AIMS K-12 College Prep Charter District

Special Board Meeting

Date and Time

Wednesday February 27, 2019 at 6:30 PM PST

Location

171 12th Street Oakland, CA

AIMS does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Marisol Magana has been designated to receive requests for disability-related modifications or accommodations in order to enable individuals with disabilities to participate in open and public meetings at AIMS. Please notify Marisol Magana at (510) 220-9985 at least 24 hours in advance of any disability accommodations being needed in order to participate in the meeting.

Agenda

I. Opening Items

Opening Items

A. Call the Meeting to Order

- Board President, Mr. Steven Leung

B. Record Attendance and Guests

- Roll Call for the Directors of the Board, and opportunity for introduction of any guest presenters

C. Adoption of Agenda

- Board President, Mr. Steven Leung

D. Public Comment on Non-Agenda Items

Public Comment on Non-Agenda Items is set aside for members of the Public to address the items not on the Board's agenda. The Board of Directors will not respond or take action in response to Public Comment, except that the board may ask clarifying questions or direct staff. **Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed thirty (30) minutes (10 minutes per section).**

E. Public Comment on Agenda Items

Public Comment on Agenda Items is set aside for members of the Public to address the items on the Board's agenda prior to each agenda item. The Board of Directors will not respond or take action in response to Public Comment, except that the board may ask clarifying questions or direct staff. **Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed thirty (30) minutes (10 minutes per section).**

II. Non-Action Items

A. Board President Report

B. Superintendent's Report

C. AIMS K-12 Report

D. Operation's Department Report

E. President's Report

F. Superintendent's Report

G. AIMS K-12 Report

H. Operation's Report

III. Action Items

A. Consent Calendar

• Student Insurance Renewal

- Workers Comp Renewal
- Checks Over $8,000
- Recognition of Donations
- Vehicle Use policy

B. 18 - 19 Second Interim Report Approval for Submission

- Chief Business Officer, Ms. Katema Ballentine
- School Business Manager, Ms. Adrienne Barnes CSMC

C. Auditor Selection

VTD contract renewal for one year

D. 2017-2018 Taxes Acceptance

IV. Closed Session

A. Public Comment on Closed Session Items

Public Comment on closed session items is set aside for members of the Public to address items on the Board's agenda for closed session. The Board of Directors will not respond or take action in response to Public Comment, except that the board may ask clarifying questions or direct staff. **Comments are limited to two (2) minutes per person, and a total time allotted for all public comment will not exceed thirty (30) minutes (10 minutes per section).**

B. Recess to Closed Session

Closed Session Items:

1. Public Employer Discipline/Dismissal/Release
(Gov. Code Section 54957)

2. Conference with Real Property Negotiators
(Gov. Code Section 54956.9)

3. Conference with Legal Counsel - Anticipated Litigation
(Gov. Code Section 54956.9)

4. Conference with Labor Negotiators
(Government Code § 54957.6)

C. Reconvene from Closed Session

Roll Call

D. Report from Closed Session

- Board President, Mr. Steven Leung

V. Closing Items

A. Items for Next Agenda

-
-
-
-

B. Adjourn Meeting

C. NOTICES

The next regular meeting of the Board of Directors is scheduled to be held November 20, 2018 @ 6:30 pm. AIMS does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Marisol Magana has been designated to receive requests for disability-related modifications or accommodations in order to enable individuals with disabilities to participate in open and public meetings at AIMS. Please notify Marisol Magana at (510)220-9985 at least 24 hours in advance of any disability accommodations being needed in order to participate in the meeting.

I, ______________________ hereby certify that I posted this agenda at the AIMS Campus 171 12th street, Oakland, CA 94607 on, _____________, at _______ PM.
Certification of Posting

Coversheet

Superintendent's Report

Section:	II. Non-Action Items
Item:	B. Superintendent's Report
Purpose:	FYI
Submitted by:	
Related Material:	Supt Board Report February 2019 .pptx

SUPERINTENDENT'S K-12 BOARD REPORT

February 2019

Finance

- ☑ VTD Audit Completed
- ☑ First Interims submitted to OUSD
- ☑ Second Interims submitted to OUSD

Site Update

- Water Flood Restoration

Continued construction to flood damaged areas.

- Arrival of 2 Vans

Community Engagements

- Finance Committee Meeting
- Facilities Committee Meeting
- Governance Committee Meeting
- Saturday School tutoring group
- Oakland Steering Committee Meeting
- SSC Meetings
- 7th Annual Appreciation Dinner
- 8th Grade Field Trip
- AIPHS and Middle School Fall Sports Banquets
- AIPHS Boys and Girls Basketball games

Promoting AIMS

- **ExcelinEd 2018 National Summit**
  Washington, D.C.

The annual National Summit on Education Reform is the nation's premier gathering of education reformers. It provides state and local policymakers, education leaders and advocates with comprehensive information on evolving laws, new trends, successful policies and the latest innovations that are transforming education for the 21st century.

- **CSDC Leadership Update Conference**
  San Francisco

- Presenter: AIMS K-12 Success

Chinese Consulate Visit
Oakland

Board Members Steven Leung and Benson Wan

- **Oakland Rotary Showcase Mixer**
  Summit Bank, Oakland

Promoting AIMS

- **Meeting with EBay Rep**

  Oakland

  Board Member Toni Cook

- **HBCU /Oakland NAACP Visit**

  AIPHS

  The Oakland NAACP Branch in collaboration with the Oakland Promise and the Oakland Unified School District hosted a HBCU Luncheon with three Historically Black Colleges & Universities: Paul Quinn College, Wiley College, and the University of Arkansas at Pine Bluff.
  One of the objectives was to strategize with HBCU presidents, clergy and community members on ways to increase HBCU engagement in Oakland and how to support students on making a HBCU their college choice.

Promoting AIMS

- **OUSD Board of Education Meeting**

  Support for charter schools, addressing:
  In Oakland, 30% of public students attend a charter school. This past year, OUSD was not able to make up a $34.7 million deficit in their budget and was at risk of going into state receivership (state controlled and operation of the district). Fortunately for the district, Governor Brown chose to bail out OUSD, eliminating the risk. However, the school board is now actively hiring a lobbyist to eliminate what they perceive to be the threat to their fiscal solvency, Charter Schools.

- **Celebrity Pajama Night Read-A-Thon**
  AIPCS II – Grades 2-5

  “The purpose is to let kids know “reading books” can open up a world of new adventures for them!”

February Engagements

- **February 2 – NAACP 110th Anniversary Celebration**

  The mission is to Engage, Educate, Empower, and Inspire Hope to build a better Oakland Bay Area.

- **February 14 – Tipping Point Community Site Visit**

  Tipping Point supports organizations that produce strong academic outcomes, such as literacy, high school graduation, college attendance and post-secondary degrees.

- **February 19-20 - CSDC CBO Training**

  An intensive training that delves into the key fiscal management skills required of California charter school directors, business officers, governing board treasurers, and charter-granting agency staff members who have significant financial management and/or oversight responsibilities.

- **February 28 – K-1 African American Read-In**

  Celebrating Black History Month with guest readers. Focused on exposing our students to the strong and varied African-American authors whose works might expand children's future reading

Coversheet

AIMS K-12 Report

Section:	II. Non-Action Items
Item:	C. AIMS K-12 Report
Purpose:	FYI
Submitted by:	
Related Material:	_AIMS K-12 February Board Report 2018-2019.pptx

AIMS K-12 Board Report

February 2019

Superintendent Maya Woods-Cadiz
Mrs. Erin Oh (K-1 Division Head)
Mr. Christopher Ahmad (2-5 Division Head)
Mr. Maurice Williams (Head of Middle School)
Mr. Tareyton Russ (AIPHS Head of School)
Mr. Peter Holmquist (AIPHS Head of Academics)
Ms. Marisol Magaña (Operations Director)
Ms. Tiffany Tung (Operations Manager)

Enrollment Numbers

Month	AIPCS	AIPCS II	AIPHS
Aug	158	750	410
Sept	162	788	416
Oct	161	798	412
Nov	160	801	410
Dec	160	798	411
Jan	160	797	411
Feb*	159	798	403

*Reporting as of February 1, 2019

AIPCS ADA & ADA %

	ADA	ADA %
Aug	150.60	95.31
Sept	159.28	97.85
Oct	158.42	98.40
Nov	154.61	97.61
Dec	154.70	96.69
Jan	157.50	97.83
Feb*	156.83	97.65

*Reporting period January 7, 2019 to February 1, 2019

AIPCS II ADA & ADA %

	ADA	ADA %
Aug	737.38	98.37
Sept	765.72	97.58
Oct	775.58	97.84
Nov	784.78	98.07
Dec	773.60	96.94
Jan	769.50	96.55
Feb*	774.22	97.14

*Reporting period January 7, 2019 to February 1, 2019

AIPHS ADA & ADA %

	ADA	ADA %
Aug	394.5	96.21
Sept	393.22	93.90
Oct	388.16	94.36
Nov	390.53	94.91
Dec	384.30	93.51
Jan	391.40	95.23
Feb*	386.44	95.20

