798--Monthly Service Fee: 03/01 - 03/31/25		\$ 1,826.61
Check	21058	Chronos Automatic Fire Protection	3/7/2025	Bill #0000605--Quarterly Inspection for Fire Protection		\$ 1,799.28
Check	21101	Flo's Friendly Foods	3/25/2025	Bill #45--Grizzly Night Catering: 03/21/25		\$ 1,300.00
Check	M105	Alameda Elks Lodge	3/17/2025	M105; Acct 9012		\$ 1,200.00
Check	21096	Wex Bank	3/14/2025	Bill #103460603--Fuel Purchases: 03/07/25 & Adjustments		\$ 1,163.78
Credit Card	9515-3463	Civicorps	3/25/2025	03/03 - Civicorps		\$ 1,107.00
Check	21074	TeamLogic IT	3/10/2025	Bill #60508-9494--Service: Flat Rate Managed IT Service Bundle & Hardware Rental: 02/26 - 03/25/25		\$ 1,100.00
Check	21103	Mobile Modular	3/25/2025	Bill #2688514--Rent: 03/13 - 04/11/25		\$ 1,098.37
Check	21091	Sharp Business Systems	3/14/2025	Bill #589581775--Equipment Charges: 03/01 - 03/31/25		\$ 1,087.47
Check	21059	Amazon Capital Services	3/10/2025	Bill #1Q9Q-T9HL-7LK3--Materials & Supplies Bill #1HPV-YMVJ-DG7G--Materials & Supplies Bill #1GQD-HYMP-XKG4--Materials & Supplies Bill #1KRW-NXCC-91YR--Materials & Supplies Bill #16MT-DMR9-6FQX--Materials & Supplies		\$ 898.10
Check	21051	Law Office of Donald Velez, Jr.	3/3/2025	Bill #5--Contract negotiation with HOTE: 02/07 - 02/12/25		\$ 850.00
Check	21042	Amazon Capital Services	3/3/2025	Bill #1P1K-6YWF-91HC--Materials & Supplies Bill #1CXK-MP49-9DRW--Materials & Supplies		\$ 848.85

Note: Multiple expenses or "Itemized/Invoice Amounts" may be paid by one check. The total "Check Amount" will appear for each "Itemized/Invoice Amount" paid by the check.

Payment Type	Check #/CC Account	Vendor	Transaction Date	Description	Void	Amount
Check	21056	Scoot Education	3/3/2025	Bill #110052--Services: 02/20 - 02/21/25		\$ 755.00
Check	21100	East Bay Municipal Utilities District	3/25/2025	Bill #031425--Water Service: 01/08 - 03/10/25		\$ 720.16
Check	21057	ULINE	3/3/2025	Bill #189676400--Supplies		\$ 696.15
Credit Card	9515-3463	Safeway	3/25/2025	03/06 - Safeway		\$ 651.60
Check	21092	Swing Education, Inc	3/14/2025	Bill #INV00927241--Substitute Svc: 03/01 - 03/07/25		\$ 630.00
Check	21054	Quadient Finance USA, Inc	3/3/2025	Bill #021925--Postage		\$ 600.00
Check	21055	San Francisco Elevator Service	3/3/2025	Bill #83818--Maintenance billing for the month: February 2025		\$ 560.94
Check	21089	San Francisco Elevator Service	3/14/2025	Bill #85094--Maintenance billing for the month: March 2025		\$ 560.94
Credit Card	9515-3463	W2,1099,1095 Efilng	3/25/2025	03/03 - W2,1099,1095 Efilng		\$ 560.19
Check	21078	Alexander Yin	3/10/2025	Bill #030825--Reimb: Reimbursement		\$ 523.54
Check	21069	Quadient Leasing USA, INC	3/10/2025	Bill #Q1752346--Services due by 03/31/25		\$ 515.82
Check	21077	Kathryn Wong	3/10/2025	Bill #030625--Reimb: Dinner & Car rental for CEI event		\$ 472.51
Check	21099	East Bay Municipal Utilities District	3/25/2025	Bill #031425--Water Services: 01/08 - 03/10/25		\$ 471.91
Check	21081	Amazon Capital Services	3/14/2025	Bill #11NL-XH3V-H76Q--Materials & Supplies Bill #1GCC-49DX-VPPC--Materials & Supplies		\$ 453.43
Credit Card	9515-3463	Enrollease, Inc	3/25/2025	03/06 - Enrollease, Inc		\$ 355.00
Credit Card	9515-3463	Arthur Mac's Tap & Snack	3/25/2025	03/24 - Arthur Mac's Tap & Snack		\$ 291.34
Check	21088	SGT Melanie Ruiz	3/14/2025	Bill #031325--Reimb: Flight purchased to attend community engagement initiative conference for 2 days		\$ 276.97
Check	21045	A.S.I Cyber Concepts LLC	3/3/2025	Bill #13821--Straight Fluorescent Lamps Recycling		\$ 266.20
Check	21068	Jonathan Pike	3/10/2025	Bill #030325--Reimb: food breakfast & Snacks for saturday school		\$ 250.78
Check	M104	Julia Kane	3/4/2025	M104; Trma Meet		\$ 250.00
Check	21102	Julia Kane	3/25/2025	Bill #032025--Reimb: Athlete entry fee for track and field		\$ 240.00
Check	21109	San Leandro High School	3/25/2025	Bill #3349948--Athlete Entry Fee		\$ 240.00
Check	21049	JAMF Software, LLC	3/3/2025	Bill #90013737--Jamf Education Enhanced		\$ 225.00
Credit Card	9515-3463	Target	3/25/2025	02/27 - Target		\$ 215.32
Check	21073	Swing Education, Inc	3/10/2025	Bill #INV00923629--Substitute Svc: 02/22 - 02/28/25		\$ 210.00
Credit Card	9515-3463	Indeed	3/25/2025	03/03 - Indeed		\$ 202.00
Check	DB030425	CALPERS	3/4/2025	DB030425; CALPERS		\$ 200.00
Check	21046	Pest Elimination	3/3/2025	Bill #7456142--Pest control : 02/26/25		\$ 198.78
Credit Card	9515-3463	Safeway	3/25/2025	03/03 - Safeway		\$ 183.09
Credit Card	9515-3463	Panda Express	3/25/2025	03/17 - Panda Express		\$ 175.70
Check	21093	The Advantage Group	3/14/2025	Bill #181964--Flex Administration Fee Processing Fee & Cobra Initial Notice		\$ 164.25
Credit Card	9515-3463	Costco Wholesale	3/25/2025	02/27 - Costco Wholesale		\$ 157.60
Credit Card	9515-3463	Target	3/25/2025	02/28 - Target		\$ 135.07
Check	21095	Verizon	3/14/2025	Bill #6106913342--Communications Services: 01/26 - 02/25/25		\$ 127.03
Credit Card	9515-3463	Little Caesar's	3/25/2025	03/10 - Little Caesar's		\$ 108.18
Credit Card	9515-3463	Starbucks	3/25/2025	03/21 - Starbucks		\$ 100.00

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Coversheet

Personnel Report

Section: III. Approval of Consent Items
Item: C. Personnel Report
Purpose:
Submitted by: Kathryn Wong & SGT Melanie Newkirk
Related Material: Staff Changes 24-25 for BM - Civilian May1.pdf

BACKGROUND:

The Oakland Military Institute (OMI) College Preparatory Academy charter requires that the Board of Directors approve all personnel transactions based on the recommendation of the Superintendent. Please find attached all personnel changes since our last board meeting on March 27, 2025.

RECOMMENDATION:

The Human Resources Manager recommends that the OMI Board approve the personnel report in the attached document.

Oakland Military Institute (OMI) College Preparatory Academy School Staff as of March 22, 2025- April 25, 2025

New Hire:				
Last Name	First Name	Job Title Description	FTE	Start Date / Separation Date:
Transfers:				
Last Name	First Name	Job Title Description		
Promotion:				
Last Name	First Name	Job Title Description		
Separations:				
Last Name	First Name	Job Title Description		
Gotamco	Jorell	Math Tutor	0.49	4/18/2025
Dankman	Aaron	Math Tutor	0.49	4/18/2025
Teacher/Staff Vacancies:				
		Math Tutor	0.49	
		Director of Information Technology (IT) and Grant Development	1	

Coversheet

New Contracts

Section: III. Approval of Consent Items
Item: D. New Contracts
Purpose:
Submitted by: CMSgt (CA) Thomas James
Related Material: 04172025_Brisk Teaching Signed Order Form.pdf
Extension_OMI_2025_26 Nutrition ServicesV1.pdf
Extension_OMI_2025_26 Janitorial.pdf

BACKGROUND:

In accordance with the recent fiscal policy approval regarding the superintendent's contract approval authority expansion of "up to \$50,000" during the June 8, 2023 board meeting, the OMI Board of Directors must approve all contracts for services over \$50,000 and ratify contracts under \$50,000.

Attached you will find:

Contract #1: Flo's Friendly Foods (Meal Program Contract)

Contract #2: Zoom Janitorial (Janitorial)

Contract #3: Brisk Teaching 2 Year

Contract #4:

RECOMMENDATION:

Staff recommends the OMI Board of Directors approve the attached open contracts with the potential of reaching or exceeding \$50,000 during the time period of July 1, 2024- June 30, 2025 and ratify open contracts authorized by the superintendent under \$50,000.



Brisk Teaching

1465 Ravenswood Drive
Los Altos, CA 94024
partner@briskteaching.com

OFFICIAL QUOTE AND ORDER FORM

PREPARED FOR

PREPARED DATE

SCHOOL/DISTRICT NAME: Oakland Military Institute -
College Preparatory Ac

4/17/25
EXP. DATE
6/30/25

PRIMARY CONTACT: Carlos Rodriguez

PRIMARY CONTACT EMAIL: crodriquez@omiacademy.org

SERVICE START DATE: 7/1/25

SERVICE END DATE: 6/30/27

ITEM	QTY	LIST PRICE	DISCOUNT	TOTAL
Brisk School & District Plan - '25-'26	1	\$2,900	—	\$2,900
Brisk School & District Plan - '26-'27	1	\$2,900	—	\$2,900
Professional Development	1	\$500	\$500	0
				\$5,800

THIS AGREEMENT IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- WHAT BRISK TEACHING PROVIDES:** We're opening up the premium Brisk Teaching application for your school. Your educators will have access to unlimited curriculum generations, the capability to adjust reading levels of texts, our AI writing detection, and first-pass feedback on student assignments. As part of

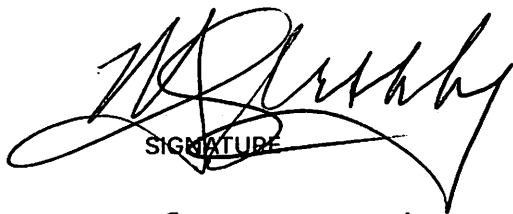


Brisk Teaching

providing this service, we reserve the right to share the partnership with other potential partners (for example, on our marketing page).

2. **PRIVACY:** We respect confidentiality and will ensure any information exchanged during this partnership is kept under wraps, only used for this agreement. Brisk Teaching is a signatory to the Student Privacy Pledge and signs student data privacy agreements when requested. For more questions, email privacy@briskteaching.com
3. **MASTER SERVICE TERMS:** The general terms and conditions of purchase at briskteaching.com apply to this quotation contract.
4. This quotation may be accepted to form a binding contract upon any one of the following options:
 - a. Signature below and payment to BRISK TEACHING for the items listed in this quote prior to the expiration date.
 - b. Issuance of a purchase order to BRISK TEACHING referencing this quote and the terms and conditions herein prior to the expiration date above.

AGREED AND ACCEPTED:



SIGNATURE

Superintendent

TITLE

Dr. M.E. Streshly

NAME

4-17-25

DATE

Oakland Military Institute

SCHOOL / DISTRICT

ARMAN JAFFER (BRISK TEACHING)

TITLE

DATE



OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY

3877 Lusk Street | Oakland, CA 94608 | 510 594 3900 | oakmil.org

Contract Extension and Amendment Agreement

This Contract Extension and Amendment Agreement (the "Extension") is made and entered into by and between Oakland Military Institute College Preparatory Academy ("OMI"), located at 3877 Lusk Street, Oakland, CA 94609, and Flo's Friendly School Lunch ("Contractor"), located at 6232 La Salle Avenue Suite E, Oakland, CA 94611. This Extension is effective as of August 1, 2025.

WHEREAS, the parties entered into a School Lunch Catering Services Agreement dated May 17, 2024 for the 2024–2025 academic year (the "Original Agreement"); and

WHEREAS, the parties desire to extend and amend the Original Agreement under the same general terms, subject to federal regulations including CFR provisions governing meal service and contract modifications.

Agreement

NOW, THEREFORE, the parties agree as follows:

1. **Term Extension.** The term of the Original Agreement is hereby extended to cover the period from August 1, 2025 through June 30, 2026.
2. **Compensation.** Compensation rates for meals shall remain as stated in the Original Agreement. In consideration of ongoing inflationary and operational cost factors, the parties acknowledge that pricing for this extension period may be subject to reasonable adjustments relative to the prior year's rates, provided such increases are justified and remain consistent with applicable federal and state procurement.
3. **Compliance.** Contractor shall continue to comply with the National School Lunch Program (NSLP), Child Nutrition Information and Payment System (CNIPS), and USDA nutrition and service standards. Compliance shall be evidenced by adherence to OMI's Food Safety Plan and the Offer Versus Serve (OVS) Standard Operating Procedure (SOP), which are incorporated herein by reference.



OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY

3877 Lusk Street | Oakland, CA 94608 | 510 594 3900 | oakmil.org

4. Scope of Services. The services provided by the Contractor shall remain consistent with those described in the Original Agreement, including the provision of NSLP-compliant meals and required support and supplies.

5. Termination. This Extension may be terminated by either party with thirty (30) days' written notice, as set forth in the Original Agreement.

IN WITNESS WHEREOF, the parties have executed this Extension as of the date first written above.

By: Florence Eriksson Title: Owner, Flo's Friendly School Lunch Date: _____	By: CMSgt (CA) Thomas James Title: Chief Business Officer, OMI Date: _____

6. Original RFQ and Multi-Year Extension Option. This Extension is made in reference to OMI's original Request for Qualifications (RFQ #24-100) for Vended Meal Services, dated April 26, 2024. Pursuant to the RFQ and resulting Agreement, the parties acknowledge the original agreement included the option for up to four (4) one-year extensions, which may be exercised upon mutual agreement in compliance with 7 CFR §210.16. This Extension constitutes the first of such renewal terms.



**OAKLAND MILITARY INSTITUTE
COLLEGE PREPARATORY ACADEMY**

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EXTENSION AGREEMENT FOR JANITORIAL SERVICES

This Extension Agreement ("Extension") is entered into as of July 1, 2025, by and between **Oakland Military Institute College Preparatory Academy** ("OMI" or "School"), located at 3877 Lusk Street, Oakland, CA 94608, and **Zoom Janitorial Service Inc.** ("Contractor"), located at P.O. Box 8630, Emeryville, CA 94662 (together, the "Parties").

RECITALS

WHEREAS, the Parties entered into a Janitorial Services Agreement dated May 30, 2024 ("Original Agreement"), for the provision of cleaning services for the School;

WHEREAS, the Parties desire to extend the term of the Original Agreement for an additional one-year period under substantially the same terms, with minor adjustments to pricing and insurance requirements;

WHEREAS, the Parties acknowledge that the pricing adjustments herein do not exceed ten percent (10%) of the prior year's contract value and are consistent with applicable Request for Proposal (RFP) requirements and federal procurement regulations (CFR);

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the Parties agree as follows:

1. Term Extension The term of the Original Agreement is hereby extended for the period beginning August 1, 2025, and ending July 31, 2026.

2. Compensation Contractor shall continue to provide janitorial services five (5) days per week during the school year, and summer services as previously described, for the following compensation:

- **Monthly Rate:** \$10,985.00 (for eleven months, August through June)
- **Annual Floor Polishing/Waxing Service:** \$28,850.00 (one-time service during July 2026)

All invoicing shall continue to be monthly and payable in accordance with the terms of the Original Agreement.

3. Scope of Work Contractor shall continue to perform the services described in the Original Agreement, the 2024-2025 Proposal, and the 2025-2026 Proposal submitted by Contractor, attached and incorporated herein by reference.



**OAKLAND MILITARY INSTITUTE
COLLEGE PREPARATORY ACADEMY**

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4. Insurance Contractor shall maintain insurance in accordance with the updated insurance requirements outlined in Attachment A of the original RFP, including but not limited to:

- Commercial General Liability Insurance: \$1,000,000 per occurrence / \$2,000,000 aggregate;
- Workers' Compensation and Employers' Liability: \$1,000,000 limits;
- Professional Liability Insurance: \$1,000,000 per claim;
- Excess Liability Insurance: \$1,000,000 per occurrence and in the aggregate.

Certificates of insurance naming the School as an additional insured must be provided prior to the start of the extension period.

5. Remaining Terms All other terms, conditions, and obligations set forth in the Original Agreement not expressly amended herein shall remain in full force and effect.

6. Entire Agreement This Extension constitutes the entire understanding between the Parties regarding the extension of the Original Agreement and supersedes all prior discussions or representations.

IN WITNESS WHEREOF, the Parties have executed this Extension as of the date first written above.

CMSgt (CA) Thomas L. James
Commandant & Chief Business Officer
Oakland Military Institute College Preparatory Academy

Date: _____ Signature: _____

Elvia Robles Tello
President
Zoom Janitorial Service Inc.