*Reporting period January 7, 2019 to February 1, 2019

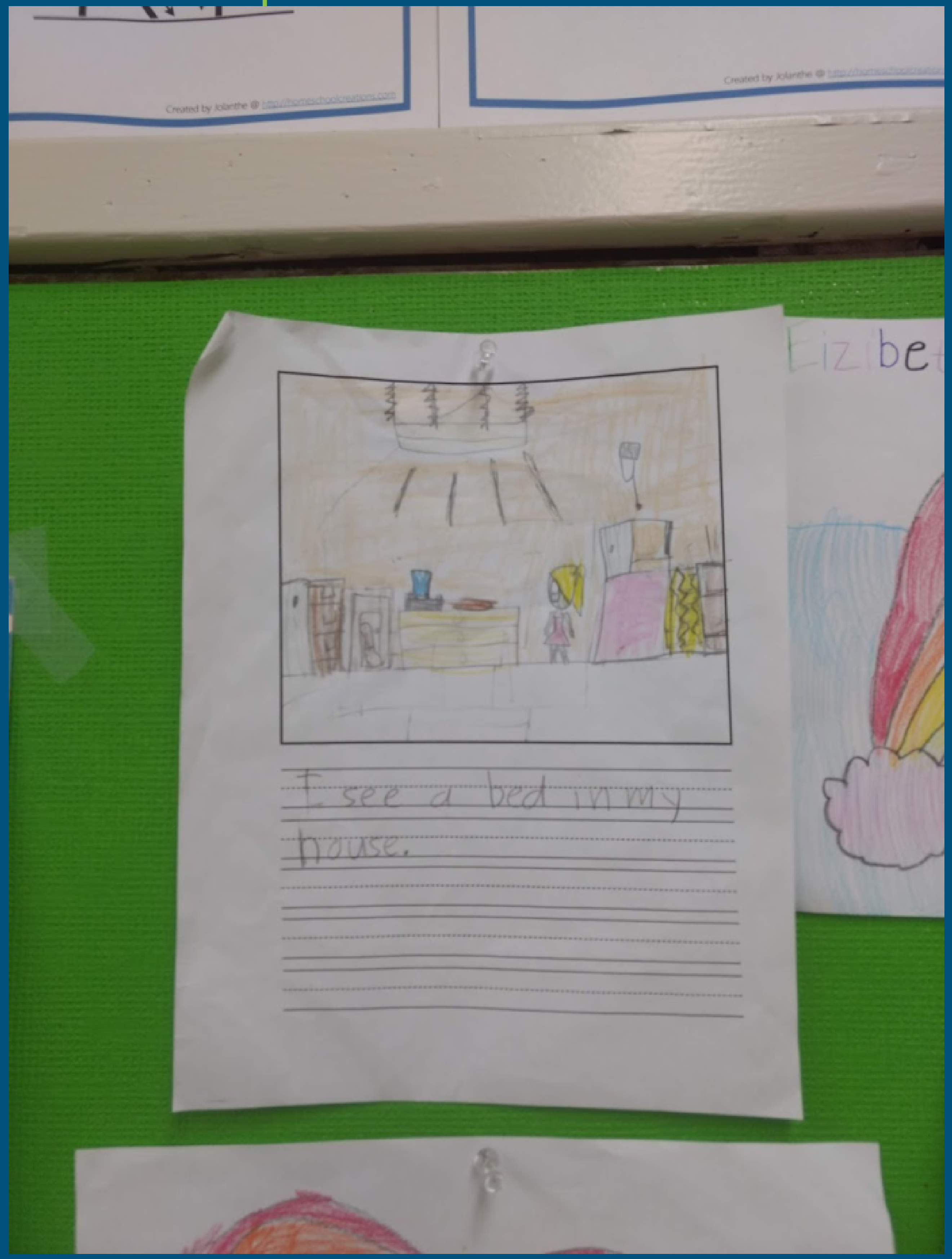
K-1 Satellite Updates: Events

1/23-- K2C: Kindergarten to College parent info session

1/24-- 100th Day of School

1/25-- Math Coaching

K-1 Satellite December Priority Report

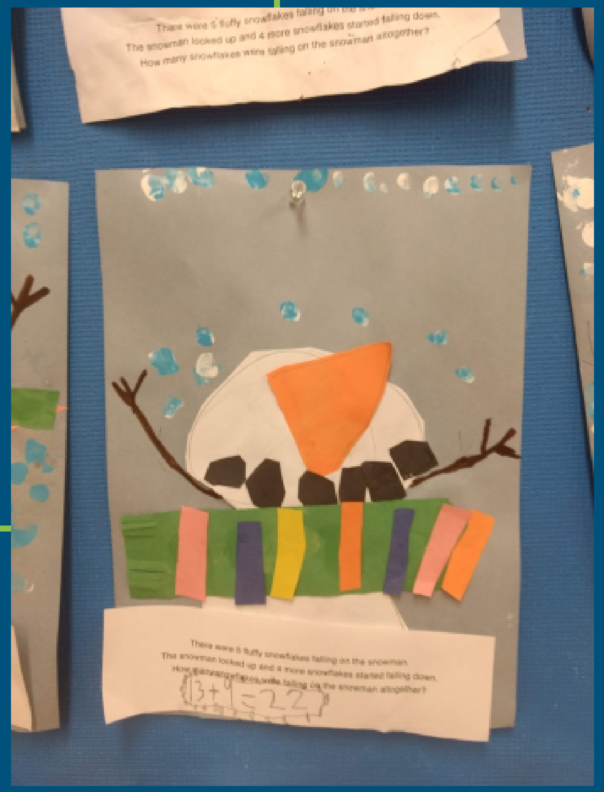


December Updates

1. Intervention has been restructured towards S.M.A.R.T. goal grouping, instead of being provided in equal blocks for each class

2. Art was integrated into literacy blocks, specifically to address penmanship and dexterity.

3. Vacancy: 1st Grade Teacher



K-1 Satellite: Upcoming Priorities

February Priorities

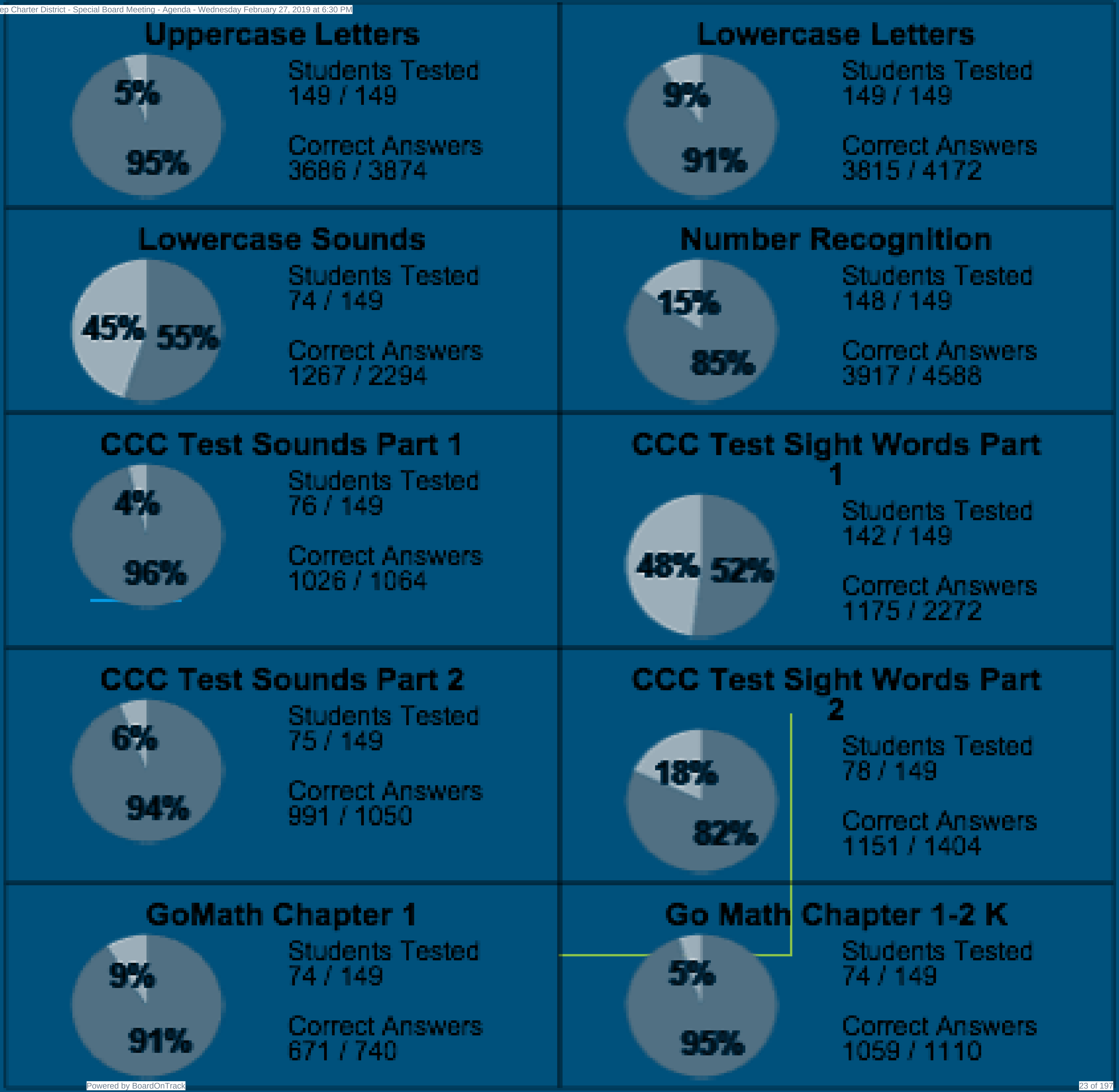
1. **Celebration:** African-American read-in, Lunar New Year Celebration, cultural showcase

1. **College Readiness:** integrating college into Social Studies objectives

1. **Conferences:** providing time coverage so that all teachers can finish mid-year conferences by the end of February.