Date: _____ Signature: _____

Coversheet

Cadet Commander Report

Section: IV. Cadet Commander Report
Item: A. Cadet Commander Report
Purpose:
Submitted by: Bryan Ramos
Related Material: May1 Cadet Presentation.pdf

BACKGROUND:

C/CPT Bryan Ramos will be representing the OMI Cadet Leadership staff in giving the OMI Board of Directors a brief outlook of the events ahead. This will be his first presentation to the Board of Directors.

Cadet Commander - C/MAJ Bryan Ramos

MAY Recap

- **Change of Command Ceremony:**
 - The Change of Command Ceremony was successfully held, honoring the formal transfer of leadership and responsibility.
- **Candidate Introduction**
 - Three candidate introductions were held at OMI, candidates learned about the school, participated in morale activities, and got a rundown of the basics. The events ran smoothly and helped set the tone for what's ahead.
- **Decision Day**
 - Numerous students have been accepted into CSUs, UCs, and Private Schools. Although we don't have exact numbers yet, every student has determined a future path for themselves after graduation.
- **Senior Thesis**
 - All Senior Thesis' have been turned in, graded by Mr. Miller. Seniors, presentations complete.
- **Drill Comp**
 - Placed 2nd, 3rd (2x)

Cadet Commander - C/MAJ Bryan Ramos

Working on

- **Events:**
- **Completed all 3 Candidate Introductions**
April 15th 2025, At Oakland Military Institute
- **Pushing Seniors Across the Finish Line**
 - We're emphasizing the importance of finishing strong to the entire senior class, and urging them to continue keeping up with assignments; notably, the senior presentations

Improvements Made

- **Communication with Prospective Families**

We want to ease the entrance and adjustment process into OMI as it has been an issue that we've been encountering with our new candidates every year. To improve the recruiting effort, we've incorporated the following:

- Referrals
- Peer Mentorship Program (In progress)
- Candidate Introduction (Done)

Drill Comp



Coversheet

College/Career + Wellness Center Presentation

Section:	VI. Information/Discussion Items
Item:	A. College/Career + Wellness Center Presentation
Purpose:	
Submitted by:	
Related Material:	OMI COUNSELING & WELLNESS CENTER 28APR2025.pdf



OMI COUNSELING & WELLNESS CENTER (SY25-26)



Averaging over 800 student scans to the wellness center monthly

GROUPWORK

Social/Emotional skills, Peer Support/Mentoring, Mindfulness

INSTRUCTIONAL SUPPORT

Teaching 4 Classes comprising of 54 students, along with pushing into military science for social/emotional and college/career curriculum

COLLEGE APPLICATION & FINANCIAL AID

Developing a plan to achieve your career goals.

INDIVIDUAL

Powered by BoardOnTrack



RESUME/INTERVIEW WORKSHOPS

- Individualized support, navigating search tools and reaching out to organizations
- 3 career panels covering Business, Medical, and STEM industries



INTERNSHIP COORDINATION

- guest speakers
- letters of recommendation
- ParentSquare and email communication
- Over 30 students enrolled in summer internships



ASSESSMENT ACTIVITIES

- CA Career Zone
- CaliforniaCommunityColleges.edu curriculum (military science)
- Goal Setting, linking dual/concurrent enrollment offerings with career interests



CAREER READINESS

COLLEGE OPPORTUNITIES

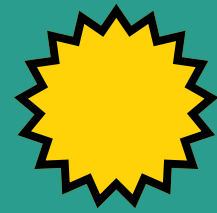


SF State University



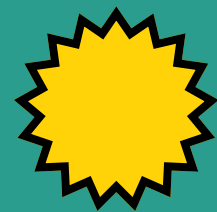
UC Merced

Visited UC-Davis, University of San Francisco, Cal Maritime, Merritt College, San Francisco State, UC-Merced, College of Alameda, UC-Berkeley and San Jose State.



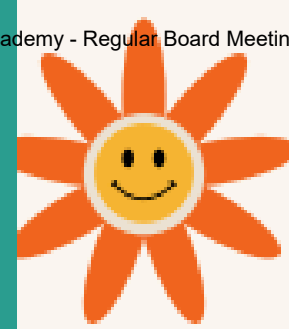
MTSS FRAMEWORK

- Effective counseling referral system (25 students through IEPs/504s and 65 through staff/discipline)
- Crisis Response & Intervention - building processes and creating print/digital resources for parent distribution
- **TIER 1 Services = over 3,500 scans to the wellness center/counseling programs since start of SY***



SOCIAL & EMOTIONAL LEARNING

- Peer Mentor initiative
- Screening Surveys to identify trends and student needs
- Real Time Resilience for performance based testing
- Drug/Alcohol Healthy Alternatives
- Relational Support



Tier 3: Few Students

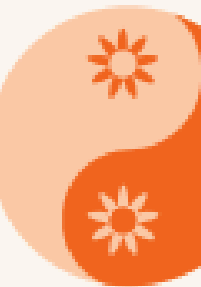
- McKinney-Vento or Foster Youth Advocacy
- Safety Plans/ Risk Assessments
- IEP Support
- Individual Counseling
- Referral to Community Resources/Agency

Tier 2: Some Students

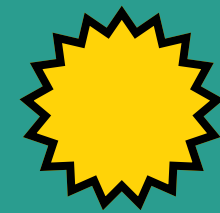
- Progress Monitoring
- Individual Appointments/Caseload Management
- Cadet Support Team Meetings
- Conflict Mediation & Restorative Justice
- Small groups and/or lunch bunches
- College and Career Consultation
 - (Goal-setting, job search, college exploration)

Tier 1: Universal Support

- Classroom Presentations
 - Application assistance & Prevention campaigns
- AERIES reports; marking period interventions
- Academic Support
- Mental Health and Social-Emotional Learning Curriculum
- College and Career Readiness
 - Field trip and workshops

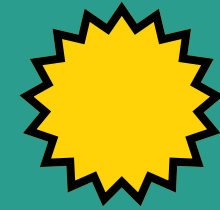


DUAL ENROLLMENT



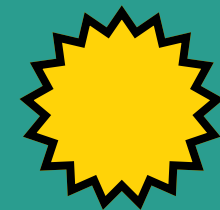
GROWTH/RESULTS

2022-2023 (75 class enrollments, earning 289 college credits)
2023-2024 (232 class enrollments, earning 561 college credits)
2024-2025 (350 class enrollments, projected to earn 706 college credits)



CASE MANAGEMENT

- Peralta Canvas Access Management
- Student Counseling & Progress Reports



STREAMLINING WITH CAL-GETC

Class of 2025 = 12% have 1-year of college complete; 23% have 1-semester complete
Class of 2026 = 100% will have 1 dual enrollment class complete



2025 Peralta Summer Institute

Course and Workshop Information

June 16-July 25, 2025



WAY FORWARD

GOALS for SY 25-26

- Establish Summer Internships Buckets (categories by academic department ~ currently 3 organizational partnerships)
- Request for Scholarships from the Board (establish a merit-based nomination and application)
- 4-year college students success trackers (alumni reporting to measure effectiveness & reach back, build donation network)
- Shared efforts in college preparation tasks (college admission essays, letters of recommendation, sponsorship of student career pursuits; done through senior thesis, can be replicated across staff)



Coversheet

Cadet Performance: Math Review

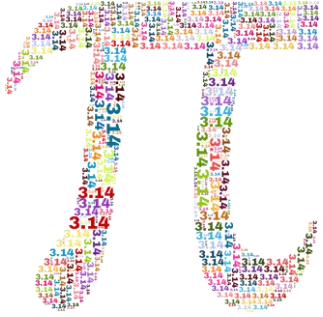
Section: VI. Information/Discussion Items
Item: B. Cadet Performance: Math Review
Purpose:
Submitted by: Jonathan Pike
Related Material: MATH-ELA ICA COMPARISON FALL 2024 TO SPRING 2025.pdf

BACKGROUND:

OMI teachers continue to benchmark progress and growth needs on essential CAASPP standards. In March, just 5-6 weeks before our testing week, our ELA, Social Studies and Elective teachers scored and calibrated cadet writing skills in the area of Argumentative Writing. From this, they have established focus skills for the next 6 weeks. The Math Department used an important CAASPP benchmark block test to assess growth from the October Interim Comprehensive Assessment [ICA]. Target skills were identified for the next 4 weeks.

RECOMMENDATION:

It is the recommendation of the superintendent and staff that the Board hear the presentation from LTC Pike and ask clarifying questions to best understand our math progress and growth needs.



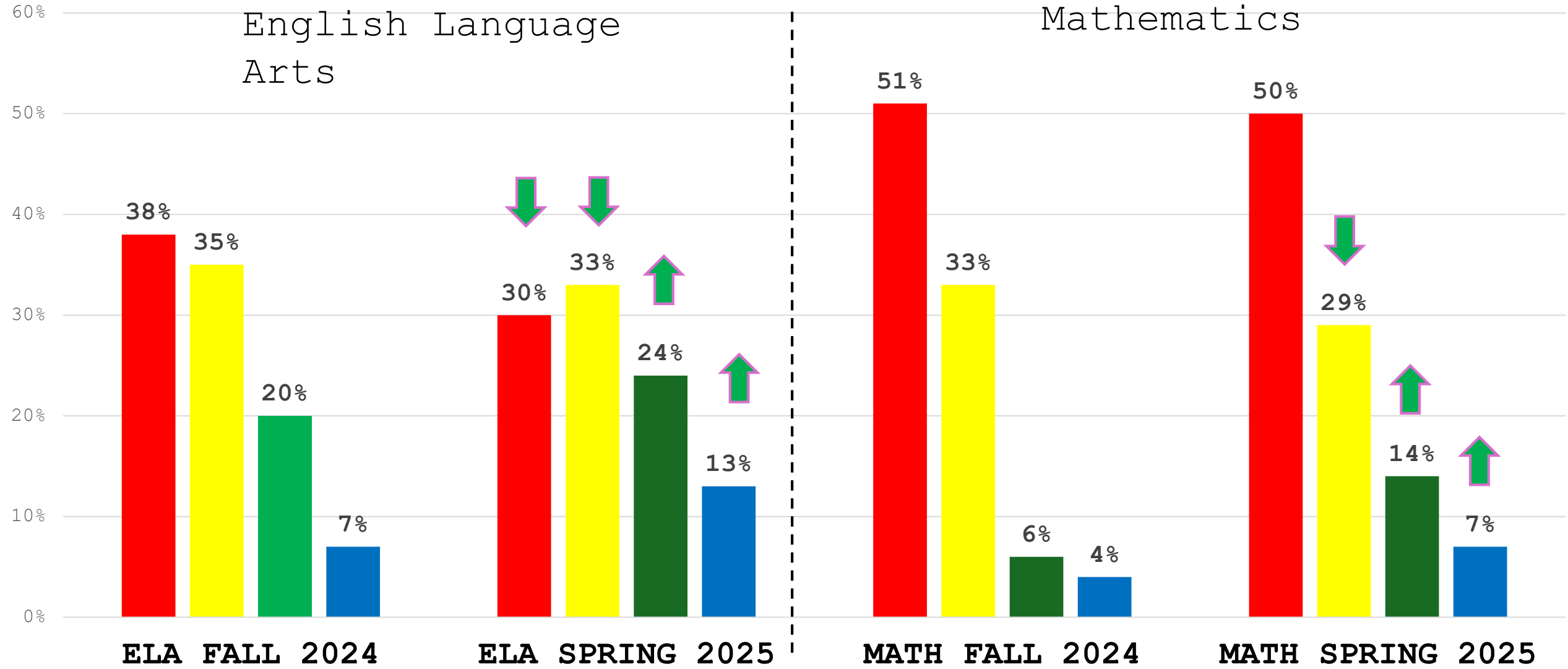
FALL 2024 - SPRING 2025

Interim Comprehensive Assessment

Data Comparison



2024-2025

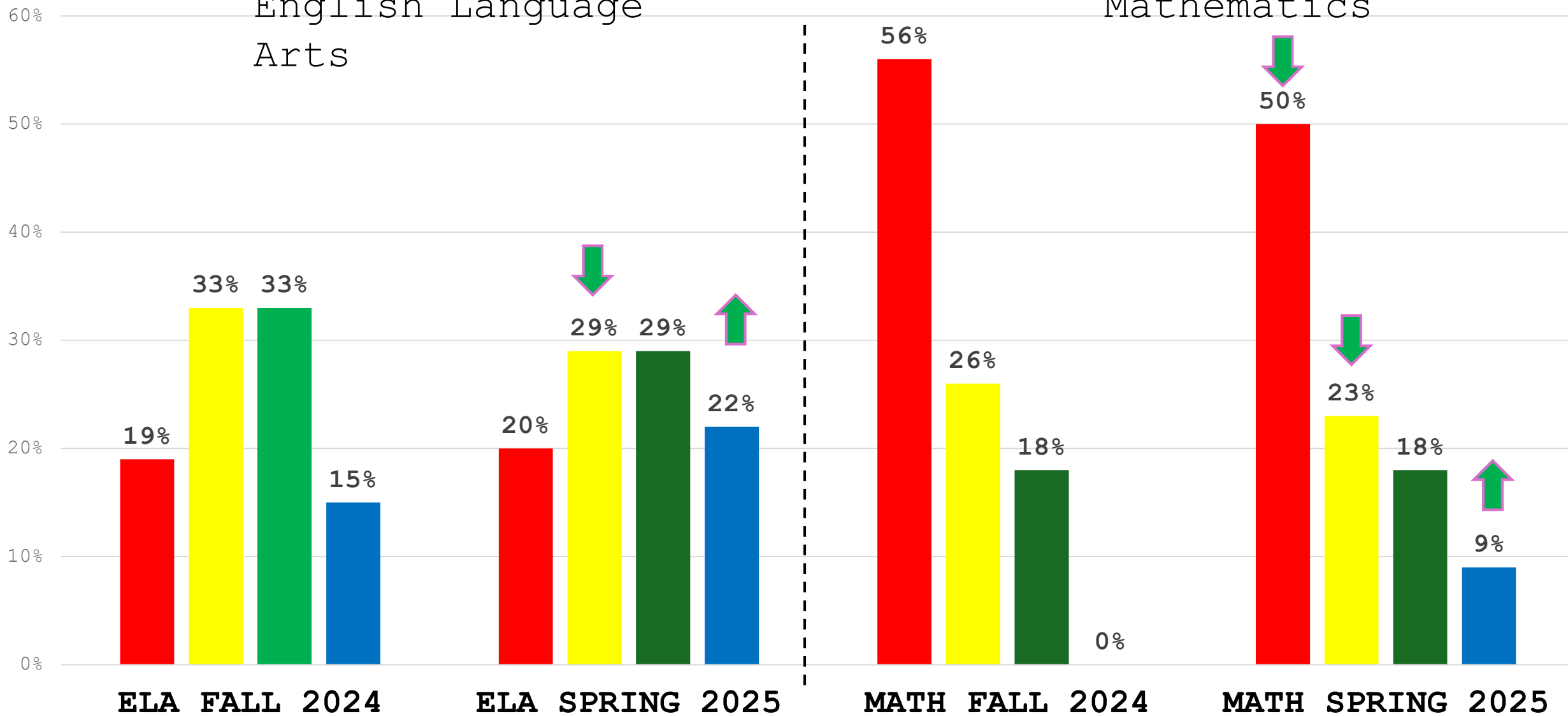


9th GRADE Interim Comprehensive Assessments

English Language
Arts

2024-2025

Mathematics



10th GRADE Interim Comprehensive Assessments

Coversheet

Financial Update

Section: VI. Information/Discussion Items
Item: C. Financial Update
Purpose:
Submitted by:
Related Material: OMI-May 1 BOD Financial Packet-JW-20240425.pdf

BACKGROUND:

Attached you will find a monthly cashflow projection for the 2024-25 FY. It includes the monthly expenditures and monthly revenues.