1. **Behavioral Therapy:** MOU with La Clinica

DATA: Progress Report Growth



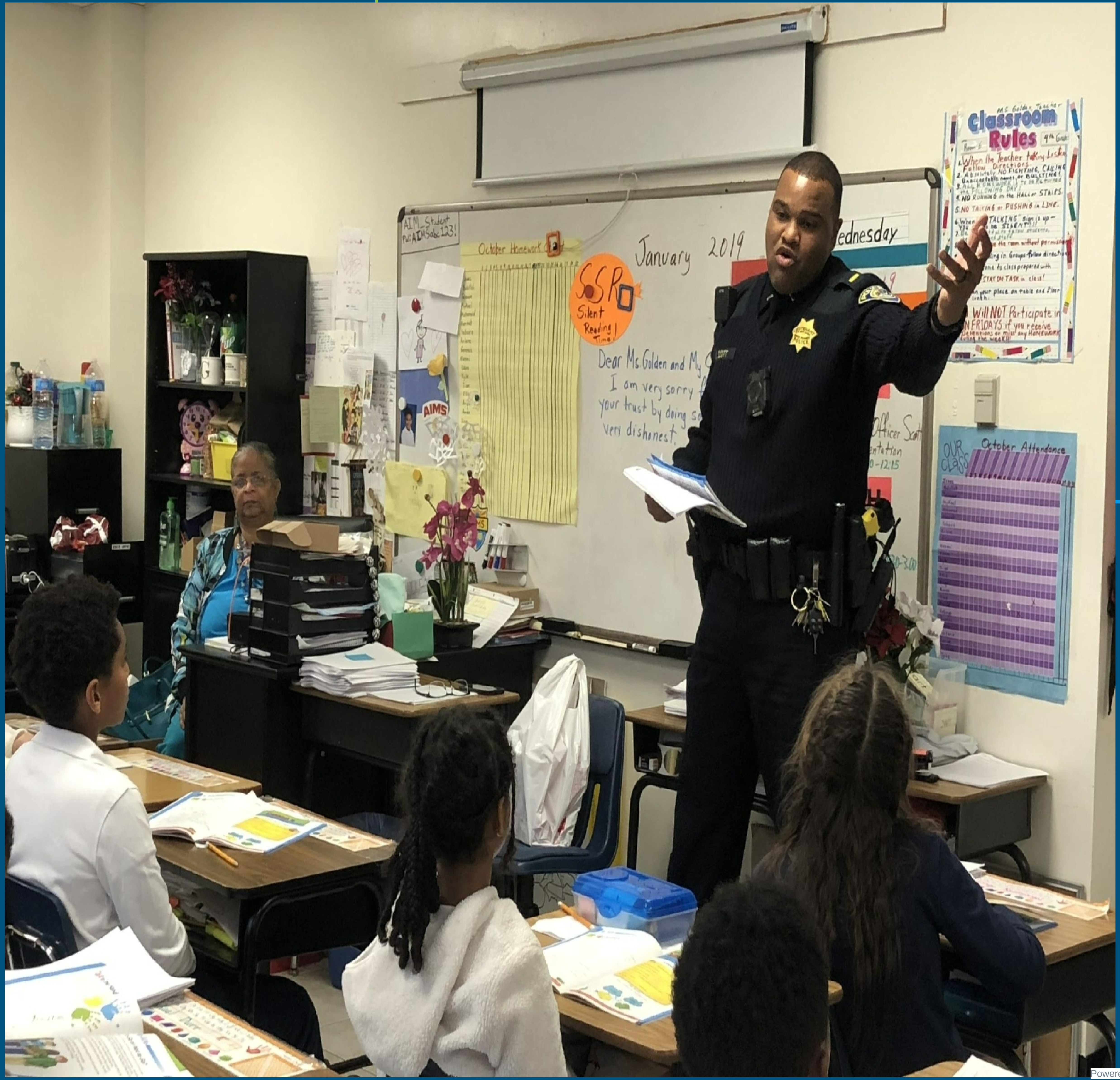
Cultural Day

Pajama Read-a-Thon

Pajama Read-a-Thon

Pajama Read-a-Thon

WORKING WITH THE COMMUNITY

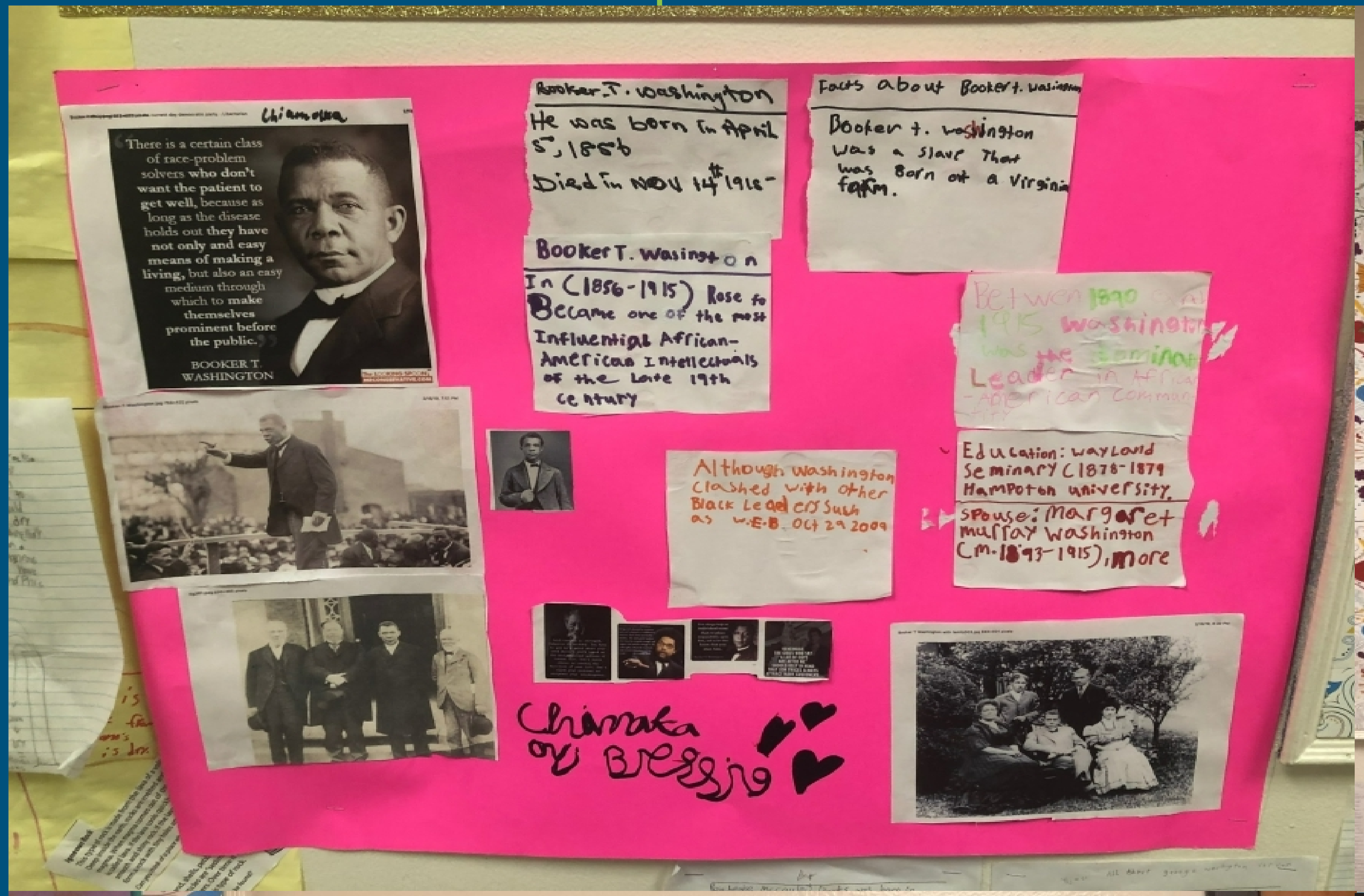


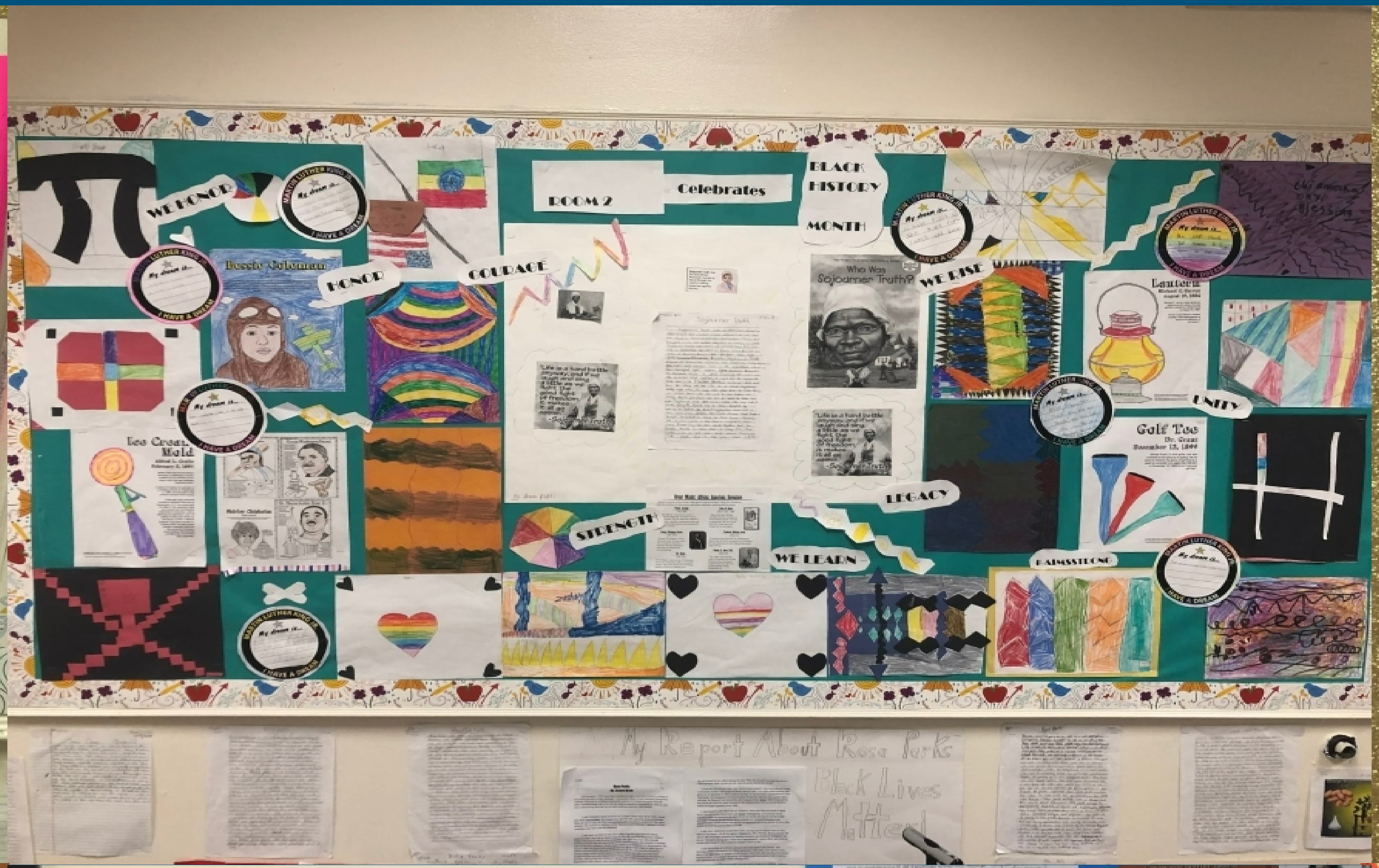
RESTORATIVE JUSTICE SATURDAYS

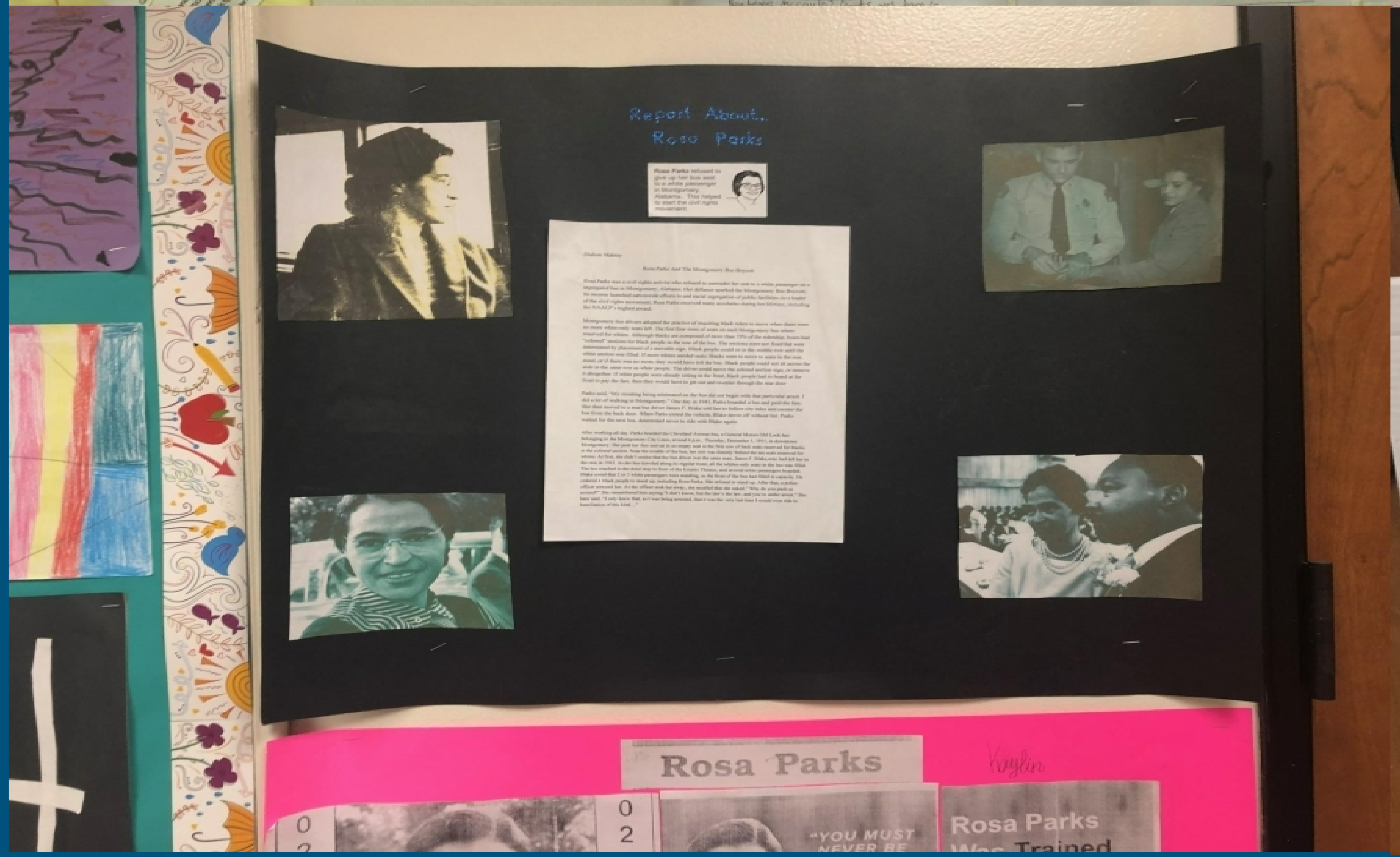
Teacher Action Plans

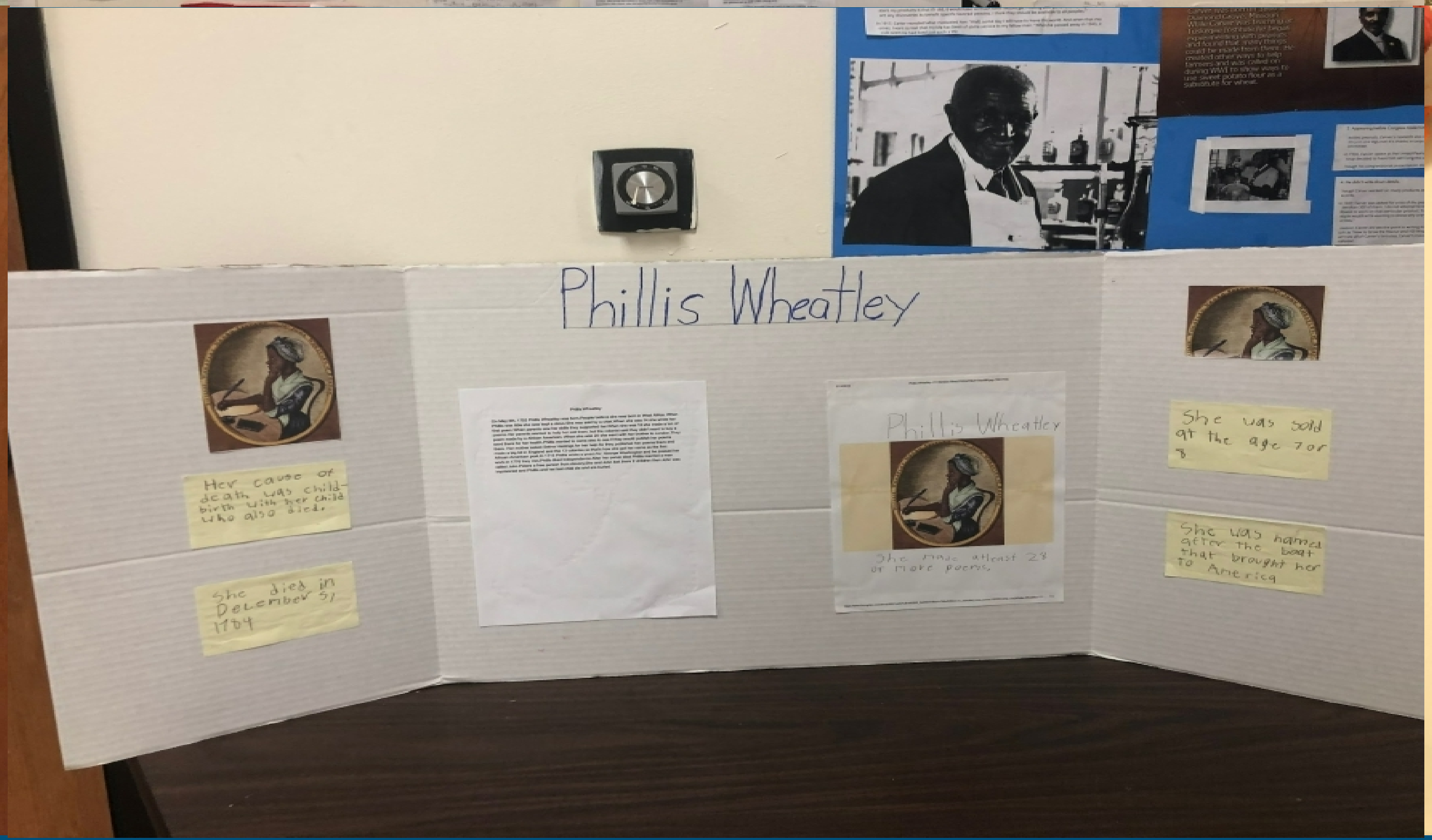
- Each teacher received an action plan on what to do for struggling students
- Each planned action was tailored to their class needs