Oakland Military Institute Financial Update

JESSIKA WELCOME

MAY 1, 2025





Contents

- **2024-25 Financial Update**
 - Forecast Update
 - Cumulative ADA to Date
 - Monthly Cash Balance

- **2025-26 Budget Update**
 - 2024-25 to 2025-26 Changes
 - Opportunities & Uncertainties
 - MYP

- **Exhibits**
 - March Financials
 - March Cash Flow
 - MYP

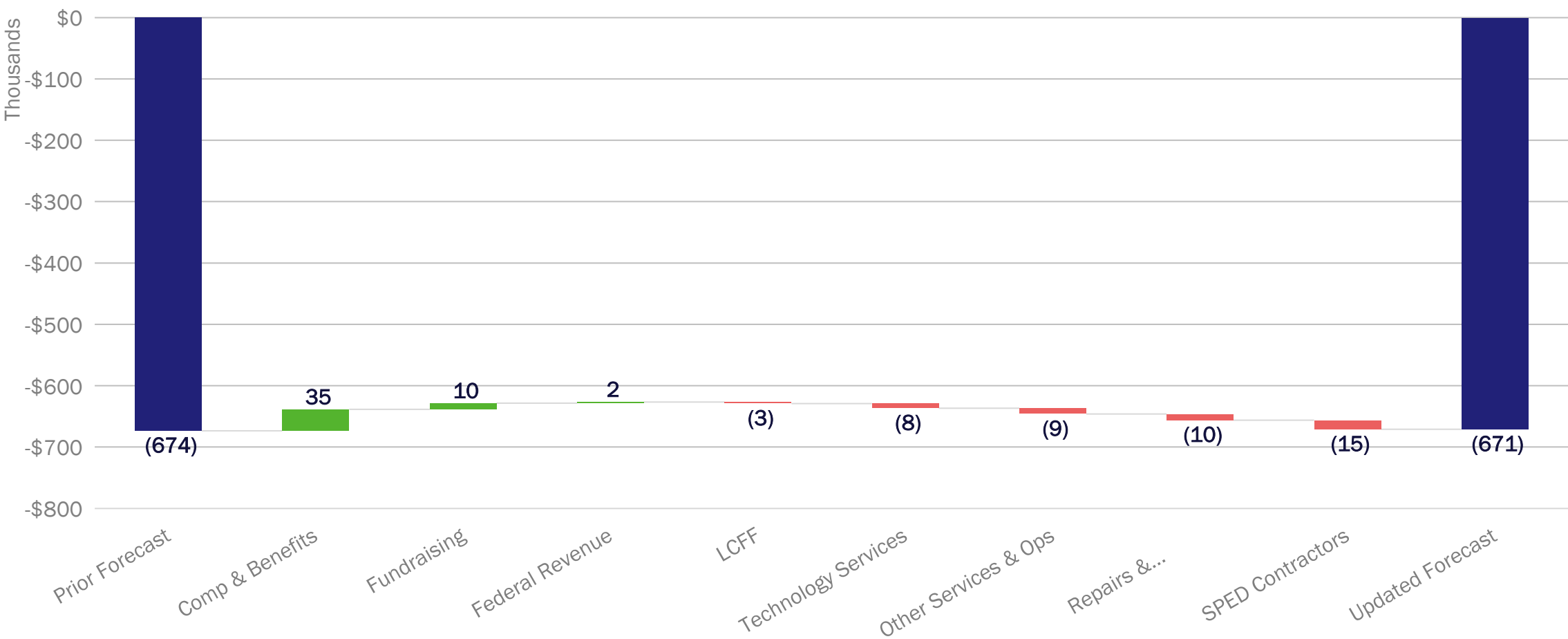
2024-25





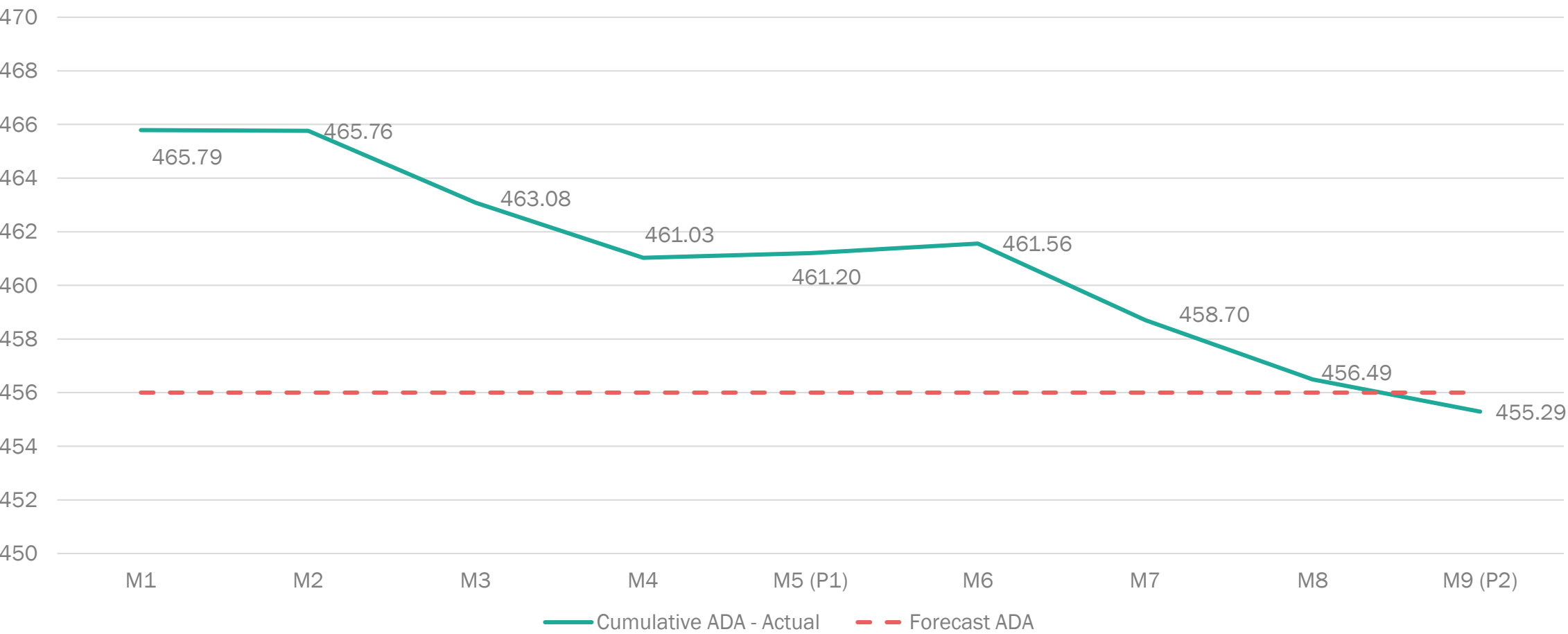
2024-25 Forecast Update

Movement across categories, but very little change to the bottom line since previous forecast



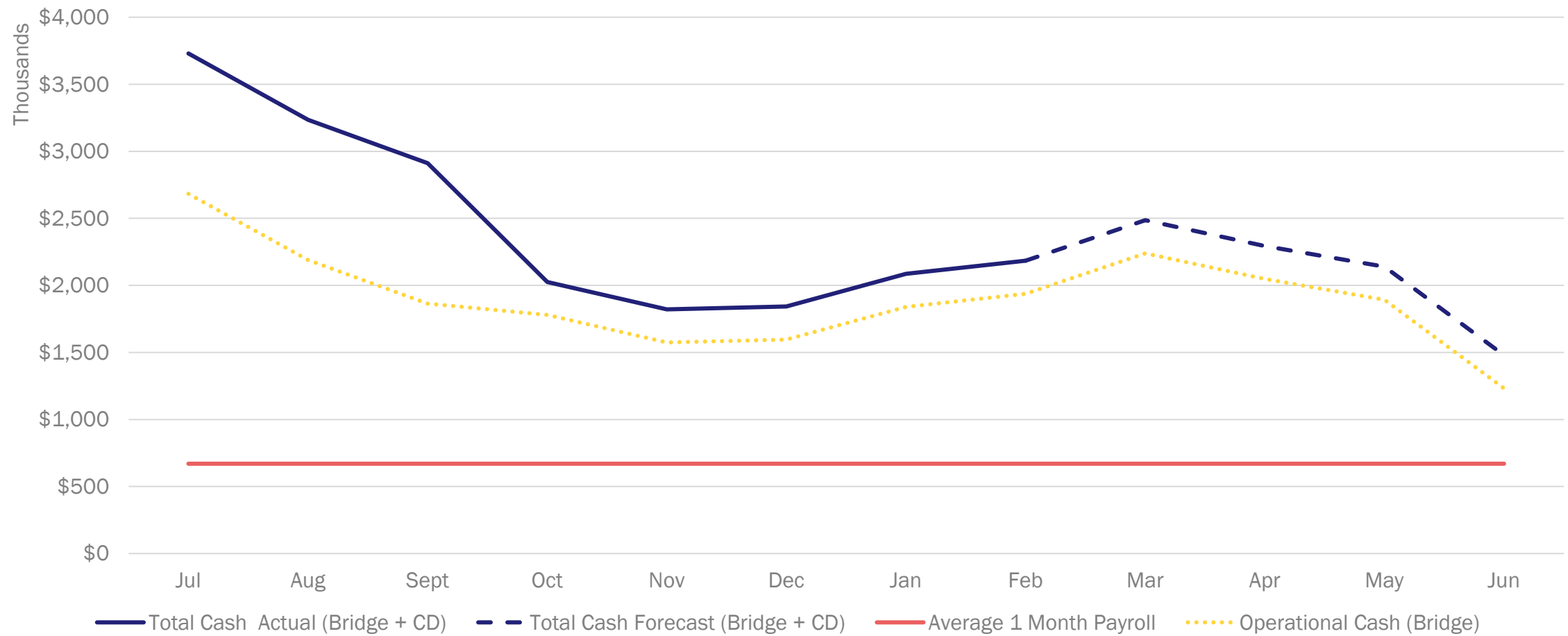
Cumulative ADA to Date

P-2 concludes with an ADA of 455.29, very close to target forecast of 456



Monthly Cash Balance

OMI currently projected to end year with \$104K in accrued A/P and \$1.48M of accrued A/R



2025-26





2024-25 to 2025-26 Changes

ADA

- Enrollment: 480 → 500
- Attendance at 94%
- ADA increases +14

Revenue

- COLA improves from 1.07% to 2.43%, each % increase ~\$73K
- Assumes new grants totaling \$200K (CSPP, etc.)
- **Does not yet include proposed one-time funds**

Payroll

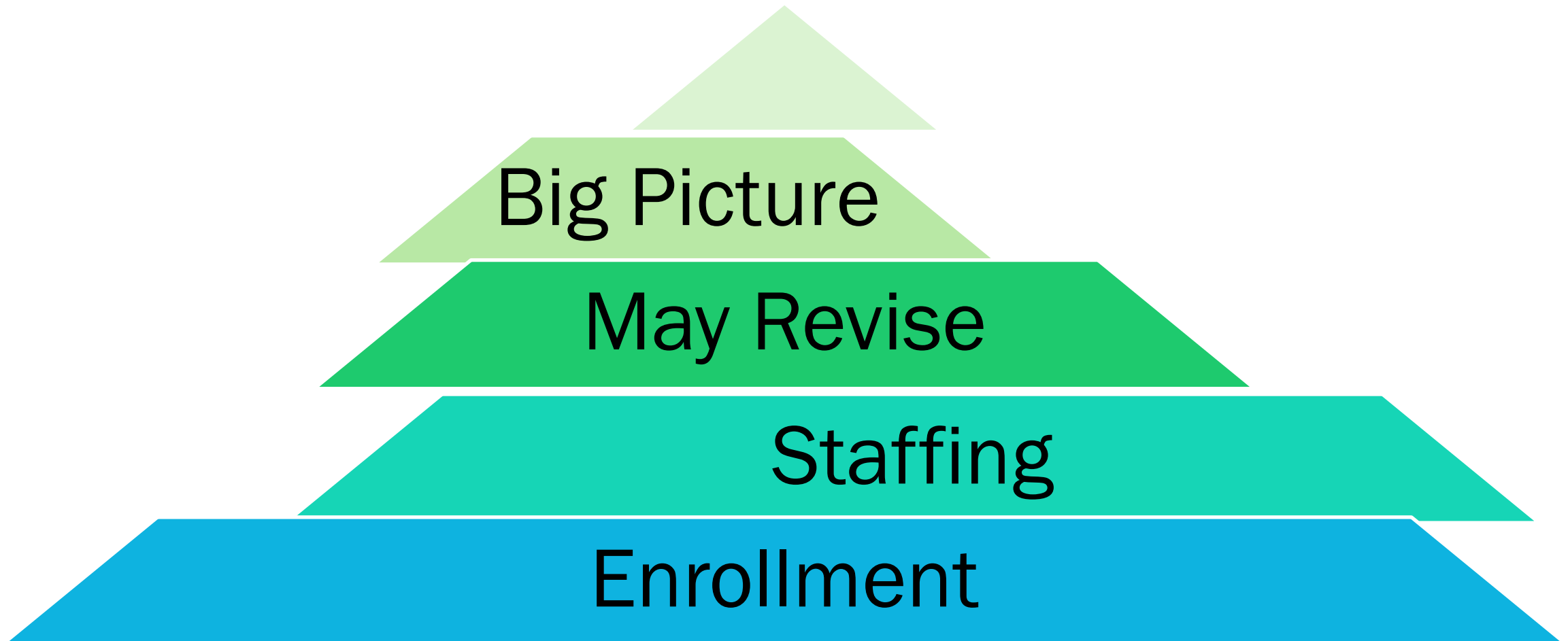
- Reduction in FTE of ~6.0 FTE, mostly achieved through attrition
- Vertical travel (increase) for staff, but no changes to schedule

4000s & 5000s

- Minimal changes based on inflation or current year spending
- No major projects (i.e. kitchen upgrade)
- **\$20K for charter renewal support**

Opportunities and Uncertainties

Enrollment remains the most important component of continuing success



		2024-25	2025-26	2026-27	2027-28
		Current Forecast	Projected Budget	Projected Budget	Projected Budget
Revenue	LCFF Entitlement	7,066,797	7,525,028	7,787,586	8,069,671
	Federal Revenue	768,092	736,506	750,985	763,159
	Other State Revenues	2,333,639	1,848,646	1,847,056	1,591,301
	Local Revenues	183,612	348,612	348,612	313,612
	Fundraising and Grants	138,968	70,000	70,000	70,000
	Total Revenue	10,491,108	10,528,792	10,804,239	10,807,743
Expenses	Comp and Benefits	6,904,356	6,442,692	6,587,013	6,887,735
	Books and Supplies	843,611	818,673	843,234	1,116,421
	Services and Other Ops	2,898,353	2,728,764	2,650,894	2,595,773
	Depreciation	492,898	400,563	387,224	13,400
	Other Outflows	23,084	23,777	24,490	25,225
	Total Expenses	11,162,302	10,414,469	10,492,855	10,638,554
	Operating Income	(671,194)	114,323	311,384	169,189
	Beginning Balance (Audited)	12,215,929	11,544,735	11,659,058	11,970,442
	Operating Income	(671,194)	114,323	311,384	169,189
Ending Fund Balance (incl. Depreciation)		11,544,735	11,659,058	11,970,442	12,139,631
Ending Fund Balance as % of Expenses		103.43%	111.95%	114.08%	114.11%

Exhibits



Oakland Military Institute
Income Statement
As of Mar FY2025

	Actual			YTD	Budget & Forecast							
	Jan	Feb	Mar	Actual YTD	Approved Budget v1	Previous Forecast	Current Forecast	Previous Forecast vs. Current Forecast	Approved Budget v1 vs. Current Forecast	Current Forecast Remaining	% Current Forecast Spent	
SUMMARY												
Revenue												
LCFF Entitlement	784,147	542,093	643,089	4,599,217	7,477,940	7,069,167	7,066,797	(2,370)	(411,143)	2,467,580	65%	
Federal Revenue	121,412	45,910	-	265,741	666,231	765,996	768,092	2,096	101,861	502,351	35%	
Other State Revenues	180,041	278,751	196,025	988,721	1,497,539	2,333,907	2,333,639	(268)	836,100	1,344,918	42%	
Local Revenues	2,479	535	17,800	60,181	227,344	183,612	183,612	-	(43,732)	123,431	33%	
Fundraising and Grants	500	-	250	135,793	-	128,968	138,968	10,000	138,968	3,175	98%	
Total Revenue	1,088,579	867,288	857,164	6,049,652	9,869,054	10,481,650	10,491,108	9,458	622,054	4,441,456	58%	
Expenses												
Compensation and Benefits	687,919	573,580	602,973	5,365,424	7,003,334	6,939,311	6,904,356	34,955	98,977	1,538,933	78%	
Books and Supplies	171,395	6,947	85,719	512,528	997,232	843,611	843,611	-	153,621	331,083	61%	
Services and Other Operating Expenditures	161,943	151,205	309,050	1,956,544	2,440,747	2,856,336	2,898,353	(42,017)	(457,606)	941,809	68%	
Depreciation	-	-	-	-	492,898	492,898	492,898	-	-	492,898	0%	
Other Outflows & Amortization	-	2,424	4,612	7,037	23,084	23,084	23,084	-	-	16,047	30%	
Total Expenses	1,021,257	734,157	1,002,354	7,841,532	10,957,295	11,155,241	11,162,303	(7,062)	(205,008)	3,320,771	70%	
Net Income	67,323	133,131	(145,190)	(1,791,880)	(1,088,241)	(673,591)	(671,196)	2,396	417,046	1,120,684		
Fund Balance												
Beginning Balance (Unaudited)					12,213,381	12,213,381	12,213,381					
Audit Adjustment					-	2,548	2,548					
Net Income					(1,088,241)	(673,591)	(671,196)					
Ending Fund Balance					11,125,140	11,542,338	11,544,733					
Fund Balance as a % of Expenses					102%	103%	103%					

Oakland Military Institute
Income Statement
As of Mar FY2025

Actual			YTD	Budget & Forecast						
Jan	Feb	Mar	Actual YTD	Approved Budget v1	Previous Forecast	Current Forecast	Previous Forecast vs. Current Forecast	Approved Budget v1 vs. Current Forecast	Current Forecast Remaining	% Current Forecast Spent
KEY ASSUMPTIONS										
Enrollment Summary										
4-6				86	60	60	-	(26)		
7-8				156	170	170	-	14		
9-12				297	250	250	-	(47)		
Total Enrolled				538	480	480	-	(58)		
ADA %										
4-6				90.0%	95.0%	95.4%	0.4%	5.3%		
7-8				90.0%	95.0%	92.8%	-2.2%	2.7%		
9-12				90.0%	95.0%	96.2%	1.2%	6.2%		
Average ADA %				90.0%	95.0%	94.9%	-0.1%	4.9%		
ADA										
4-6				77.00	57.00	57.21	0.21	(19.79)		
7-8				140.00	161.50	157.68	(3.82)	17.68		
9-12				267.00	237.50	240.40	2.90	(26.60)		
Total ADA				484.00	456.00	455.29	(0.71)	(28.71)		

Oakland Military Institute
Income Statement
As of Mar FY2025

Actual				YTD	Budget & Forecast							
					Approved Budget v1	Previous Forecast	Current Forecast	Previous Forecast vs. Current Forecast	Approved Budget v1 vs. Current Forecast	Current Forecast Remaining	% Current Forecast Spent	
Jan	Feb	Mar	Actual YTD									
REVENUE												
LCFF Entitlement												
8011	Charter Schools General Purpose Entitlement - State Aid	403,696	403,695	375,927	2,842,955	3,898,744	4,286,133	4,288,091	1,958	389,347	1,445,136	66%
8012	Education Protection Account Entitlement	242,380	-	-	484,761	1,835,489	999,847	998,290	(1,557)	(837,199)	513,529	49%
8019	State Aid - Prior Years	-	327	-	3,323	-	3,323	3,323	-	3,323	-	100%
8096	Charter Schools in Lieu of Property Taxes	138,071	138,071	267,162	1,268,178	1,743,707	1,779,864	1,777,092	(2,771)	33,386	508,914	71%
SUBTOTAL - LCFF Entitlement		784,147	542,093	643,089	4,599,217	7,477,940	7,069,167	7,066,797	(2,370)	(411,143)	2,467,580	65%
Federal Revenue												
8181	Special Education - Entitlement	-	-	-	-	67,340	72,520	84,310	11,790	16,970	84,310	0%
8220	Child Nutrition Programs	36,208	27,586	-	129,512	364,122	382,500	382,500	-	18,378	252,988	34%
8291	Title I	76,133	-	-	76,133	182,566	212,139	212,139	-	29,573	136,006	36%
8292	Title II	6,097	6,452	-	12,549	16,029	24,706	24,706	-	8,677	12,157	51%
8293	Title III	-	6,610	-	13,220	27,031	36,135	26,441	(9,694)	(590)	13,221	50%
8294	Title IV	2,974	5,262	-	8,236	9,143	11,905	11,905	-	2,762	3,669	69%
8297	PY Federal - Not Accrued	-	-	-	26,091	-	26,091	26,091	-	26,091	-	100%
SUBTOTAL - Federal Revenue		121,412	45,910	-	265,741	666,231	765,996	768,092	2,096	101,861	502,351	35%
Other State Revenue												
8319	Other State Apportionments - Prior Years	16,248	1	-	51,791	-	51,790	51,790	-	51,790	(1)	100%
8381	Special Education - Entitlement (State	72,718	-	72,174	295,556	419,054	418,736	418,736	-	(318)	123,180	71%
8382	Special Education Reimbursement (State	3,489	3,490	3,366	24,693	39,584	37,676	37,618	(59)	(1,966)	12,925	66%
8520	Child Nutrition - State	16,386	12,487	-	58,602	171,085	173,400	173,400	-	2,315	114,798	34%
8545	School Facilities Apportionments	-	-	-	-	120,124	120,124	120,124	-	-	120,124	0%
8550	Mandated Cost Reimbursements	18,701	-	-	18,701	18,701	18,701	18,701	-	-	(0)	100%
8560	State Lottery Revenue	29,726	-	-	29,726	142,450	134,209	134,000	(209)	(8,450)	104,274	22%
8590	All Other State Revenue	-	240,000	97,712	347,712	203,097	894,017	894,017	-	690,920	546,305	39%
8591	Prop 28 Arts & Music in Schools	8,056	8,055	8,056	57,282	104,461	108,513	108,513	-	4,052	51,231	53%
8593	ELOP	14,717	14,718	14,717	104,658	117,483	215,241	215,241	-	97,758	110,583	49%
8596	ASES	-	-	-	-	161,500	161,500	161,500	-	-	161,500	0%
SUBTOTAL - Other State Revenue		180,041	278,751	196,025	988,721	1,497,539	2,333,907	2,333,639	(268)	836,100	1,344,918	42%
Local Revenue												
8660	Interest	-	-	-	-	12,106	40,000	40,000	-	27,894	40,000	0%
8699	All Other Local Revenue	2,479	535	18,050	60,431	152,126	80,500	80,500	-	(71,626)	20,069	75%
8703	Measure G1	-	-	-	-	63,112	63,112	63,112	-	-	63,112	0%
8999	Uncategorized Revenue	-	-	(250)	(250)	-	-	-	-	-	250	
SUBTOTAL - Local Revenue		2,479	535	17,800	60,181	227,344	183,612	183,612	-	(43,732)	123,431	33%
Fundraising and Grants												
8803	Fundraising	500	-	250	135,793	-	128,968	138,968	10,000	138,968	3,175	98%
SUBTOTAL - Fundraising and Grants		500	-	250	135,793	-	128,968	138,968	10,000	138,968	3,175	98%
TOTAL REVENUE												
		1,088,579	867,288	857,164	6,049,652	9,869,054	10,481,650	10,491,108	9,458	622,054	4,441,456	58%

Oakland Military Institute
Income Statement
As of Mar FY2025

Actual			YTD	Budget & Forecast						
Jan	Feb	Mar	Actual YTD	Approved Budget v1	Previous Forecast	Current Forecast	Previous Forecast vs. Current Forecast	Approved Budget v1 vs. Current Forecast	Current Forecast Remaining	% Current Forecast Spent
EXPENSES										
Compensation & Benefits										
Certificated Salaries										
1100 Teachers Salaries	258,863	245,331	238,928	2,048,049	3,035,509	2,632,442	2,581,365	51,077	454,144	533,316 79%
1103 Teacher - Substitute Pay	17,128	25,882	33,954	192,298	-	217,257	249,450	(32,193)	(249,450)	57,153 77%
1200 Certificated Pupil Support Salaries	25,557	28,057	25,707	215,264	289,317	286,717	284,311	2,406	5,006	69,047 76%
1300 Certificated Supervisor & Administrator Salaries	48,103	52,828	48,694	473,919	556,345	612,844	612,844	-	(56,499)	138,925 77%
SUBTOTAL - Certificated Salaries	349,652	352,098	347,283	2,929,530	3,881,171	3,749,259	3,727,970	21,289	153,201	798,440 79%
Classified Salaries										
2100 Classified Instructional Aide Salaries	7,743	8,354	10,032	90,158	138,801	147,185	147,185	-	(8,384)	57,027 61%
2200 Classified Support Salaries	19,530	25,654	25,250	224,716	437,854	300,710	300,710	-	137,144	75,993 75%
2300 Classified Supervisor & Administrator Salaries	35,500	39,474	22,548	311,074	190,355	363,443	369,690	(6,247)	(179,335)	58,616 84%
2400 Classified Clerical & Office Salaries	25,870	27,397	25,710	233,054	313,720	329,854	329,854	-	(16,134)	96,800 71%
2900 Classified Other Salaries	10,877	15,407	13,149	55,928	13,500	68,640	54,240	14,400	(40,740)	(1,688) 103%
SUBTOTAL - Classified Salaries	99,521	116,287	96,689	914,930	1,094,230	1,209,832	1,201,679	8,153	(107,449)	286,749 76%
Employee Benefits										
3100 STRS	60,994	60,617	58,866	529,998	683,512	661,930	655,623	6,306	27,889	125,625 81%
3200 PERS	26,802	28,271	25,636	252,022	351,137	341,022	341,910	(889)	9,227	89,889 74%
3300 OASDI-Medicare-Alternative	13,352	14,367	14,210	119,303	160,537	164,503	164,298	205	(3,761)	44,995 73%
3400 Health & Welfare Benefits	116,216	(5,052)	55,495	551,550	733,309	732,120	732,120	-	1,189	180,570 75%
3500 Unemployment Insurance	17,769	3,378	1,180	31,119	44,033	29,568	29,981	(414)	14,052	(1,138) 104%
3600 Workers Comp Insurance	3,614	3,614	3,614	36,972	55,405	51,079	50,775	303	4,630	13,804 73%
SUBTOTAL - Employee Benefits	238,747	105,195	159,001	1,520,964	2,027,933	1,980,220	1,974,708	5,513	53,225	453,744 77%
Books & Supplies										
4100 Approved Textbooks & Core Curricula Materials	-	-	-	-	39,714	-	-	-	39,714	-
4200 Books & Other Reference Materials	100	-	-	3,566	-	19,714	19,714	-	(19,714)	16,148 18%
4320 Educational Software	54	-	36	30,404	-	32,859	32,859	-	(32,859)	2,455 93%
4325 Instructional Materials & Supplies	1,648	1,516	73	20,591	400,243	75,939	75,939	-	324,305	55,347 27%
4330 Office Supplies	270	94	1,159	10,966	-	25,000	25,000	-	(25,000)	14,034 44%
4410 Classroom Furniture, Equipment & Supplies	-	-	-	7,656	26,000	20,000	20,000	-	6,000	12,344 38%
4420 Computers: individual items less than \$5k	-	2,575	-	81,678	-	109,400	109,400	-	(109,400)	27,722 75%
4430 Non Classroom Related Furniture, Equipment & Supplies	-	-	-	5,329	-	18,000	18,000	-	(18,000)	12,671 30%
4710 Student Food Services	167,610	-	81,900	335,960	531,275	510,000	510,000	-	21,275	174,040 66%
4720 Other Food	1,713	2,761	2,551	16,378	-	32,700	32,700	-	(32,700)	16,322 50%
SUBTOTAL - Books and Supplies	171,395	6,947	85,719	512,528	997,232	843,611	843,611	-	153,621	331,083 61%
Services & Other Operating Expenses										
5100 Subagreements for Services	-	26,378	44,826	118,104	290,000	239,835	239,835	-	50,165	121,731 49%
5200 Travel & Conferences	-	-	146	22,141	63,363	21,995	24,117	(2,122)	39,246	1,976 92%
5300 Dues & Memberships	202	202	202	17,569	-	18,501	20,120	(1,619)	(20,120)	2,551 87%
5305 Dues & Membership - Professional	-	-	-	-	13,930	-	-	-	13,930	-
5400 Insurance	12,255	10,569	5,645	114,276	126,379	124,897	124,897	-	1,482	10,621 91%
5515 Janitorial, Gardening Services & Supplies	10,885	-	21,770	110,930	426,803	143,585	143,585	-	283,218	32,655 77%
5520 Security	9,005	2,149	9,412	63,326	-	78,316	78,316	-	(78,316)	14,989 81%
5535 Utilities - All Utilities	18,611	5,911	36,967	136,993	-	218,036	224,636	(6,600)	(224,636)	87,644 61%

Oakland Military Institute
Income Statement
As of Mar FY2025

		Actual			YTD	Budget & Forecast						
		Jan	Feb	Mar	Actual YTD	Approved Budget v1	Previous Forecast	Current Forecast	Previous Forecast vs. Current Forecast	Approved Budget v1 vs. Current Forecast	Current Forecast Remaining	% Current Forecast Spent
5605	Equipment Leases	1,929	1,088	1,087	12,374	-	17,057	17,057	-	(17,057)	4,683	73%
5610	Rent	14,926	13,827	13,827	124,447	298,000	160,000	160,000	-	138,000	35,553	78%
5611	Prop 39 Related Costs	-	-	32,500	130,000	-	138,000	138,000	-	(138,000)	8,000	94%
5615	Repairs and Maintenance - Building	5,840	2,842	5,440	52,748	107,000	317,281	327,281	(10,000)	(220,281)	274,533	16%
5618	Repairs & Maintenance - Auto	1,798	182	-	3,711	-	10,000	10,000	-	(10,000)	6,289	37%
5803	Accounting Fees	10,313	-	5,500	18,232	30,250	30,250	30,250	-	-	12,018	60%
5809	Banking Fees	10	10	10	903	-	5,000	1,500	3,500	(1,500)	597	60%
5812	Business Services	16,497	16,417	16,417	155,830	-	205,000	205,000	-	(205,000)	49,170	76%
5815	Consultants - Instructional	-	-	-	157,663	82,585	165,694	165,694	-	(83,109)	8,031	95%
5820	Consultants - Non Instructional - Custom 1	3,140	28,961	28,362	100,850	336,699	146,809	146,809	-	189,890	45,959	69%
5824	District Oversight Fees	-	-	-	49,734	74,779	70,692	70,668	24	4,111	20,934	70%
5830	Field Trips Expenses	-	-	-	9,654	15,000	30,000	30,000	-	(15,000)	20,346	32%
5833	Fines and Penalties	-	-	-	867	-	1,000	1,000	-	(1,000)	133	87%
5836	Fingerprinting	624	79	82	2,205	-	3,605	3,605	-	(3,605)	1,400	61%
5845	Legal Fees	12,355	5,415	3,751	74,169	126,175	126,175	126,175	-	-	52,006	59%
5851	Marketing and Student Recruiting	2,515	4,665	3,276	32,276	15,000	39,000	39,000	-	(24,000)	6,724	83%
5857	Payroll Fees	601	1,308	636	7,067	-	7,500	10,000	(2,500)	(10,000)	2,933	71%
5861	Prior Yr Exp (not accrued	-	-	-	62,777	-	62,777	62,777	-	(62,777)	-	100%
5863	Professional Development	933	6,500	4,777	31,567	15,000	50,810	50,810	-	(35,810)	19,243	62%
5869	Special Education Contract Instructors	19,515	-	32,072	95,472	75,000	95,000	110,000	(15,000)	(35,000)	14,528	87%
5872	Special Education Encroachment	525	-	-	2,684	-	15,165	15,165	-	(15,165)	12,481	18%
5874	Sports	5,277	1,156	3,101	22,923	20,000	27,750	27,750	-	(7,750)	4,827	83%
5877	Student Activities	-	-	-	150	17,719	17,719	17,719	-	-	17,569	1%
5878	Student Assessment	(1,749)	2,266	-	2,266	5,384	5,384	5,384	-	-	3,118	42%
5880	Student Health Services	-	-	3,938	3,938	-	7,500	7,500	-	(7,500)	3,563	53%
5881	Student Information System	1,841	875	875	17,035	10,220	23,694	23,694	-	(13,474)	6,659	72%
5884	Substitutes	6,144	9,404	11,080	31,803	15,000	45,000	45,000	-	(30,000)	13,197	71%
5887	Technology Services	1,556	1,100	10,535	41,827	156,908	46,519	54,219	(7,700)	102,689	12,392	77%
5893	Transportation - Student	356	3,249	1,462	14,051	11,500	15,000	15,000	-	(3,500)	949	94%
5899	Miscellaneous Operating Expenses	656	390	156	19,997	-	20,000	20,000	-	(20,000)	3	100%
5900	Communications	4,745	6,248	9,948	89,889	108,053	99,590	99,590	-	8,463	9,701	90%
5915	Postage and Delivery	637	15	1,249	4,097	-	6,200	6,200	-	(6,200)	2,103	66%
SUBTOTAL - Services & Other Operating Exp.		161,943	151,205	309,050	1,956,544	2,440,747	2,856,336	2,898,353	(42,017)	(457,606)	941,809	68%
Capital Outlay & Depreciation												
6900	Depreciation	-	-	-	-	492,898	492,898	492,898	-	-	492,898	0%
SUBTOTAL - Capital Outlay & Depreciation		-	-	-	-	492,898	492,898	492,898	-	-	492,898	0%
Other Outflows & Amortization												
7438	Debt Service - Interest	-	-	-	-	23,084	23,084	23,084	-	-	23,084	0%
7999	Uncategorized Expense	-	2,424	4,612	7,037	-	-	-	-	-	(7,037)	
SUBTOTAL - Other Outflows & Amortization		-	2,424	4,612	7,037	23,084	23,084	23,084	-	-	16,047	30%
TOTAL EXPENSES		1,021,257	734,157	1,002,354	7,841,532	10,957,295	11,155,241	11,162,303	(7,062)	(205,008)	3,320,771	70%