- Extra reading programs were purchased for classes with low-performance
- Teachers were also given an opportunity to collaborate and create a team plan based on raising student performance in ELA

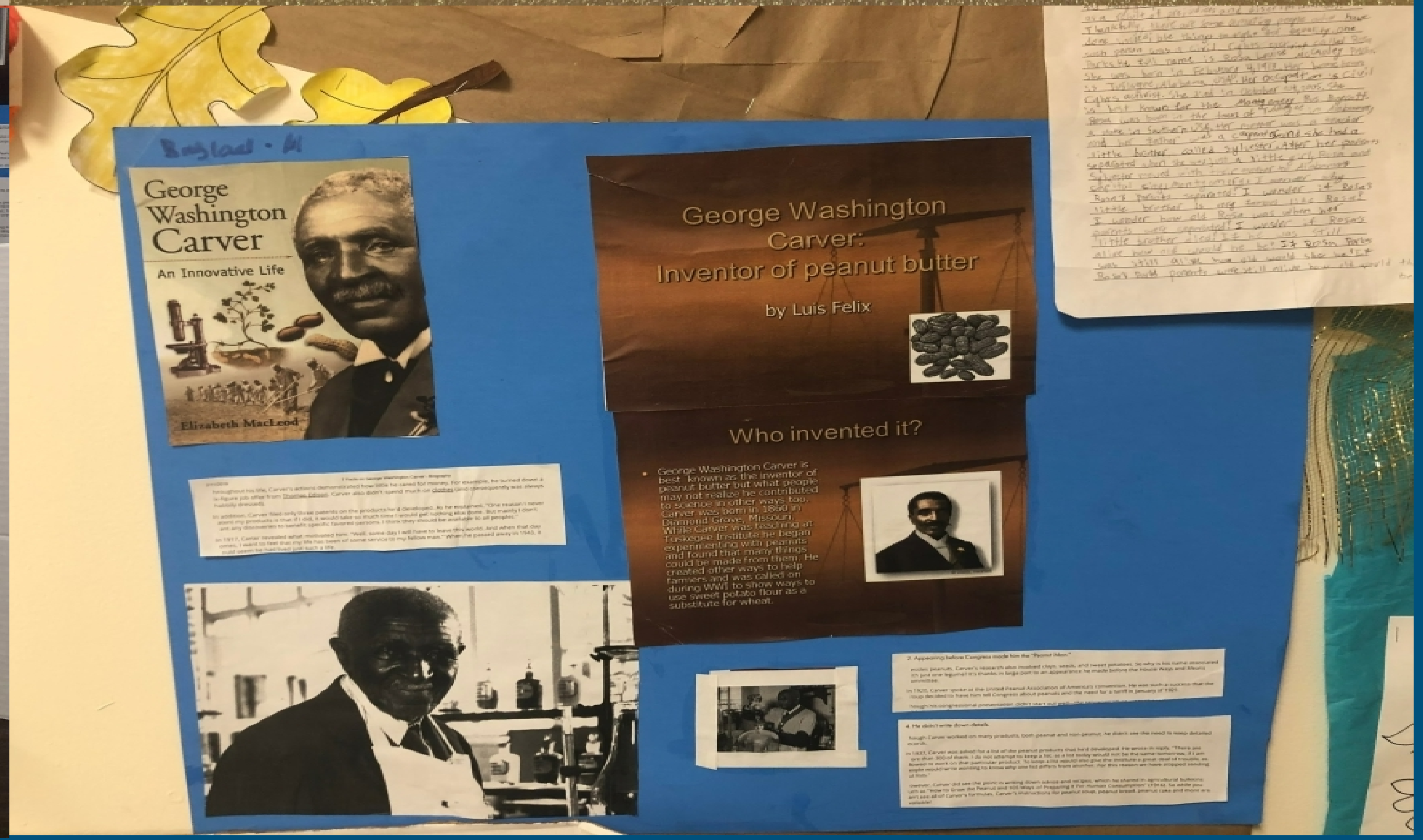
Black History Month











Lunar New Years

AIMS Spelling Bee Winners

- Eighth graders Erkhes Senguun (Two-Time Winner) and Michelle To won this year's Spelling Bee and will advance to the next round. Erkhes and Michelle's names will be placed on our new AIMS Spelling Bee Cup of Champions, which lists our AIPCS I and AIPCS II winners since the 2014-2015 Academic School Year.