Oakland Military Institute
Monthly Cash Forecast
As of Mar FY2025

	2024-25													
	Actuals & Forecast													
	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Actuals	Mar Actuals	Apr Forecast	May Forecast	Jun Forecast	Forecast	Remaining Balance
Beginning Cash	2,164,624	2,682,870	2,188,279	1,864,525	1,778,955	1,574,282	1,595,589	1,840,157	1,936,950	2,239,313	2,047,426	1,891,861		
REVENUE														
LCFF Entitlement	2,996	327,830	431,383	784,147	403,695	679,837	784,147	542,093	643,089	697,755	457,944	459,605	7,066,797	852,276
Federal Revenue	-	-	1,791	195	-	96,433	121,412	45,910	-	107,862	107,048	38,250	768,092	249,191
Other State Revenue	52,788	34,790	53,106	38,328	62,622	92,270	180,041	278,751	196,025	406,018	230,209	359,536	2,333,639	349,156
Other Local Revenue	297	1,348	248	5,894	8,449	23,131	2,479	535	17,800	37,553	11,383	11,383	183,612	63,112
Fundraising & Grants	-	165	3,946	18,968	111,820	145	500	-	250	11,581	11,581	11,581	138,968	(31,567)
TOTAL REVENUE	56,081	364,133	490,474	847,532	586,586	891,816	1,088,579	867,288	857,164	1,260,768	818,164	880,355	10,491,108	1,482,168
EXPENSES														
Certificated Salaries	33,509	355,849	360,756	371,452	361,202	397,729	349,652	352,098	347,283	356,078	335,774	106,588	3,727,970	-
Classified Salaries	62,362	99,589	106,469	110,921	106,828	116,265	99,521	116,287	96,689	123,779	86,116	76,854	1,201,679	-
Employee Benefits	174,775	215,545	111,713	182,338	155,328	178,322	238,747	105,195	159,001	248,222	158,439	47,082	1,974,708	-
Books & Supplies	91,631	40,756	58,723	51,662	3,603	2,091	171,395	6,947	85,719	82,028	82,028	82,028	843,611	85,000
Services & Other Operating Expenses	287,320	217,594	254,549	246,439	137,410	191,034	161,943	151,205	309,050	272,086	304,752	346,853	2,898,353	18,118
Capital Outlay & Depreciation	-	-	-	-	-	-	-	-	-	410,748	41,075	41,075	492,898	-
Other Outflows	-	-	-	-	-	-	-	2,424	4,612	11,197	1,779	1,771	23,084	1,300
TOTAL EXPENSES	649,598	929,333	892,210	962,813	764,371	885,440	1,021,257	734,157	1,002,354	1,504,139	1,009,964	702,250	11,162,303	104,418
Operating Cash Inflow (Outflow)	(593,517)	(565,200)	(401,736)	(115,281)	(177,785)	6,376	67,323	133,131	(145,190)	(243,370)	(191,800)	178,105	(671,196)	1,377,750
Accounts Receivable	1,530,268	-	46,638	161,243	-	15,628	85,303	28,349	4,962	(38,702)	-	-		
Other Current Assets	119,464	-	-	-	-	-	-	-	-	-	-	-		
Fixed Assets	-	-	-	-	-	-	-	-	-	410,748	41,075	41,075		
Accounts Payable	54,469	1,587	(56,462)	31,651	(26,138)	(4,613)	95,742	(67,508)	119,004	(151,788)	-	-		
Other Current Liabilities	(617,484)	69,022	87,806	(144,216)	(750)	3,916	(3,801)	2,821	(1,525)	(111,242)	-	-		
Deferred Revenue	25,046	-	-	(18,968)	-	-	-	-	325,112	(9,574)	-	(874,017)		
Loans Payable (Long-Term)	-	-	-	-	-	-	-	-	-	(47,959)	(4,840)	(4,848)		
Ending Cash	2,682,870	2,188,279	1,864,525	1,778,955	1,574,282	1,595,589	1,840,157	1,936,950	2,239,313	2,047,426	1,891,861	1,232,176		

Oakland Military Institute
Multi-year Projection
As of Mar FY2025

	Year 1 2024-25	Year 2 2025-26	Year 3 2026-27	Year 4 2027-28
SUMMARY				
Revenue				
LCFF Entitlement	7,066,797	7,525,028	7,787,586	8,069,671
Federal Revenue	768,092	736,506	750,985	763,159
Other State Revenues	2,333,639	1,848,646	1,847,056	1,591,301
Local Revenues	183,612	348,612	348,612	313,612
Fundraising and Grants	138,968	70,000	70,000	70,000
Total Revenue	10,491,108	10,528,792	10,804,239	10,807,743
Expenses				
Compensation and Benefits	6,904,356	6,442,692	6,587,013	6,887,735
Books and Supplies	843,611	818,673	843,234	1,116,421
Services and Other Operating Expenditures	2,898,353	2,728,764	2,650,894	2,595,773
Depreciation	492,898	400,563	387,224	13,400
Other Outflows & Amortization	23,084	23,777	24,490	25,225
Total Expenses	11,162,303	10,414,470	10,492,854	10,638,553
Net Income	(671,196)	114,322	311,385	169,190
Fund Balance				
Beginning Balance (Unaudited)	12,213,381	11,544,733	11,659,056	11,970,441
Audit Adjustment	2,548			
Beginning Balance (Audited)	12,215,929	11,544,733	11,659,056	11,970,441
Net Income	(671,196)	114,322	311,385	169,190
Ending Fund Balance	11,544,733	11,659,056	11,970,441	12,139,631
Total Revenue Per ADA	23,043	22,402	22,988	22,995
Total Expenses Per ADA	24,517	22,158	22,325	22,635
Net Income Per ADA	(1,474)	243	663	360
Fund Balance as a % of Expenses	103%	112%	114%	114%

Oakland Military Institute
Multi-year Projection
As of Mar FY2025

	Year 1	Year 2	Year 3	Year 4
	2024-25	2025-26	2026-27	2027-28
Key Assumptions				
Enrollment Breakdown				
6	60	70	70	70
7	88	70	70	70
8	82	85	85	85
9	76	80	80	80
10	64	77	77	77
11	56	64	64	64
12	54	54	54	54
Total Enrolled	480	500	500	500
ADA %				
4-6	95.4%	94.0%	94.0%	94.0%
7-8	92.8%	94.0%	94.0%	94.0%
9-12	96.2%	94.0%	94.0%	94.0%
Average ADA %	94.9%	94.0%	94.0%	94.0%
ADA				
4-6	57	66	66	66
7-8	158	146	146	146
9-12	240	259	259	259
Total ADA	455	470	470	470

Oakland Military Institute**Multi-year Projection****As of Mar FY2025**

		Year 1	Year 2	Year 3	Year 4
		2024-25	2025-26	2026-27	2027-28
REVENUE					
LCFF Entitlement					
8011	Charter Schools General Purpose Entitlement - State Aid	4,288,091	4,690,781	4,918,148	5,162,666
8012	Education Protection Account Entitlement	998,290	999,739	1,034,929	1,072,496
8019	State Aid - Prior Years	3,323	-	-	-
8096	Charter Schools in Lieu of Property Taxes	1,777,092	1,834,509	1,834,509	1,834,509
SUBTOTAL - LCFF Entitlement		7,066,797	7,525,028	7,787,586	8,069,671
Federal Revenue					
8181	Special Education - Entitlement	84,310	67,340	70,000	70,000
8220	Child Nutrition Programs	382,500	393,975	405,794	417,968
8291	Title I	212,139	212,139	212,139	212,139
8292	Title II	24,706	24,706	24,706	24,706
8293	Title III	26,441	26,441	26,441	26,441
8294	Title IV	11,905	11,905	11,905	11,905
8297	PY Federal - Not Accrued	26,091	-	-	-
SUBTOTAL - Federal Revenue		768,092	736,506	750,985	763,159
Other State Revenue					
8319	Other State Apportionments - Prior Years	51,790	-	-	-
8381	Special Education - Entitlement (State	418,736	421,543	421,543	421,543
8382	Special Education Reimbursement (State	37,618	37,464	37,464	37,464
8520	Child Nutrition - State	173,400	178,602	183,960	189,479
8545	School Facilities Apportionments	120,124	120,124	120,124	120,124
8550	Mandated Cost Reimbursements	18,701	18,146	19,783	20,501
8560	State Lottery Revenue	134,000	134,015	134,015	134,015
8590	All Other State Revenue	894,017	549,761	511,576	250,000
8591	Prop 28 Arts & Music in Schools	108,513	86,715	90,147	90,147
8593	ELOP	215,241	140,777	166,944	166,528
8596	ASES	161,500	161,500	161,500	161,500
SUBTOTAL - Other State Revenue		2,333,639	1,848,646	1,847,056	1,591,301
Local Revenue					
8660	Interest	40,000	40,000	40,000	40,000
8699	All Other Local Revenue	80,500	245,500	245,500	210,500
8703	Measure G1	63,112	63,112	63,112	63,112
SUBTOTAL - Local Revenue		183,612	348,612	348,612	313,612
Fundraising and Grants					
8803	Fundraising	138,968	70,000	70,000	70,000
SUBTOTAL - Fundraising and Grants		138,968	70,000	70,000	70,000
TOTAL REVENUE		10,491,108	10,528,792	10,804,239	10,807,743

Oakland Military Institute
Multi-year Projection
As of Mar FY2025

		Year 1 2024-25	Year 2 2025-26	Year 3 2026-27	Year 4 2027-28
EXPENSES					
Compensation & Benefits					
Certificated Salaries					
1100	Teachers Salaries	2,581,365	2,478,651	2,515,015	2,606,310
1103	Teacher - Substitute Pay	249,450	266,882	271,346	281,196
1200	Certificated Pupil Support Salaries	284,311	193,713	196,668	203,807
1300	Certificated Supervisor & Administrator Salaries	612,844	566,333	566,910	587,489
SUBTOTAL - Certificated Salaries		3,727,970	3,505,579	3,549,940	3,678,802
Classified Salaries					
2100	Classified Instructional Aide Salaries	147,185	143,301	144,359	149,600
2200	Classified Support Salaries	300,710	281,936	283,592	293,887
2300	Classified Supervisor & Administrator Salaries	369,690	365,300	374,171	387,753
2400	Classified Clerical & Office Salaries	329,854	273,713	275,057	285,042
2900	Classified Other Salaries	54,240	-	-	-
SUBTOTAL - Classified Salaries		1,201,679	1,064,251	1,077,179	1,116,281
Employee Benefits					
3100	STRS	655,623	608,987	616,343	638,716
3200	PERS	341,910	325,990	331,763	356,308
3300	OASDI-Medicare-Alternative	164,298	151,910	153,905	159,492
3400	Health & Welfare Benefits	732,120	712,775	784,053	862,458
3500	Unemployment Insurance	29,981	22,932	22,932	22,932
3600	Workers Comp Insurance	50,775	50,268	50,898	52,746
SUBTOTAL - Employee Benefits		1,974,708	1,872,862	1,959,894	2,092,652
Books & Supplies					
4200	Books & Other Reference Materials	19,714	10,000	10,300	10,609
4320	Educational Software	32,859	55,080	56,733	306,325
4325	Instructional Materials & Supplies	75,939	50,000	51,500	53,045
4330	Office Supplies	25,000	25,750	26,523	27,318
4410	Classroom Furniture, Equipment & Supplies	20,000	20,600	21,218	21,855
4420	Computers: individual items less than \$5k	109,400	92,082	94,844	97,690
4430	Non Classroom Related Furniture, Equipment & Supplies	18,000	6,180	6,365	6,556
4710	Student Food Services	510,000	525,300	541,059	557,291
4720	Other Food	32,700	33,681	34,691	35,732
SUBTOTAL - Books and Supplies		843,611	818,673	843,234	1,116,421
Services & Other Operating Expenses					
5100	Subagreements for Services	239,835	198,723	204,685	210,825
5200	Travel & Conferences	24,117	24,840	25,586	26,353
5300	Dues & Memberships	20,120	18,921	19,489	20,073
5400	Insurance	124,897	128,644	132,504	136,479
5515	Janitorial, Gardening Services & Supplies	143,585	147,893	152,329	156,899
5520	Security	78,316	76,804	79,108	81,482
5535	Utilities - All Utilities	224,636	231,375	238,317	245,466
5605	Equipment Leases	17,057	17,568	18,095	18,638
5610	Rent	160,000	164,800	169,744	174,836
5611	Prop 39 Related Costs	138,000	142,140	146,404	150,796
5615	Repairs and Maintenance - Building	327,281	81,145	83,579	86,086
5618	Repairs & Maintenance - Auto	10,000	10,300	10,609	10,927

Oakland Military Institute**Multi-year Projection****As of Mar FY2025**

		Year 1	Year 2	Year 3	Year 4
		2024-25	2025-26	2026-27	2027-28
5803	Accounting Fees	30,250	31,158	32,092	33,055
5809	Banking Fees	1,500	1,545	1,591	1,639
5812	Business Services	205,000	205,000	210,000	210,000
5815	Consultants - Instructional	165,694	162,300	167,169	172,184
5820	Consultants - Non Instructional - Custom 1	146,809	150,198	17,714	18,245
5824	District Oversight Fees	70,668	77,508	82,618	88,179
5830	Field Trips Expenses	30,000	30,900	31,827	32,782
5833	Fines and Penalties	1,000	1,030	1,061	1,093
5836	Fingerprinting	3,605	3,713	3,825	3,939
5845	Legal Fees	126,175	129,960	133,859	137,875
5851	Marketing and Student Recruiting	39,000	20,600	21,218	21,855
5857	Payroll Fees	10,000	10,300	10,609	10,927
5861	Prior Yr Exp (not accrued	62,777	-	-	-
5863	Professional Development	50,810	52,334	53,904	55,521
5869	Special Education Contract Instructors	110,000	113,300	116,699	120,200
5872	Special Education Encroachment	15,165	15,620	16,089	16,571
5874	Sports	27,750	65,583	67,550	69,576
5877	Student Activities	17,719	18,251	18,798	19,362
5878	Student Assessment	5,384	5,546	5,712	5,883
5880	Student Health Services	7,500	7,725	7,957	8,195
5881	Student Information System	23,694	24,405	25,137	25,891
5884	Substitutes	45,000	20,600	21,218	21,855
5887	Technology Services	54,219	193,022	174,434	48,236
5893	Transportation - Student	15,000	15,450	15,914	16,391
5899	Miscellaneous Operating Expenses	20,000	20,600	21,218	21,855
5900	Communications	99,590	102,578	105,655	108,825
5915	Postage and Delivery	6,200	6,386	6,578	6,775
	SUBTOTAL - Services & Other Operating Exp.	2,898,353	2,728,764	2,650,894	2,595,773
Depreciation Expense					
6900	Depreciation	492,898	400,563	387,224	13,400
	SUBTOTAL - Depreciation Expense	492,898	400,563	387,224	13,400
Other Outflows & Amortization					
7438	Debt Service - Interest	23,084	23,777	24,490	25,225
	SUBTOTAL - Other Outflows & Amortization	23,084	23,777	24,490	25,225
TOTAL EXPENSES		11,162,303	10,414,470	10,492,854	10,638,553

Coversheet

CD Extension

Section: VI. Information/Discussion Items
Item: D. CD Extension
Purpose:
Submitted by: CMSgt (CA) Thomas James
Related Material: OMI CD Renewal_22050424.pdf

BACKGROUND:

CD matured 4/18, OMI made another \$3,171.39 already this year. Extended at 4% for 3 months. Maturity for next term is July 17, 2025.



Member FDIC

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Subsidiaries: AmeriHome Mortgage | Digital Disbursements

Certificates of Deposit Disclosure - Business and Personal

Certificate (CD) Product	Account / Rate Information	Opening Deposit Minimum	Interest and Balance Computation Information	Time Account Information / Limitations / Restrictions
Regular Certificate of Deposit <input type="checkbox"/> 30- 89 Days <input type="checkbox"/> 90 - 179 Days <input type="checkbox"/> 180-364 Days <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months	<p>These accounts are interest bearing accounts. The annual percentage yield (APY) is on the Deposit Rate Sheet*. The interest rate will be in effect and will not change for the term of the account. Interest begins to accrue on the business day you deposit non-cash items (for example, checks). At your option, you may choose to receive interest monthly either by deposit into the certificate or deposited into a transaction or savings account. We use the simple interest method. Interest will not compound unless accrued interest is credited to the Certificate on a monthly (monthly compounding) basis. A notice will be mailed to you prior to maturity.</p>	<p>\$1,000.00</p>	<p>We use the daily balance method to calculate interest on the account. This method applies a daily periodic rate to the principal in the account each day.</p> <p>This is a tiered rate account. You must maintain a minimum balance of \$.01 in the account each day to obtain the minimum disclosed annual percentage yield (APY) listed on the Rate Chart.</p> <p>The annual percentage yield earned is based on the balance maintained per tier as stated on the Rate Chart.</p>	<p>You may not make additional deposits into your account. You may not make withdrawals from your account until the maturity date or we may impose the following penalties.</p> <ul style="list-style-type: none"> ▪ If the term of your account is 30-89 days or 90-179 days, and you withdraw any of the principal before the maturity date, we may impose a penalty of thirty (30) days loss of interest on the amount withdrawn. ▪ If the term of your account is 180-364 days or 12 months and you withdraw any of the principal before the maturity date, we may impose a penalty of ninety (90) days loss of interest on the amount withdrawn. ▪ If the term of your account is more than 12 months and up to and including 60 months, and you withdraw any of the principal before the maturity date, we may impose a penalty of one hundred eighty (180) days loss of interest on the amount withdrawn. ▪ Fees or withdrawals may reduce earnings. <p>The aforementioned terms will automatically renew at maturity. You will have ten (10) calendar days from the maturity date to withdraw funds without penalty. Payment of interest will be to the maturity date only when redeeming. If you do not withdraw the funds, each renewal term will be for an identical period of time as the original term.</p> <p>NOTE: In accordance with federal law, if you withdraw any amount within the first six (6) days after deposit or within six days of the most recent partial withdrawal, we are required to assess an early withdrawal penalty of at least seven (7) days' simple interest on the amount withdrawn. **</p>

*Refer to the **Deposit Rate Sheet**, which is part of this Disclosure, for the various balance ranges and minimum balance requirements, as applicable to your account. Refer to the separate **Schedule of Fees and Charges** for additional charges that may apply. Please also refer to the **Deposit Account Agreement and Disclosure** for other terms, conditions, and disclosures applicable to deposit accounts.

All terms will incur a mandatory regulatory penalty of seven days simple interest on amounts withdrawn within the first six days after deposit or within six days of the most recent partial withdrawal unless for reasons of death or legal incompetence of one of the owners; the holder of an IRA plan attains the age of 59 ½ or becomes disabled; or within 1 year post merger of two financial institutions in which the combined balances exceed FDIC insurance limits and the uninsured excess on deposit is withdrawn. Refer to the **Deposit Account Agreement and Disclosure for other terms, conditions, and disclosures applicable to deposit accounts.

CD Disclosure NA-518 Revised 11/8/2024.

Certificates of Deposit Disclosure - Business and Personal

Certificate (CD) Product	Account / Rate Information	Opening Deposit Minimum	Interest and Balance Computation Information	Time Account Information / Limitations / Restrictions
<p>Relationship CD</p> <p><input type="checkbox"/> 3 Months CD</p> <p><input type="checkbox"/> 6 Months CD</p>	<p>These accounts are interest bearing accounts. The annual percentage yield (APY) is on the Deposit Rate Sheet*. The interest rate will be in effect and will not change for the term of the account. Interest begins to accrue on the business day you deposit non-cash items (for example, checks). At your option, you may choose to receive interest monthly either by deposit into the certificate or deposited into a transaction or savings account. We use the simple interest method. Interest will not compound unless accrued interest is credited to the Certificate on a monthly (monthly compounding) basis.</p> <p>A notice will be mailed to you prior to maturity.</p>	<p>\$25,000.00</p>	<p>We use the daily balance method to calculate interest on the account. This method applies a daily periodic rate to the principal in the account each day.</p> <p>This is a tiered rate account. You must maintain a minimum balance of \$0.01 in the account each day to obtain the minimum disclosed annual percentage yield (APY) listed on the Rate Chart.</p> <p>The annual percentage yield earned is based on the balance maintained per tier as stated on the Rate Chart.</p>	<p>You may not make additional deposits into your account. You may not make withdrawals from your account until the maturity date or we may impose the following penalties.</p> <ul style="list-style-type: none">▪ If the term of your account is 3 Months or 6 Months, and you withdraw any of the principal before the maturity date, we may impose a penalty of thirty (30) days loss of interest on the amount withdrawn.▪ Fees or withdrawals may reduce earnings. <p>The 3-month term will automatically renew to a 3-month term at the rate then currently available based on the current balance if funds are not withdrawn</p> <p>The 6-month term will automatically renew to a 6-month term at the rate then currently available based on the current balance if funds are not withdrawn.</p> <p>You will have ten (10) calendar days from the maturity date to withdraw funds without penalty. Payment of interest will be to the maturity date only when redeeming</p> <p>NOTE: In accordance with federal law, if you withdraw any amount within the first six (6) days after deposit or within six days of the most recent partial withdrawal, we are required to assess an early withdrawal penalty of at least seven (7) days' simple interest on the amount withdrawn. **</p>

*Refer to the **Deposit Rate Sheet**, which is part of this Disclosure, for the various balance ranges and minimum balance requirements, as applicable to your account. Refer to the separate **Schedule of Fees and Charges** for additional charges that may apply. Please also refer to the **Deposit Account Agreement and Disclosure** for other terms, conditions, and disclosures applicable to deposit accounts.

All terms will incur a mandatory regulatory penalty of seven days simple interest on amounts withdrawn within the first six days after deposit or within six days of the most recent partial withdrawal unless for reasons of death or legal incompetence of one of the owners; the holder of an IRA plan attains the age of 59 ½ or becomes disabled; or within 1 year post merger of two financial institutions in which the combined balances exceed FDIC insurance limits and the uninsured excess on deposit is withdrawn. Refer to the **Deposit Account Agreement and Disclosure for other terms, conditions, and disclosures applicable to deposit accounts.



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REGULAR CERTIFICATE OF DEPOSIT RECEIPT

Thank you for opening this tiered, fixed rate **Regular Certificate of Deposit**. Please review the *Deposit Account Agreement and Disclosure*, the *Certificate of Deposit Disclosure* and the *Rate Chart*, accompanying this receipt, for additional information about your certificate's rate information, interest and balance computation information, limitations, and restrictions.

Account Name: <u>Oakland Military Institute College</u> <u>Preparatory Academy</u> <u></u>			
Opening Deposit Amount: 251,599.35	Interest Rate / Annual Percentage Yield 3.934.00		Interest Payment 1 Months <u></u> <u></u> <u></u>
Account Number: 7122676901	Issue Date: 04/18/2025	Term: 90 Days	Maturity Date: 07/17/2025



Alliance Bank of Arizona | Bank of Nevada | Bridge Bank | First Independent Bank | Torrey Pines Bank
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This rate chart contains information about interest rates and ANNUAL PERCENTAGE YIELDS (APY) for some of the accounts we offer. Please contact any Western Alliance Bank employee for further information about applicable fees and terms.

BUSINESS ACCOUNTS

Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
Business Interest Checking	\$100	0.01+	0.25%	0.25%	Business Money Market and Community Alliance Money Market	\$1,000	0.01 - 9,999.99	0.55%	0.55%
Community Alliance Interest Checking	\$100	0.01+	0.25%	0.25%			10,000 - 99,999.99	0.55%	0.55%
Business Savings	\$1,000	0.01+	0.05%	0.05%			100,000 - 249,999.99	0.55%	0.55%
							250,000 - 999,999.99	0.65%	0.65%
							1,000,000 - 4,999,999.99	1.00%	1.00%
							5,000,000 - 9,999,999.99	1.19%	1.20%
							10,000,000+	1.39%	1.40%

IOLTA

Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
IOLTA - AZ	\$100	0.01+	1.00%	1.00%	IOLTA - CO	\$100	0.01+	3.38%	3.43%
IOLTA - CA	\$100	0.01+	1.00%	1.00%	IOLTA - NY	\$100	0.01+	2.17%	2.19%
IOLTA - NV	\$100	0.01+	2.35%	2.37%	IOLTA - TX	\$100	0.01+	1.00%	1.00%
IOLTA - IL	\$100	0.01+	1.00%	1.00%					

CONSUMER ACCOUNTS

Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
Personal Interest Checking	\$100	0.01 - 9,999.99	0.25%	0.25%	Personal Money Market	\$100	0.01 - 9,999.99	0.55%	0.55%
		10,000 - 99,999.99	0.30%	0.30%			10,000 - 99,999.99	0.55%	0.55%
		100,000 - 249,999.99	0.45%	0.45%			100,000 - 249,999.99	0.55%	0.55%
		250,000 - 499,999.99	0.55%	0.55%			250,000 - 999,999.99	0.65%	0.65%
		500,000 +	0.65%	0.65%			1,000,000 - 4,999,999.99	1.00%	1.00%
IRA/SEP Savings	\$100	50.00 - 1,499.99	0.03%	0.03%			5,000,000 - 9,999,999.99	1.19%	1.20%
		1,500+	0.06%	0.06%			10,000,000+	1.39%	1.40%
IDA Savings	\$100	0.01+	0.05%	0.05%	Personal Savings	\$100	0.01+	0.05%	0.05%

CERTIFICATES OF DEPOSIT*

Term	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Term	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
30 - 89 Days	\$1,000	0.01+	0.90%	0.90%	24 Months	\$1,000	0.01+	1.25%	1.26%
90 - 179 Days	\$1,000	0.01+	3.93%	4.00%	36 Months	\$1,000	0.01+	1.25%	1.26%
180 - 364 Days	\$1,000	0.01+	2.49%	2.52%	48 Months	\$1,000	0.01+	1.25%	1.26%
12 Months	\$1,000	0.01+	2.75%	2.78%	60 Months	\$1,000	0.01+	1.25%	1.26%
18 Months	\$1,000	0.01+	1.20%	1.21%					

*May be opened as a Traditional or SEP IRA for eligible customers

At our discretion, the interest rate and Annual Percentage Yield (APY) on checking and savings accounts may change at any time after the account is opened. We use the daily balance method to calculate interest on your account. This method applies a daily periodic rate to the principal in the account each day. A penalty may be imposed for early withdrawal from certificates. Fees and/or withdrawals could reduce the earnings on the account.

Interest Rates and Annual Percentage Yields are effective as of **January 1, 2025** for all divisions except Alliance Association Bank.



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A division of Western Alliance Bank.

This rate chart contains information about interest rates and ANNUAL PERCENTAGE YIELDS (APY) for some of the accounts we offer. Please contact any Western Alliance Bank employee for further information about applicable fees and terms.

RELATIONSHIP MONEY MARKET									
Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Product	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
Business Money Market and Community Alliance Money Market	\$10,000	0.01 - 9,999.99	0.55%	0.55%	Personal Money Market	\$10,000	0.01 - 9,999.99	0.55%	0.55%
		10,000 - 24,999.99	1.39%	1.40%			10,000 - 24,999.99	1.39%	1.40%
		25,000 - 49,999.99	2.13%	2.15%			25,000 - 49,999.99	2.13%	2.15%
		50,000 - 999,999.99	2.86%	2.90%			50,000 - 999,999.99	2.86%	2.90%
		1,000,000+	3.34%	3.40%			1,000,000+	3.34%	3.40%
RELATIONSHIP CERTIFICATES OF DEPOSIT ¹									
Term	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY	Term	Minimum Opening Balance	Minimum Balance / Tiers to Earn APY	Rate	APY
3 Months	\$25,000	0.01 - 24,999.99	0.00%	0.00%	6 Months	\$25,000	0.01 - 24,999.99	0.00%	0.00%
		25,000+	4.03%	4.11%			25,000+	4.05%	4.13%

¹Minimum balance required to open and earn APY is \$25,000. Balances under \$25,000 will not earn an APY (0.00%). You must deposit \$25,000 or more in new funds from an external account into a CD. CD may be opened as a Traditional or SEP IRA for eligible customers. CD may not be used for any lending collateral including but not limited to term loans or other lending opportunities. ²Minimum balance required to open and earn the APY is \$100,000. Balances below than \$100,000 will not earn an APY (zero (0.00%)). You must deposit \$100,000 or more in new funds from an external account into a CD. Must maintain initial deposit for 30 days to avoid penalties. One penalty free withdrawal available after 30 days of initial deposit. More than one withdrawal subject to Disbursement fee of \$25 per transaction. CD may not be opened as a Traditional or SEP IRA. CD may not be used for any lending collateral including by not limited to term loans or other lending opportunities.

At our discretion, the interest rate and Annual Percentage Yield (APY) on checking and savings accounts may change at any time after the account is opened. We use the daily balance method to calculate interest on your account. This method applies a daily periodic rate to the principal in the account each day. A penalty may be imposed for early withdrawal from certificates. Fees and/or withdrawals could reduce the earnings on the account.

Interest Rates and Annual Percentage Yields are effective as of **January 1, 2025** for all divisions except Alliance Association Bank.

Coversheet

Recruiting Update

Section: VI. Information/Discussion Items
Item: E. Recruiting Update
Purpose:
Submitted by: CMSgt (CA) Thomas James
Related Material: EXSUM OMI Recruiting Week 19_ 20250424.pdf

BACKGROUND:

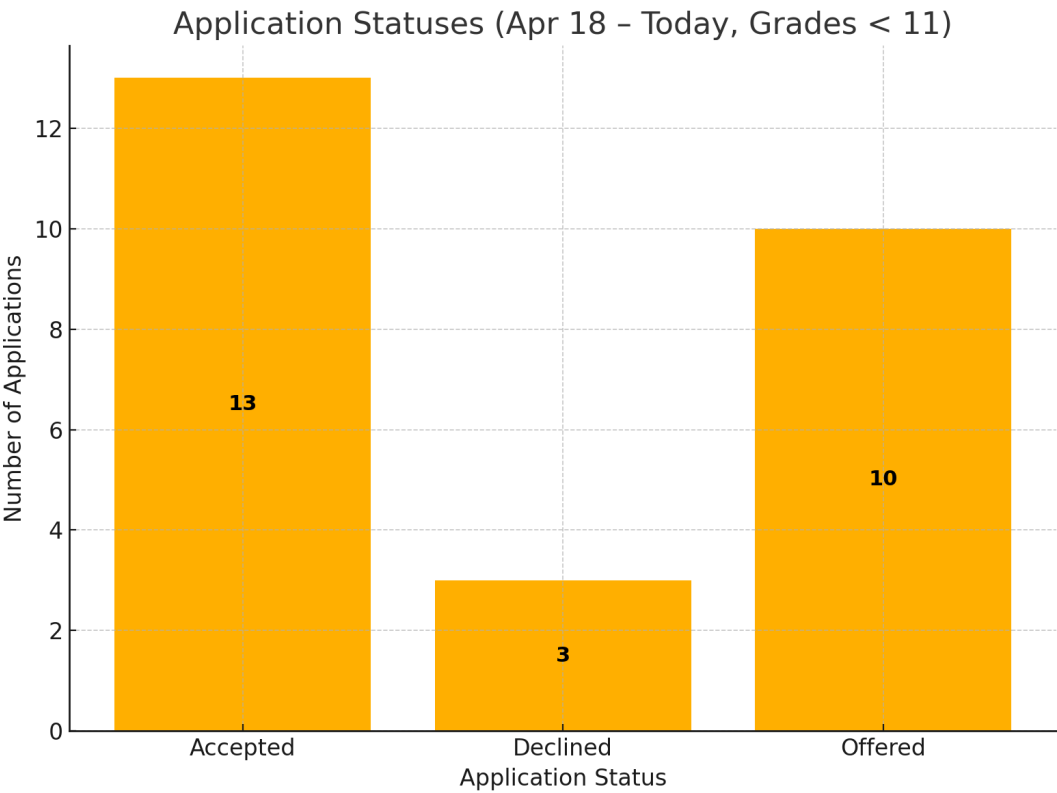
As of May 1, 2025, OMI's recruitment efforts are moving forward as planned. Applications are steady, and outreach is helping generate continued interest. The team is on track to meet enrollment goals, with more updates to come as the process continues.

SY 2025-26 Recruiting Update

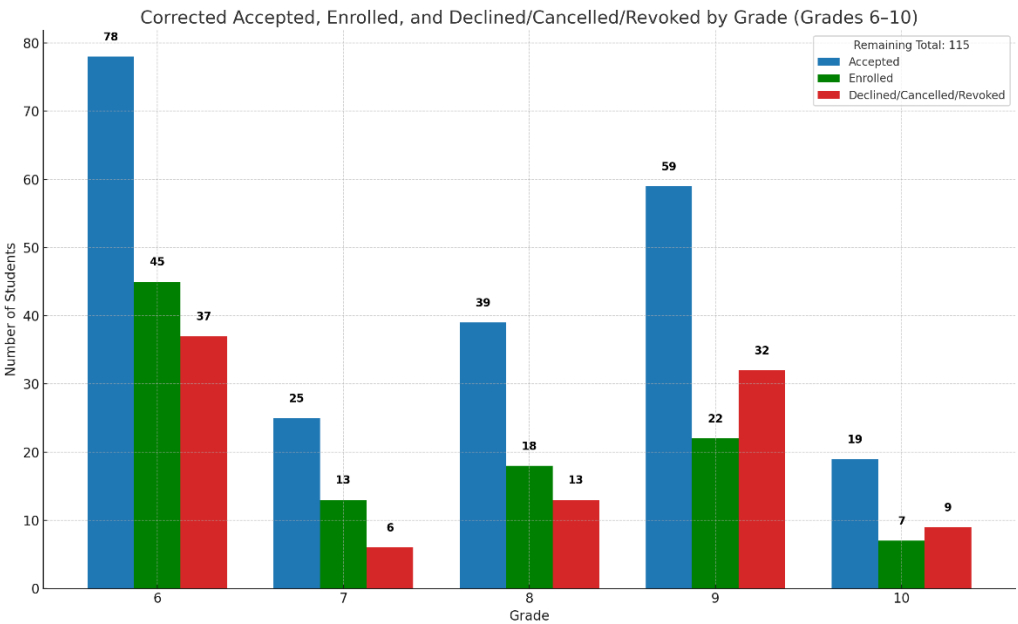
Week 19: April 18, 2025

Assessment

There are a total of **26** applications with a sub-status date from April 18, 2025 until now.