2017-2018 Measure G1 Grant Update

- Our order for a 22 iMac Computer lab has been processed and iMacs are slated to arrive by the end of this week at the earliest. Painting for the iMac computer lab will be completed by the first week of February.

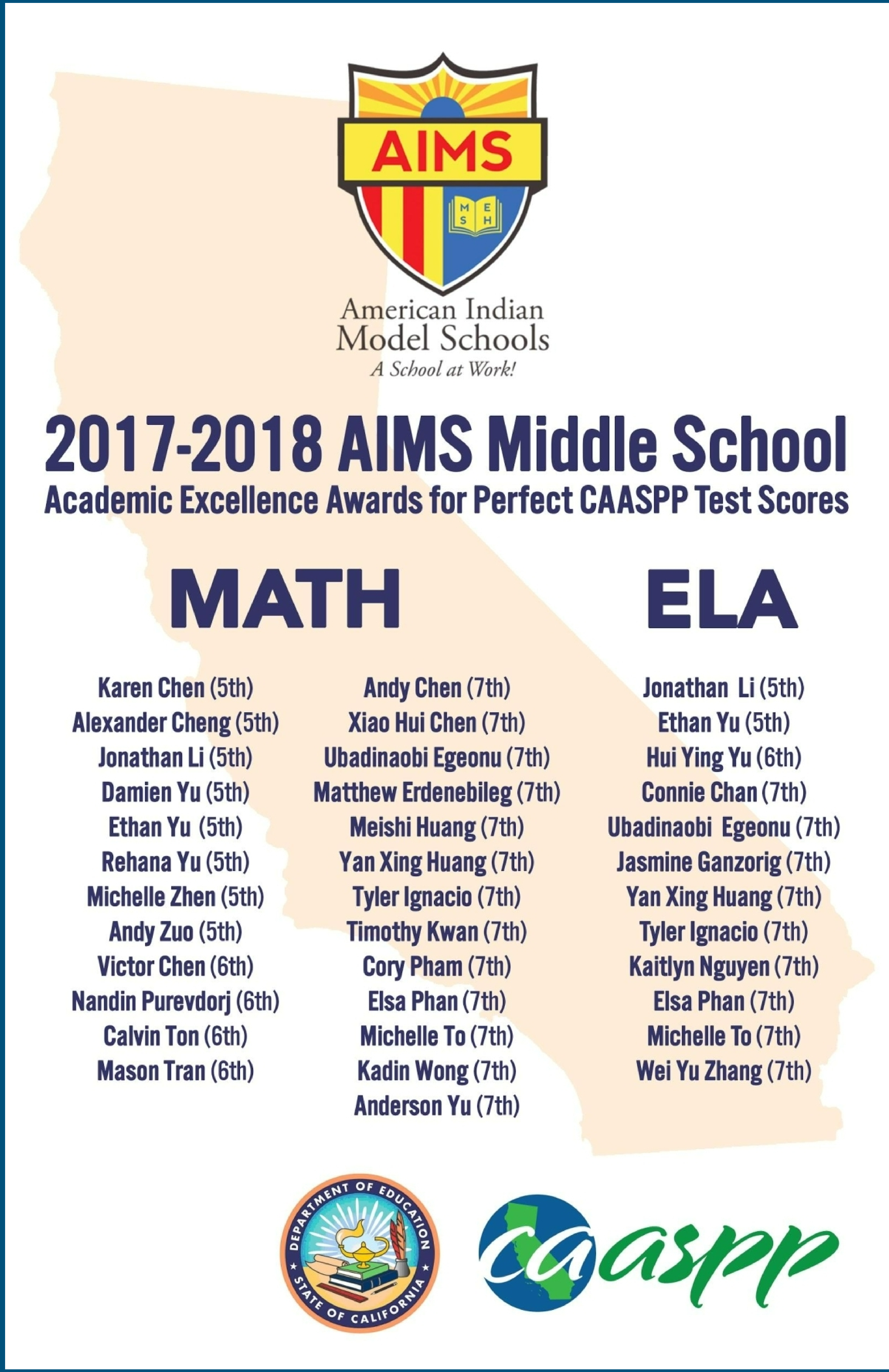
- About 85-90 8th grade students are currently taking our new Graphic Design class as part of their regular curriculum. Taught by Mrs. Suzen Chu, our 8th grade students will utilize the iMac lab exclusively for their graphic design class.