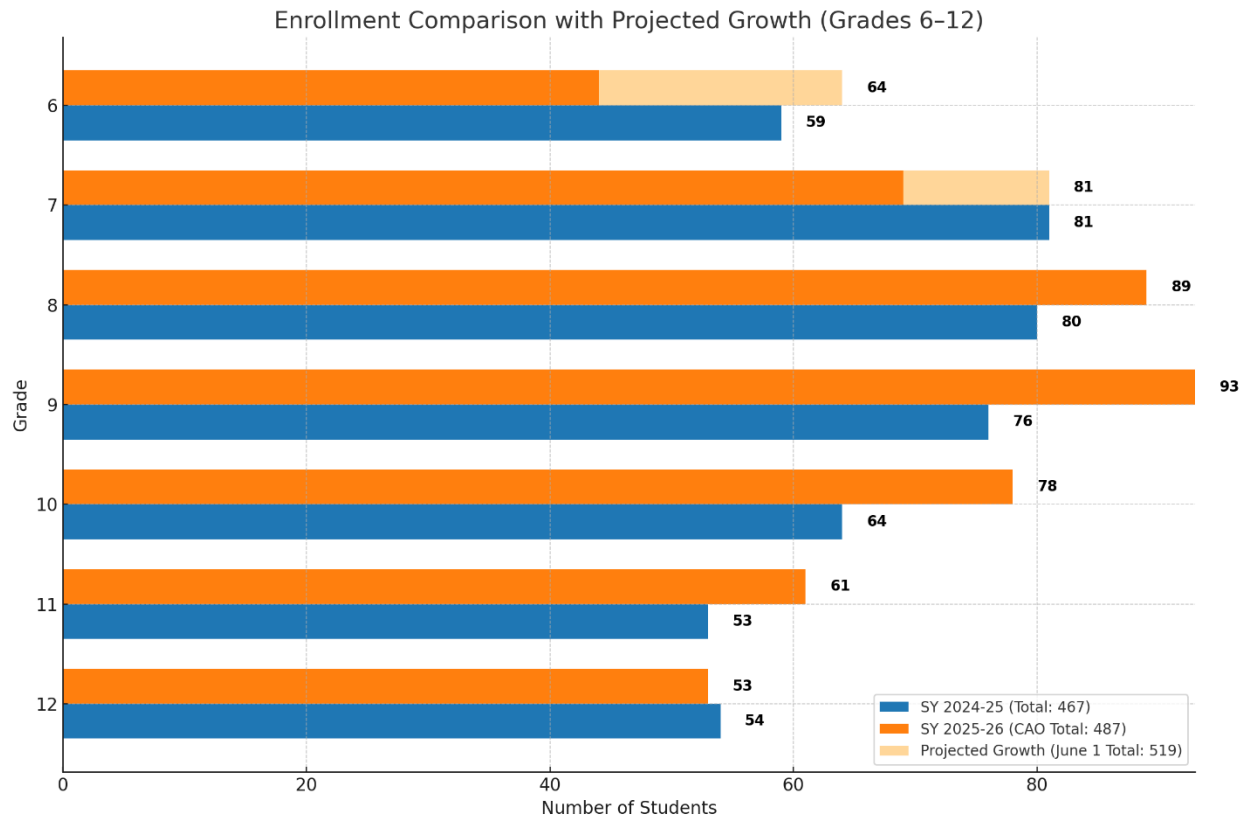
Enrollment Update (Grades 6–10)



1 added since last report (105 Total)

Week 20 Objectives:

- Increase Grade 6 enrollment; **19 seats. (-1)**
- Increase Grade 7 enrollment; **12 seats. No Change**
- **Conduct Introduction #3, Monday, April 28, 2:30-5:30pm**
- **Promote Recently Arrived Recruiting Incentives**
- **Phone all remaining No-Shows for Pending Revokes**

Current and Projected Class Sizes:**1 June 25 Goals****Total Projected 519 Enrollment for SY 25-26**

- Increase Grade 6 enrollment from **45 to 64 (+1)**
- Increase Grade 7 enrollment from **69 to 81**
- Consider added enrollment for siblings in grades 8-10 at or below **5 candidates** (not included)
- Entrance camp loss at **5% (-26 Candidates)**

Remaining Accepted Applications Not Enrolled/Adjusted From Last Report

Grade 6: **78(+5)** Grade 7: **25(+2)** Grade 8: **39(+2)** Grade 9: **59(+7)** Grade 10: **19(+1)**

Coversheet

Approve Form 990 + California Tax Return

Section: VII. Action Items
Item: A. Approve Form 990 + California Tax Return
Purpose:
Submitted by: Jessika Welcome
Related Material: OMI 990 draft tax return 4-17-25 (1).pdf

BACKGROUND:

OMI files an annual IRS Form 990 and a California tax return to report financial activity and maintain nonprofit compliance. These documents support transparency and require board review and acknowledgment each year.

2023 TAX RETURN

GOVERNMENT COPY

Client: 73068

Prepared for: OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY
3877 LUSK STREET
OAKLAND, CA 94608
5105943900

Prepared by: JOHN DOMINGUEZ, CPA
CWDL, CPAS
3131 CAMINO DEL RIO NORTH, STE 820
SAN DIEGO, CA 92108
(858) 565-2700

Date: APRIL 17, 2025

Comments:

Route to: _____

**CWDL, CPAS
3131 CAMINO DEL RIO NORTH, STE 820
SAN DIEGO, CA 92108
(858) 565-2700**

April 17, 2025

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY
3877 LUSK STREET
OAKLAND, CA 94608

Dear Client:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2023 California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$400 payable by May 15, 2025. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2025 to:

**REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470**

Please be sure to call us if you have any questions.

Sincerely,

JOHN DOMINGUEZ, CPA

CWDL, CPAS

3131 CAMINO DEL RIO NORTH, STE 820
SAN DIEGO, CA 92108
(858) 565-2700

Client 73068**April 17, 2025**

**OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY
3877 LUSK STREET
OAKLAND, CA 94608
5105943900**

FEDERAL FORMS

Form 990	2023 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule E	Schools
Schedule J	Schedule J
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2023 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 8453-EO (199)	California e-file Return Authorization for Exempt
Form RRF-1	2024 Registration/Renewal Fee Report

FEE SUMMARY

Preparation Fee

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans****File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I – Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY	91-2073068
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	3877 LUSK STREET	
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.	
	OAKLAND, CA 94608	

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of SFC JOSEPH DELGADILLO 3877 LUSK STREET OAKLAND CA 94608Telephone No. 510-594-3900 Fax No. _____

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 5/15, 20 25, 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 23, and ending 6/30, 20 24.

- 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

FIFZ0501L 09/27/23

Form **8868** (Rev. 1-2024)

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)

2023Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning 7/01 , 2023 , and ending 6/30 , 2024		
B Check if applicable: <input type="checkbox"/> Address change <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	C OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY 3877 LUSK STREET OAKLAND, CA 94608	D Employer identification number 91-2073068
	F Name and address of principal officer: DR. MARY STRESHLY SAME AS C ABOVE	E Telephone number 5105943900
I 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	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	G Gross receipts \$ 10,837,530.
J Website: WWW.OAKMIL.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2000	M State of legal domicile: CA

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OAKLAND MILITARY INSTITUTE IS A CHARTER SCHOOL WHOSE MISSION IS TO PROVIDE A STRUCTURED & RIGOROUS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	71	
	6 Total number of volunteers (estimate if necessary)	6	5	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	10,976,002.	10,837,530.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,976,002.	10,837,530.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,369,359.	6,655,673.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,676,936.	3,911,564.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,046,295.	10,567,237.	
19 Revenue less expenses. Subtract line 18 from line 12	929,707.	270,293.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	16,612,427.	15,828,721.	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,534,566.	3,480,567.	
		12,077,861.	12,348,154.	

Part II Signature Block					
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.					
Sign Here	Signature of officer		Date		
	DR. MARY STRESHLY Type or print name and title		SUPERINTENDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN DOMINGUEZ, CPA	JOHN DOMINGUEZ, CPA			P01955973
	Firm's name	Firm's EIN		Phone no.	
	CWDL, CPAS	90-0916070		(858) 565-2700	
	Firm's address				
	3131 CAMINO DEL RIO NORTH, STE 820				
	SAN DIEGO, CA 92108				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0101L 08/23/23

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

OAKLAND MILITARY INSTITUTE IS A CHARTER SCHOOL WHOSE MISSION IS TO PROVIDE A
STRUCTURED & RIGOROUS ACADEMIC PROGRAM WHERE ALL CADETS DEVELOP AS LEADERS, SCHOLARS,
CRITICAL THINKERS AND CITIZENS.

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 \$ 9,202,769. including grants of \$) (Revenue \$)

OAKLAND MILITARY INSTITUTE PROVIDED ACADEMIC INSTRUCTION TO APPROXIMATELY 544
STUDENTS IN THE 6TH THROUGH 12TH GRADES. THE CURRICULUM INCLUDED INTENSIVE
INSTRUCTION IN MATH, LANGUAGE ARTS, SOCIAL STUDIES, SCIENCE, PHYSICAL EDUCATION AND
ART. IN ADDITION, STUDENTS PARTICIPATED IN DRILL AND CEREMONY AND LEADERSHIP TRAINING
PROVIDED BY THE CALIFORNIA NATIONAL GUARD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 9,202,769.

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)? <i>If "Yes," complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	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? <i>If "Yes," complete Schedule D, Part I.</i>	6	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? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	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? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	44
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 71		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

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

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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.

SFC JOSEPH DELGADILLO 3877 LUSK STREET OAKLAND CA 94608 510-594-3900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MARY STRESHLY, ED.D SUPERINTENDENT	40 0	X	X				0.	240,405.	0.
(2) SHAWNA LIPSEY DIRECTOR OF TEA	40 0	X					0.	147,786.	0.
(3) SHANN CHU DIRECTOR OF TEA	40 0	X					0.	77,313.	0.
(4) HON. EDMUND GERALD BROWN JR. CHAIRMAN	1 0	X	X				0.	0.	0.
(5) MAJOR GENERAL DAVID S. BALDWIN VICE CHAIRMAN	1 0	X	X				0.	0.	0.
(6) DAVID CLISHAM MEMBER	1 0	X					0.	0.	0.
(7) SIMON BRYCE MEMBER	1 0	X					0.	0.	0.
(8) ANNE CAMPBELL WASHINGTON MEMBER	1 0	X					0.	0.	0.
(9) JOSEPH WIRE MEMBER	1 0	X					0.	0.	0.
(10) MARC MARES MEMBER	1 0	X					0.	0.	0.
(11) CMSGT THOMAS JAMES COMMANDANT	40 0	X					0.	0.	0.
(12)									
(13)									
(14)									

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91-2073068

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1b Subtotal 0. 465,504. 0.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 0. 465,504. 0.

2 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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 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? If "Yes," complete Schedule J for such individual

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
HANDS-ON TECHNOLOGY EDUCATION 7666 BOBOLINK WAY SAN DIEGO, CA 92123	AFTER SCHOOL PROGRAM	
SCHOOLABILITY PO BOX 21565 ALBUQUERQUE, NM 87154	PAYROLL AND BACKOFFICE	
FLORENCE VELASCO CRUZ ERIKSSON 13402 CAMPUS DRIVE OAKLAND, CA 94619	STUDENT MEAL SERVICE	
CORE 548 MARKET ST PMB 42817 SAN FRANCISCO, CA 94104	PROFESSIONAL DEVELOPMENT	
NOB HILL CATERING 601 TAYLOR WAY SAN CARLOS, CA 94070	STUDENT MAIL SERVICE	

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

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Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,090,026.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	747,504.			
	g	Noncash contributions included in lines 1a-1f.	1g				
	h	Total. Add lines 1a-1f		10,837,530.			
	Program Service Revenue	Business Code					
2a							
b							
c							
d							
e							
f		All other program service revenue ...					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			b	Less: rental expenses	6b		
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			b	Less: cost or other basis and sales expenses	7b		
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
			8a				
			b	Less: direct expenses	8b		
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less						
		10a					
		b	Less: cost of goods sold.	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			10,837,530.	0.	0.	0.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	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.	4,839,251.	4,350,533.	488,718.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	933,360.	798,902.	134,458.	
9 Other employee benefits.	633,157.	619,074.	14,083.	
10 Payroll taxes.	249,905.	233,256.	16,649.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	151,506.		151,506.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,106,625.	1,674,027.	432,598.	
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	142,230.	142,230.		
17 Travel.	13,977.	5,137.	8,840.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	75,509.		75,509.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	107,482.	107,482.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	543,214.	501,107.	42,107.	
b AMORTIZATION & DEPRECIATION	526,342.	526,342.		
c INSTRUCTIONAL MATERIALS	244,679.	244,679.		
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	10,567,237.	9,202,769.	1,364,468.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	4,465,458.	1	3,171,040.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,327,046.	4	1,968,212.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	47,216.	9	136,035.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,983,333.		
	b Less: accumulated depreciation	10b 6,410,882.	10c	9,572,451.
	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	1,078,890.	15	980,983.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,612,427.	16	15,828,721.	
Liabilities	17 Accounts payable and accrued expenses	504,093.	17	785,755.
	18 Grants payable		18	
	19 Deferred revenue	1,740,890.	19	552,400.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,210,693.	24	1,154,151.
	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	1,078,890.	25	988,261.
	26 Total liabilities. Add lines 17 through 25	4,534,566.	26	3,480,567.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	12,077,861.	27	12,348,154.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	12,077,861.	32	12,348,154.
33 Total liabilities and net assets/fund balances.	16,612,427.	33	15,828,721.	

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Part XI Reconciliation of Net AssetsCheck 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	10,837,530.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,567,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,077,861.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,348,154.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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Form 990 (2023)

SCHEDULE A
(Form 990)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.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**

Employer identification number

91-2073068**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 it 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 1-10 above (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)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**Schedule A (Form 990) 2023**

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First 5 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test—2022. 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 stop here . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. 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 stop here . 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 Private foundation. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 Total. 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 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2023. 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—2022.** 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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

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 (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

	Yes	No
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? If "Yes" or "No," provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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 Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

OAKLAND MILITARY INSTITUTE COLLEGE

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Name of the organization **OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**Employer identification number
91-2073068**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

1 1 Page **2**

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DLA PIPER 555 MAIN ST, SUITE 2400 SAN FRANCISCO, CA 94105-2933	\$ 32,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	555 MAIN ST., SUITE 2400, SAN FRAN 3877 LUSK ST OAKLAND, CA 94608	\$ 50,000.	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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TEEA0702L 08/09/23

Schedule B (Form 990) (2023)

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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TEEA0703L 08/09/23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

1 1 Page **4**

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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

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TEEA0704L 08/09/23

Schedule B (Form 990) (2023)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

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

Complete if the organization answered "Yes" on 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (for example, 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on 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 make 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 program

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		13,847,952.	4,819,362.	9,028,590.
c Leasehold improvements				
d Equipment		1,552,283.	1,591,520.	-39,237.
e Other		583,098.		583,098.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 9,572,451.

BAA

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OAKLAND MILITARY INSTITUTE COLLEGE

91-2073068

Page 3

Part VII Investments – Other Securities

N/A

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)). . . .		

Part VIII Investments – Program Related

N/A

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT -OF-USE ASSETS	980,983.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).	980,983.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	988,261.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).	988,261.

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

BAA

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Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,837,530.
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	10,837,530.
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.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,837,530.

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

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

1	Total expenses and losses per audited financial statements	1	10,567,237.
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.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,567,237.
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	10,567,237.

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 - FASB ASC 740 FOOTNOTE

THE ACADEMY IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. THE ACADEMY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSES. THE ACADEMY FILES AN EXEMPT ACADEMY RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD.

BAA

Schedule D (Form 990) 2023

SCHEDULE E
(Form 990)Department of the Treasury
Internal Revenue Service**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

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?	1 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?	2 X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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. <u>NONDISCRIMINATORY POLICY IS INCLUDED IN THE SCHOOL'S CHARTER VIEWABLE ON THE WEBSITE.</u> ----- -----	3 X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	4d 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 TUTION-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?	5a	X
b Admissions policies?	5b	X
c Employment of faculty or administrative staff?	5c	X
d Scholarships or other financial assistance?	5d	X
e Educational policies?	5e	X
f Use of facilities?	5f	X
g Athletic programs?	5g	X
h Other extracurricular activities?	5h	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?	6a X	
b Has the organization's right to such aid ever been revoked or suspended?	6b	X
If you answered "Yes" on either line 6a or line 6b, explain on Part II. SEE PART II		
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	7 X	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**Schedule E (Form 990) 2023**

TEEA3401L 06/08/23

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.

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

THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM THE CALIFORNIA DEPARTMENT OF
EDUCATION AS PART OF ITS OPERATION AS A PUBLIC CHARTER SCHOOL.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**

Employer identification number

91-2073068**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**1b****2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**2****3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☐ Compensation committee☐ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☐ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**4a**

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?**4b**

X

c Participate in or receive payment from an equity-based compensation arrangement?**4c**

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**5a**

X

b Any related organization?**5b**

X

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**6a**

X

b Any related organization?**6b**

X

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**7**

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III**8**

X

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9****BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) 2023**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
1	DR. MARY STRESHLY, ED.D SUPERINTENDENT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 240,405.	0.	0.	0.	0.	240,405.	0.
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

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TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2023**Open to Public
Inspection**OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

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

EACH YEAR, OFFICERS' AND KEY EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND KEY EMPLOYEES' COMPENSATION AS A DIRECT ACTION.

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

OMI'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
OTHER FEES FOR SERVICES	2,106,625.	1,674,027.	432,598.	
TOTAL	\$ 2,106,625.	\$ 1,674,027.	\$ 432,598.	\$ 0.

TAXABLE YEAR

2023

California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 7/01/2023, and ending (mm/dd/yyyy) 6/30/2024.

Corporation/Organization name OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY		California corporation number 2234789
Additional information. See instructions.		FEIN 91-2073068
Street address (suite or room) 3877 LUSK STREET		PMB no.
City OAKLAND	State CA	ZIP code 94608
Foreign country name	Foreign province/state/county	Foreign postal code

A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I 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
B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$
D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized	L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other	M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series	N 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
G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS
H Is this organization in a group exemption? If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input type="checkbox"/>	1	
	2 Gross dues and assessments from members and affiliates. <input type="checkbox"/>	2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. <input type="checkbox"/>	3	10,837,530.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. <input type="checkbox"/>	4	10,837,530.
	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	10,837,530.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18. <input type="checkbox"/>	9	10,567,237.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input type="checkbox"/>	10	270,293.
Payments	11 Total payments. <input type="checkbox"/>	11	
	12 Use tax. See General Information K. <input type="checkbox"/>	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input type="checkbox"/>	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input type="checkbox"/>	14	
	15 Penalties and interest. See General Information J. <input type="checkbox"/>	15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="radio"/>	16	0.
Sign Here	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 <input type="checkbox"/>	Title SUPERINTENDENT	Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/>	JOHN DOMINGUEZ, CPA	Date
	Firm's name (or yours, if self-employed) and address <input type="checkbox"/>	CWDL, CPAS 3131 CAMINO DEL RIO NORTH, STE 820 SAN DIEGO, CA 92108	Check if self-employed <input type="checkbox"/>
			Telephone 5105943900
			Firm's FEIN P01955973
			Telephone 90-0916070 (858) 565-2700
	May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

CAC1112L 01/02/24

OAKLAND MILITARY INSTITUTE COLLEGE

91-2073068

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.