- 10 of 30 cameras for Measure G1 have been purchased for the film / photography elective class.

Other News

- **Khan Academy Competition:** For the month of February, and to kick-off our SBAC Test Prep Season, AIMS 6-8 will hold a Khan Academy Classroom Challenge, to encourage all students to complete 100% of their grade level in KhanAcademy.

- **Perfect Attendance Challenge:** In efforts to help increase our school attendance rate, AIMS 6-8 will hold a perfect attendance challenge for the month of February and beyond. The classrooms with the highest attendance and attendance rate increases will win prizes.

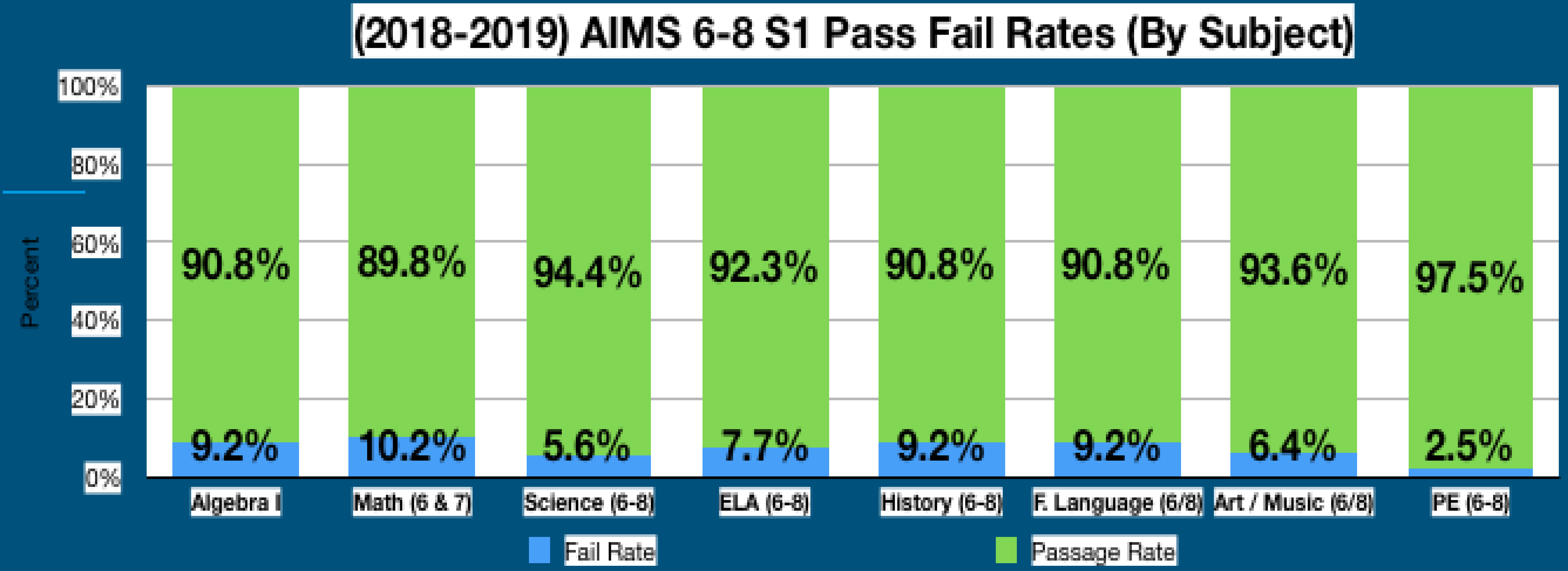


Other News (Continued)

- **SBAC Awards Ceremony:** AIMS 6-8 Will recognize students that earned perfect SBAC scores in a ceremony this Friday, February 1, @ 10AM. Students with perfect SBAC Scores will receive medals and have their names listed on a banner.

2018-2019 AIMS 6-8 S1 Pass / Fail Data

(2018-2019) AIMS 6-8 S1 Fail / Pass Rates (Core Math / ELA Subjects Only)		(2018-2019) AIMS 6-8 S1 Fail / Pass Rates (All Subjects)	
876 Instances	**(91.25%)** Instances of Passing Grades (Core Subjects)	**3115 Instances**	**(93.9%)** Instances of Passing Grades (All Subjects)
85 Instances	**(8.75%)** Instances of Failing Core Grades	**205 Instances**	**(6.1%)** Instances of Failing Grades
11 Students	**(2.29%)** MS Students are failing both core subjects	**47 Students**	**(9.79%)**MS Students failing more than one subject
64 Students	**(13.33%)** MS Students are failing only one core subject	**79 Students**	**(16.46%)**MS Students failing only one subject
75 / 480 Students	(**15.63%)** MS students are failing at least one core subject	**126 / 480 Students**	**(26.25%)** of MS students are failing at least one subject
405 / 480 Students	(**84.37%)** of MS students are not failing any core subjects	**354 / 480 Students**	(**73.75%)** of MS students are not failing any subjects