Receipts from Other Sources	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.	•	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	•	8	
Expenses and Disbursements	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. SEE STMT 1	•	11	0.
	12	Other salaries and wages.	•	12	4,839,251.
	13	Interest	•	13	75,509.
	14	Taxes	•	14	249,905.
	15	Rents	•	15	142,230.
	16	Depreciation and depletion (See instructions)	•	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	•	17	5,260,342.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18	10,567,237.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		4,465,458.	•	3,171,040.
2	Net accounts receivable		1,327,046.	•	1,968,212.
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.	15,676,244.		15,983,333.	
b	Less accumulated depreciation.	5,982,427.	9,693,817.	6,410,882.	9,572,451.
11	Land.			•	
12	Other assets. Attach schedule. STM 3		1,126,106.	•	1,117,018.
13	Total assets		16,612,427.		15,828,721.
Liabilities and net worth					
14	Accounts payable.		504,093.	•	785,755.
15	Contributions, gifts, or grants payable.			•	
16	Bonds and notes payable. ST 4		1,210,693.	•	1,154,151.
17	Mortgages payable.			•	
18	Other liabilities. Attach schedule. STM 5		2,819,780.		1,540,661.
19	Capital stock or principal fund		12,077,861.	•	12,348,154.
20	Paid-in or capital surplus. Attach reconciliation.			•	
21	Retained earnings or income fund.			•	
22	Total liabilities and net worth		16,612,427.		15,828,721.

Schedule M-1 Reconciliation of income per books with income per return

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	•	270,293.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		270,293.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5.		270,293.				

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue ServiceCALIFORNIA COPY
Schedule of ContributorsAttach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Name of the organization **OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**Employer identification number
91-2073068**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

1 1 Page **2**

Name of organization	Employer identification number
OAKLAND MILITARY INSTITUTE COLLEGE	91-2073068

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DLA PIPER 555 MAIN ST, SUITE 2400 SAN FRANCISCO, CA 94105-2933	\$ 32,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	555 MAIN ST., SUITE 2400, SAN FRAN 3877 LUSK ST OAKLAND, CA 94608	\$ 50,000.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

BAA

TEEA0702L 08/09/23

Schedule B (Form 990) (2023)

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

BAA

TEEA0703L 08/09/23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

1 1 Page **4**

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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

BAA

TEEA0704L 08/09/23

Schedule B (Form 990) (2023)

2023

CALIFORNIA STATEMENTS
OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

PAGE 1**91-2073068****STATEMENT 1****FORM 199, PART II, LINE 11****COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES****CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SHANN CHU 3877 LUSK STREET ,	DIRECTOR OF TEA 40.00	\$ 0.	\$ 0.	\$ 0.
DR. MARY STRESHLY, ED.D 3877 LUSK STREET ,	SUPERINTENDENT 40.00	0.	0.	0.
SHAWNA LIPSEY 3877 LUSK STREET ,	DIRECTOR OF TEA 40.00	0.	0.	0.
HON. EDMUND GERALD BROWN JR. 3877 LUSK STREET ,	CHAIRMAN 1.00	0.	0.	0.
MAJOR GENERAL DAVID S. BALDWIN 3877 LUSK STREET ,	VICE CHAIRMAN 1.00	0.	0.	0.
DAVID CLISHAM 3877 LUSK STREET ,	MEMBER 1.00	0.	0.	0.
SIMON BRYCE 3877 LUSK STREET ,	MEMBER 1.00	0.	0.	0.
ANNE CAMPBELL WASHINGTON 3877 LUSK STREET ,	MEMBER 1.00	0.	0.	0.
JOSEPH WIRE 3877 LUSK STREET ,	MEMBER 1.00	0.	0.	0.
MARC MARES 3877 LUSK STREET ,	MEMBER 1.00	0.	0.	0.
CMSGT THOMAS JAMES 3877 LUSK STREET ,	COMMANDANT 40.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

2023

CALIFORNIA STATEMENTS
OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

PAGE 2**91-2073068**

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

ACCOUNTING FEES.....	\$ 151,506.
AMORTIZATION & DEPRECIATION.....	526,342.
INSTRUCTIONAL MATERIALS.....	244,679.
INSURANCE.....	107,482.
OTHER EMPLOYEE BENEFIT.....	633,157.
OTHER EXPENSES.....	543,214.
OTHER FEES.....	2,106,625.
PENSION PLAN CONTRIBUTIONS.....	933,360.
TRAVEL.....	13,977.
TOTAL	<u><u>\$ 5,260,342.</u></u>

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

OPERATING LEASE RIGHT -OF-USE ASSETS.....	980,983.
PREPAID EXPENSES AND DEFERRED CHARGES.....	136,035.
TOTAL	<u><u>\$ 1,117,018.</u></u>

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

TOTAL NOTES AND BONDS PAYABLE \$ 1,154,151.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....	552,400.
OPERATING LEASE LIABILITY.....	988,261.
TOTAL	<u><u>\$ 1,540,661.</u></u>



(For Registry Use Only)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Organization requests email notifications
List all DBAs and names the organization uses or has used 3877 LUSK STREET Address (Number and Street)	State Charity Registration Number _____
OAKLAND, CA 94608 City or Town, State, and ZIP Code	Corporation or Organization No. 2234789
5105943900 Telephone Number	Federal Employer ID No. 91-2073068
Email Address	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/23 ending 6/30/24) list:

Total Revenue \$ (including noncash contributions) 10,837,530. Noncash Contributions \$ 0. Total Assets \$ 15,828,721.
Program Expenses \$ 9,202,769. Total Expenses \$ 10,567,237.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DR. MARY STRESHLY Signature of Authorized Agent	SUPERINTENDENT Printed Name	 Title	 Date
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Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans****File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I – Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY	91-2073068
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	3877 LUSK STREET	
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.	
	OAKLAND, CA 94608	

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of SFC JOSEPH DELGADILLO 3877 LUSK STREET OAKLAND CA 94608Telephone No. 510-594-3900 Fax No. _____

- 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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 5/15, 20 25, 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 23, and ending 6/30, 20 24.

- 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

FIFZ0501L 09/27/23

Form **8868** (Rev. 1-2024)

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)

2023Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning 7/01 , 2023 , and ending 6/30 , 2024		
B Check if applicable: <input type="checkbox"/> Address change <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	C OAKLAND MILITARY INSTITUTE COLLEGE PREPARATORY ACADEMY 3877 LUSK STREET OAKLAND, CA 94608	D Employer identification number 91-2073068
	F Name and address of principal officer: DR. MARY STRESHLY SAME AS C ABOVE	E Telephone number 5105943900
I 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	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	G Gross receipts \$ 10,837,530.
J Website: WWW.OAKMIL.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2000	M State of legal domicile: CA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OAKLAND MILITARY INSTITUTE IS A CHARTER SCHOOL WHOSE MISSION IS TO PROVIDE A STRUCTURED & RIGOROUS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,976,002.	10,837,530.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,976,002.	10,837,530.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,369,359.	6,655,673.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,676,936.	3,911,564.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,046,295.	10,567,237.
	19 Revenue less expenses. Subtract line 18 from line 12	929,707.	270,293.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,612,427.	15,828,721.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,534,566.	3,480,567.
		12,077,861.	12,348,154.

Part II Signature Block			
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.			
Sign Here	Signature of officer DR. MARY STRESHLY		Date SUPERINTENDENT
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JOHN DOMINGUEZ, CPA	Preparer's signature JOHN DOMINGUEZ, CPA	Date
	Firm's name CWDL, CPAS	Check <input type="checkbox"/> if self-employed	PTIN P01955973
	Firm's address 3131 CAMINO DEL RIO NORTH, STE 820 SAN DIEGO, CA 92108	Firm's EIN 90-0916070	Phone no. (858) 565-2700
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/23/23

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

OAKLAND MILITARY INSTITUTE IS A CHARTER SCHOOL WHOSE MISSION IS TO PROVIDE A
STRUCTURED & RIGOROUS ACADEMIC PROGRAM WHERE ALL CADETS DEVELOP AS LEADERS, SCHOLARS,
CRITICAL THINKERS AND CITIZENS.

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 \$ 9,202,769. including grants of \$) (Revenue \$)

OAKLAND MILITARY INSTITUTE PROVIDED ACADEMIC INSTRUCTION TO APPROXIMATELY 544
STUDENTS IN THE 6TH THROUGH 12TH GRADES. THE CURRICULUM INCLUDED INTENSIVE
INSTRUCTION IN MATH, LANGUAGE ARTS, SOCIAL STUDIES, SCIENCE, PHYSICAL EDUCATION AND
ART. IN ADDITION, STUDENTS PARTICIPATED IN DRILL AND CEREMONY AND LEADERSHIP TRAINING
PROVIDED BY THE CALIFORNIA NATIONAL GUARD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 9,202,769.

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)? <i>If "Yes," complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	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? <i>If "Yes," complete Schedule D, Part I.</i>	6	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? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	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? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 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>	32	X
33 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>	33	X
34 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	44
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 71		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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.

SFC JOSEPH DELGADILLO 3877 LUSK STREET OAKLAND CA 94608 510-594-3900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MARY STRESHLY, ED.D SUPERINTENDENT	40 0	X	X				0.	240,405.	0.
(2) SHAWNA LIPSEY DIRECTOR OF TEA	40 0	X					0.	147,786.	0.
(3) SHANN CHU DIRECTOR OF TEA	40 0	X					0.	77,313.	0.
(4) HON. EDMUND GERALD BROWN JR. CHAIRMAN	1 0	X	X				0.	0.	0.
(5) MAJOR GENERAL DAVID S. BALDWIN VICE CHAIRMAN	1 0	X	X				0.	0.	0.
(6) DAVID CLISHAM MEMBER	1 0	X					0.	0.	0.
(7) SIMON BRYCE MEMBER	1 0	X					0.	0.	0.
(8) ANNE CAMPBELL WASHINGTON MEMBER	1 0	X					0.	0.	0.
(9) JOSEPH WIRE MEMBER	1 0	X					0.	0.	0.
(10) MARC MARES MEMBER	1 0	X					0.	0.	0.
(11) CMSGT THOMAS JAMES COMMANDANT	40 0	X					0.	0.	0.
(12)									
(13)									
(14)									

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91-2073068

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									

1b Subtotal 0. 465,504. 0.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 0. 465,504. 0.

2 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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.*

	Yes	No
3		X

4 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? *If "Yes," complete Schedule J for such individual.*

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.*

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
HANDS-ON TECHNOLOGY EDUCATION 7666 BOBOLINK WAY SAN DIEGO, CA 92123	AFTER SCHOOL PROGRAM	
SCHOOLABILITY PO BOX 21565 ALBUQUERQUE, NM 87154	PAYROLL AND BACKOFFICE	
FLORENCE VELASCO CRUZ ERIKSSON 13402 CAMPUS DRIVE OAKLAND, CA 94619	STUDENT MEAL SERVICE	
CORE 548 MARKET ST PMB 42817 SAN FRANCISCO, CA 94104	PROFESSIONAL DEVELOPMENT	
NOB HILL CATERING 601 TAYLOR WAY SAN CARLOS, CA 94070	STUDENT MAIL SERVICE	

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

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Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,090,026.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	747,504.			
	g	Noncash contributions included in lines 1a-1f.	1g				
	h	Total. Add lines 1a-1f		10,837,530.			
Program Service Revenue	Business Code						
	2a	-----					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue ...					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			b	Less: rental expenses	6b		
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a				
			b	Less: cost or other basis and sales expenses	7b		
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
			8a				
			b	Less: direct expenses	8b		
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
9a							
b			Less: direct expenses	9b			
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less						
		10a					
		b	Less: cost of goods sold.	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11a	-----					
	b	-----					
	c	-----					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		10,837,530.	0.	0.	0.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	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.	4,839,251.	4,350,533.	488,718.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	933,360.	798,902.	134,458.	
9 Other employee benefits.	633,157.	619,074.	14,083.	
10 Payroll taxes.	249,905.	233,256.	16,649.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	151,506.		151,506.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,106,625.	1,674,027.	432,598.	
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	142,230.	142,230.		
17 Travel.	13,977.	5,137.	8,840.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	75,509.		75,509.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	107,482.	107,482.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	543,214.	501,107.	42,107.	
b AMORTIZATION & DEPRECIATION	526,342.	526,342.		
c INSTRUCTIONAL MATERIALS	244,679.	244,679.		
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	10,567,237.	9,202,769.	1,364,468.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	4,465,458.	1	3,171,040.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,327,046.	4	1,968,212.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	47,216.	9	136,035.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,983,333.		
	b Less: accumulated depreciation	10b 6,410,882.	10c	9,572,451.
	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	1,078,890.	15	980,983.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,612,427.	16	15,828,721.	
Liabilities	17 Accounts payable and accrued expenses	504,093.	17	785,755.
	18 Grants payable		18	
	19 Deferred revenue	1,740,890.	19	552,400.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,210,693.	24	1,154,151.
	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	1,078,890.	25	988,261.
	26 Total liabilities. Add lines 17 through 25	4,534,566.	26	3,480,567.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	12,077,861.	27	12,348,154.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,077,861.	32	12,348,154.
	33 Total liabilities and net assets/fund balances	16,612,427.	33	15,828,721.

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TEEA0111L 08/23/23

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	10,837,530.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,567,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,077,861.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,348,154.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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TEEA0112L 08/23/23

Form 990 (2023)

SCHEDULE A
(Form 990)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.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**Employer identification number
91-2073068**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 it 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 1-10 above (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)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**Schedule A (Form 990) 2023**

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First 5 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test—2022. 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 stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. 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 stop here . 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 Private foundation. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 Total. 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 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2023. 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—2022. 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 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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

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 (see instructions).

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

	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? 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.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

OAKLAND MILITARY INSTITUTE COLLEGE

91-2073068

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

BAA

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
---------	--

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Name of the organization **OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY**Employer identification number
91-2073068**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

1 1 Page **2**

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DLA PIPER 555 MAIN ST, SUITE 2400 SAN FRANCISCO, CA 94105-2933	\$ 32,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	555 MAIN ST., SUITE 2400, SAN FRAN 3877 LUSK ST OAKLAND, CA 94608	\$ 50,000.	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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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TEEA0702L 08/09/23

Schedule B (Form 990) (2023)

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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TEEA0703L 08/09/23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

1 1 Page **4**

Name of organization

OAKLAND MILITARY INSTITUTE COLLEGE

Employer identification number

91-2073068

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

BAA

TEEA0704L 08/09/23

Schedule B (Form 990) (2023)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

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

Complete if the organization answered "Yes" on 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on 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 make 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 program

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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.

c Beginning balance.

d Additions during the year.

e Distributions during the year.

f Ending balance.

	Amount
1c	
1d	
1e	
1f	

2a 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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 Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.				
b Buildings.		13,847,952.	4,819,362.	9,028,590.
c Leasehold improvements.				
d Equipment.		1,552,283.	1,591,520.	-39,237.
e Other.		583,098.		583,098.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 9,572,451.

BAA

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OAKLAND MILITARY INSTITUTE COLLEGE

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Page 3

Part VII Investments – Other Securities

N/A

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)). . . .		

Part VIII Investments – Program Related

N/A

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT -OF-USE ASSETS	980,983.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).	980,983.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	988,261.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).	988,261.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,837,530.
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	10,837,530.
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.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,837,530.

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

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

1	Total expenses and losses per audited financial statements	1	10,567,237.
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.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,567,237.
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	10,567,237.

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 - FASB ASC 740 FOOTNOTE

THE ACADEMY IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. THE ACADEMY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSES. THE ACADEMY FILES AN EXEMPT ACADEMY RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD.

BAA

Schedule D (Form 990) 2023

SCHEDULE E
(Form 990)Department of the Treasury
Internal Revenue Service**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

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?	1 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?	2 X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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. <u>NONDISCRIMINATORY POLICY IS INCLUDED IN THE SCHOOL'S CHARTER VIEWABLE ON THE WEBSITE.</u>	3 X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	4d 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 TUTION-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?	5a	X
b Admissions policies?	5b	X
c Employment of faculty or administrative staff?	5c	X
d Scholarships or other financial assistance?	5d	X
e Educational policies?	5e	X
f Use of facilities?	5f	X
g Athletic programs?	5g	X
h Other extracurricular activities?	5h	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?	6a X	
b Has the organization's right to such aid ever been revoked or suspended?	6b	X
If you answered "Yes" on either line 6a or line 6b, explain on Part II. SEE PART II		
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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	7 X	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**Schedule E (Form 990) 2023**

TEEA3401L 06/08/23

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.

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

THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM THE CALIFORNIA DEPARTMENT OF
EDUCATION AS PART OF ITS OPERATION AS A PUBLIC CHARTER SCHOOL.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

91-2073068

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (such as maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**1b****2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**2****3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☐ Compensation committee☐ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☐ Approval by the board or compensation committee**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**4a**

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?**4b**

X

c Participate in or receive payment from an equity-based compensation arrangement?**4c**

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**5a**

X

b Any related organization?**5b**

X

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**6a**

X

b Any related organization?**6b**

X

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**7**

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?

If "Yes," describe in Part III

8

X

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9****BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) 2023**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
1	DR. MARY STRESHLY, ED.D SUPERINTENDENT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
		(ii) 240,405.	0.	0.	0.	0.	240,405.	0.
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

BAA

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Schedule J (Form 990) 2023

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2023**Open to Public
Inspection**OAKLAND MILITARY INSTITUTE COLLEGE
PREPARATORY ACADEMY

Employer identification number

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

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

EACH YEAR, OFFICERS' AND KEY EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND KEY EMPLOYEES' COMPENSATION AS A DIRECT ACTION.

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

OMI'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
OTHER FEES FOR SERVICES	2,106,625.	1,674,027.	432,598.	
TOTAL	\$ 2,106,625.	\$ 1,674,027.	\$ 432,598.	\$ 0.