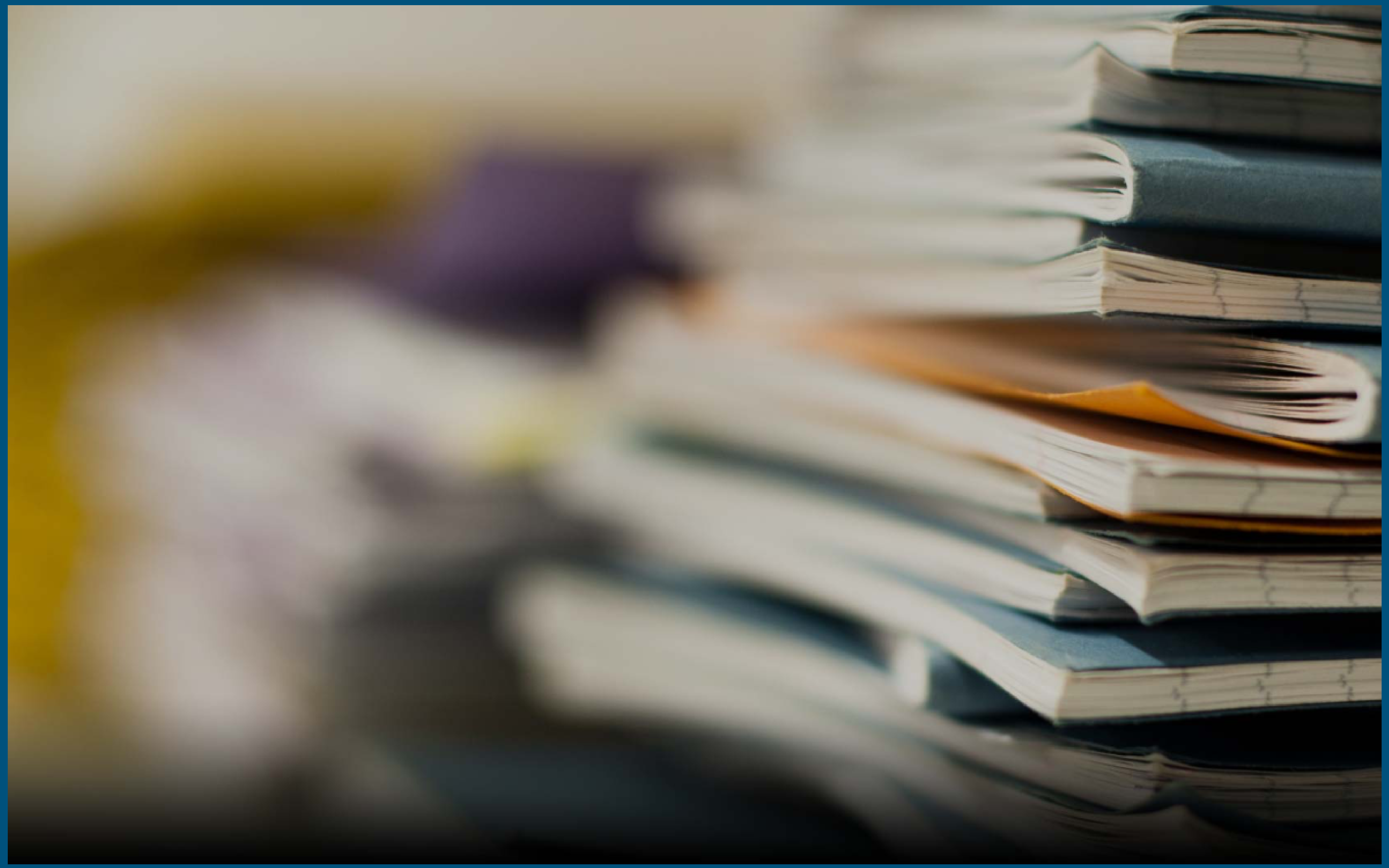


35 6th, 28 7th, and 22 8th Grade students have failed at least Math / ELA in S1.

Of these students, 47 are deemed the most critical (D and below in Math / ELA):
19 6th Graders, 17 7th Graders, 11 8th Graders.

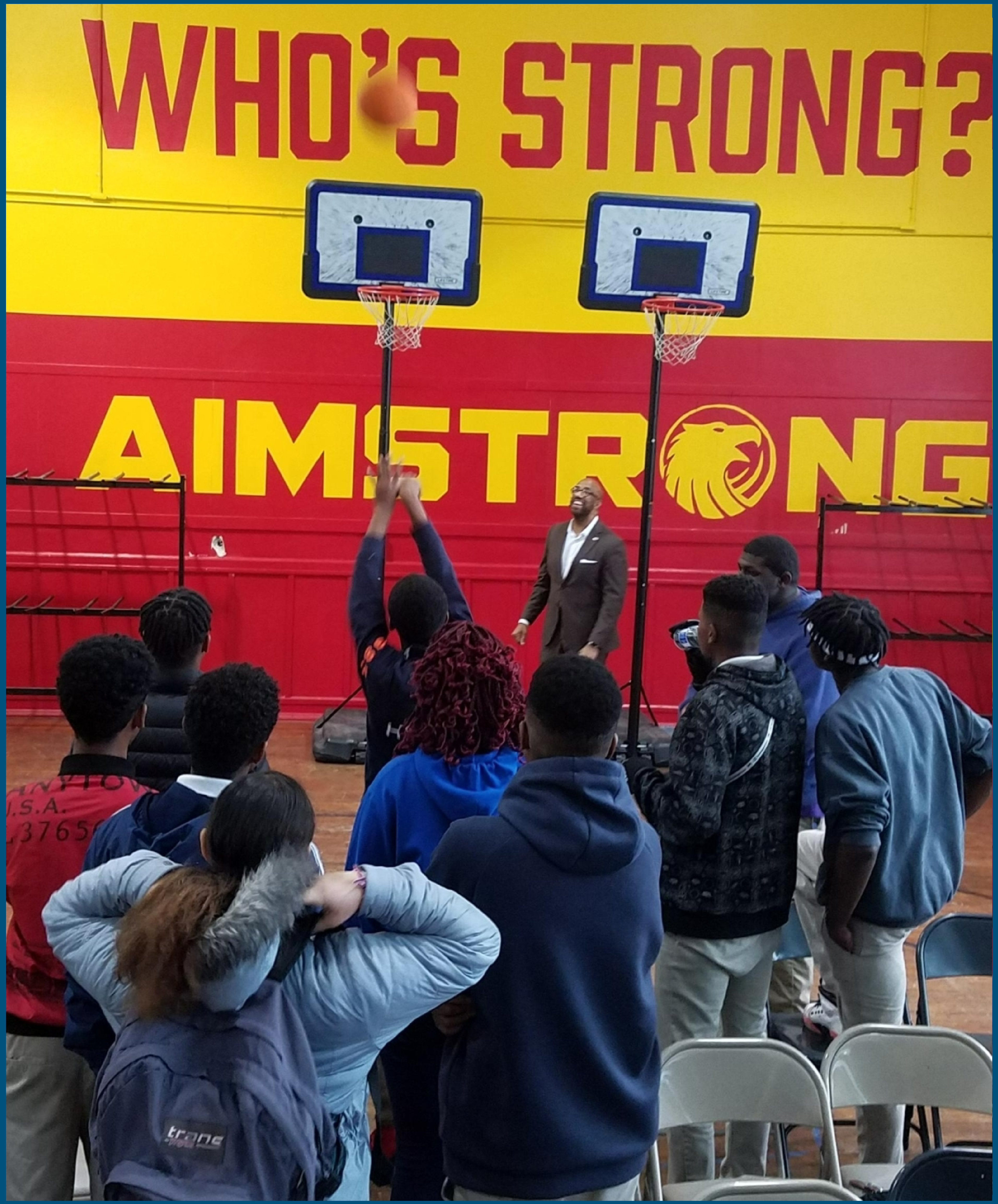
Preliminary Data suggests that most of the critical students have been at AIMS for less than 1-1.5 years.

Next Steps



- All instructional Aides have increased their push-in / pull out schedules to target those that are most in need. Two additional staff members (5 total) are providing push-in / pull out support twice a week
- Administration will begin issuing weekly Math / ELA benchmark assessments per grade level standard to help increase overall test preparedness / mastery of the Common Core standards
- Saturday School efforts have increased to include more accountability for students to attend and careful monitoring of assigned work

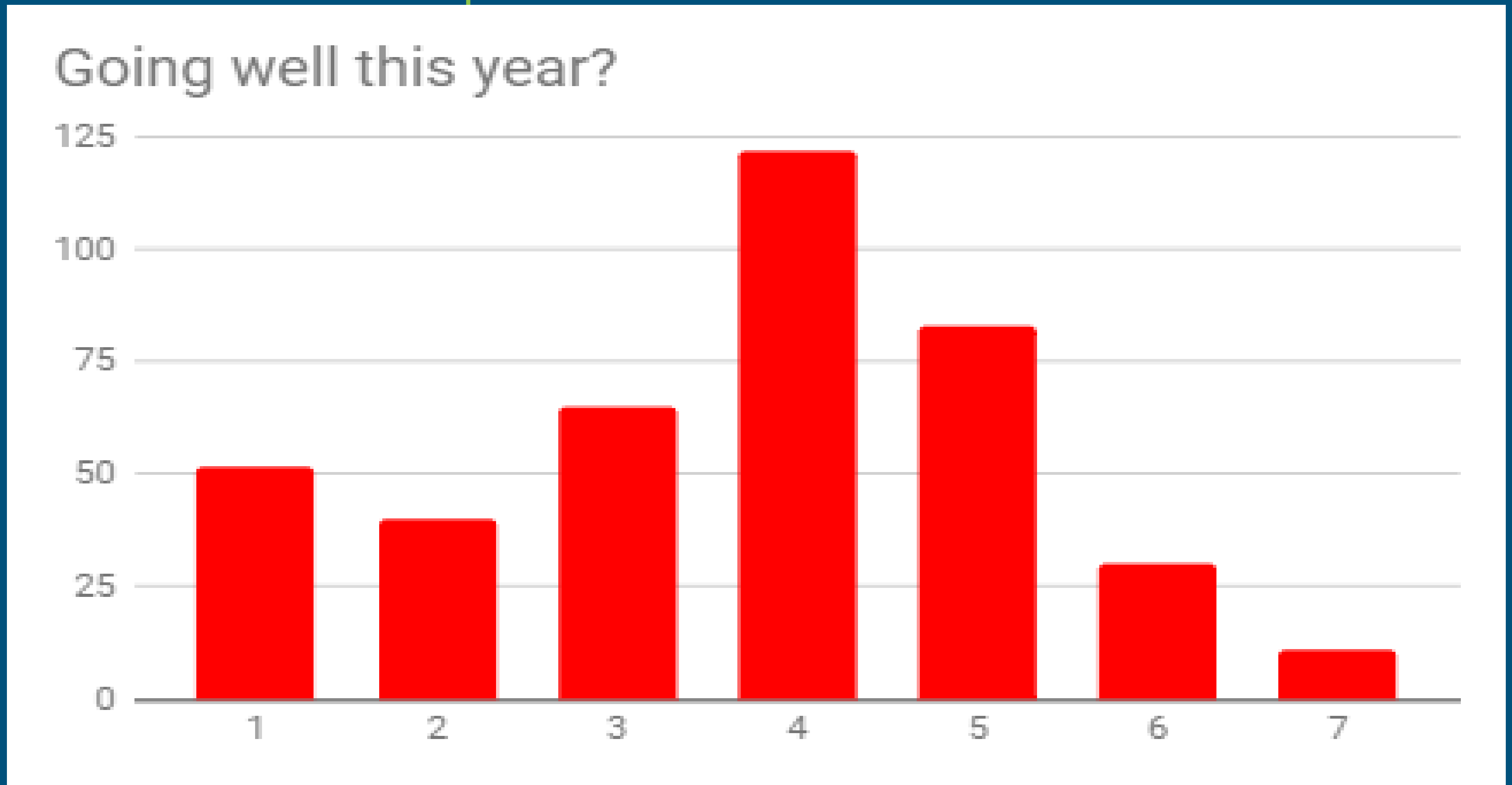
High School

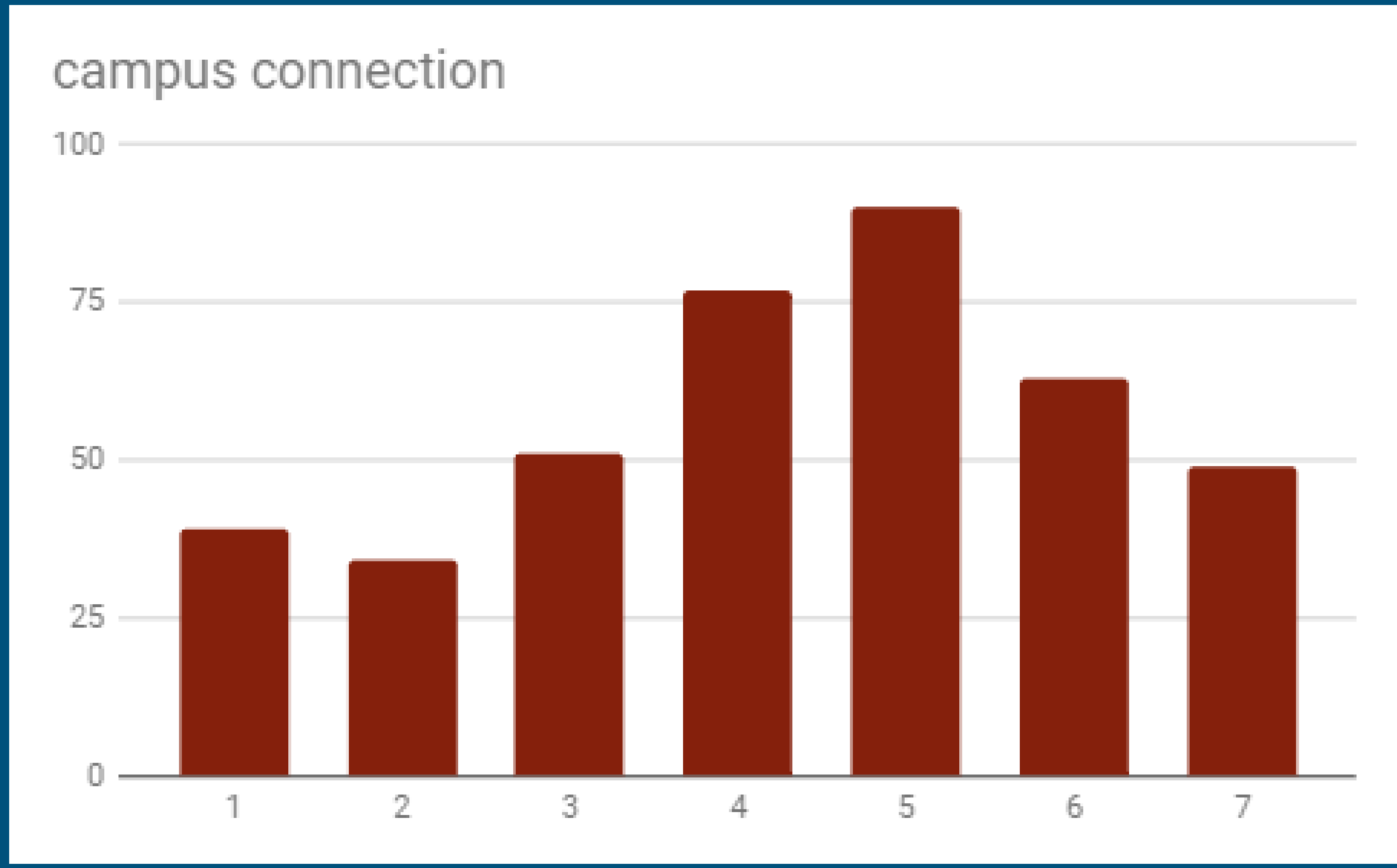


While we are preparing for the WASC visit, we have been working on surveys and gathering data and evidence of completed requests from the WASC Committee. The next pages include several data charts.

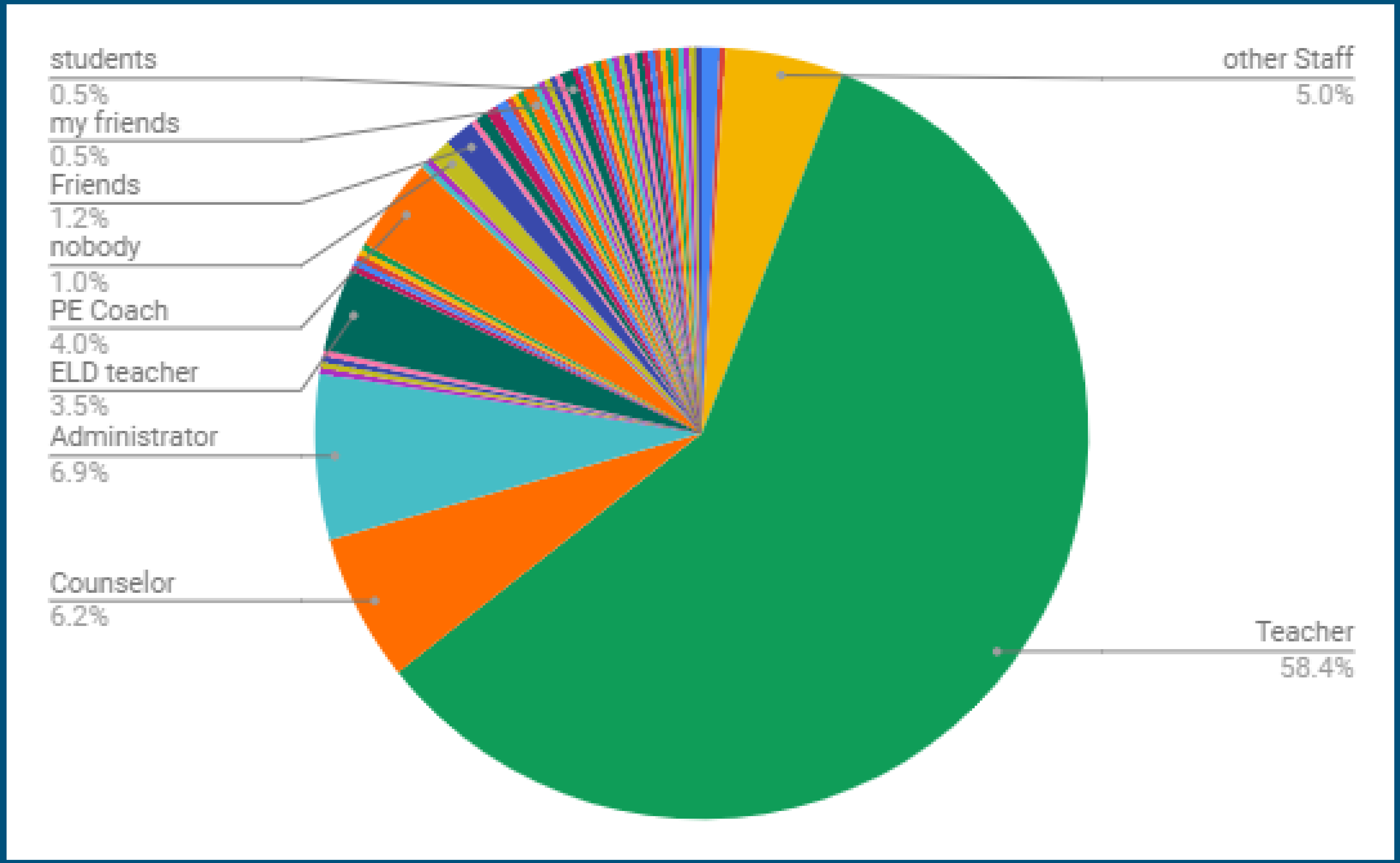
We also had a visit from an HBCU President, Dr. Michael Sorrel, from Paul Quinn College (Dallas, TX). He spoke with a large number of Juniors and some Seniors. He also had a few of them prove their points literally at the basketball hoop. That is the kind of introductions he required of each student.

High School

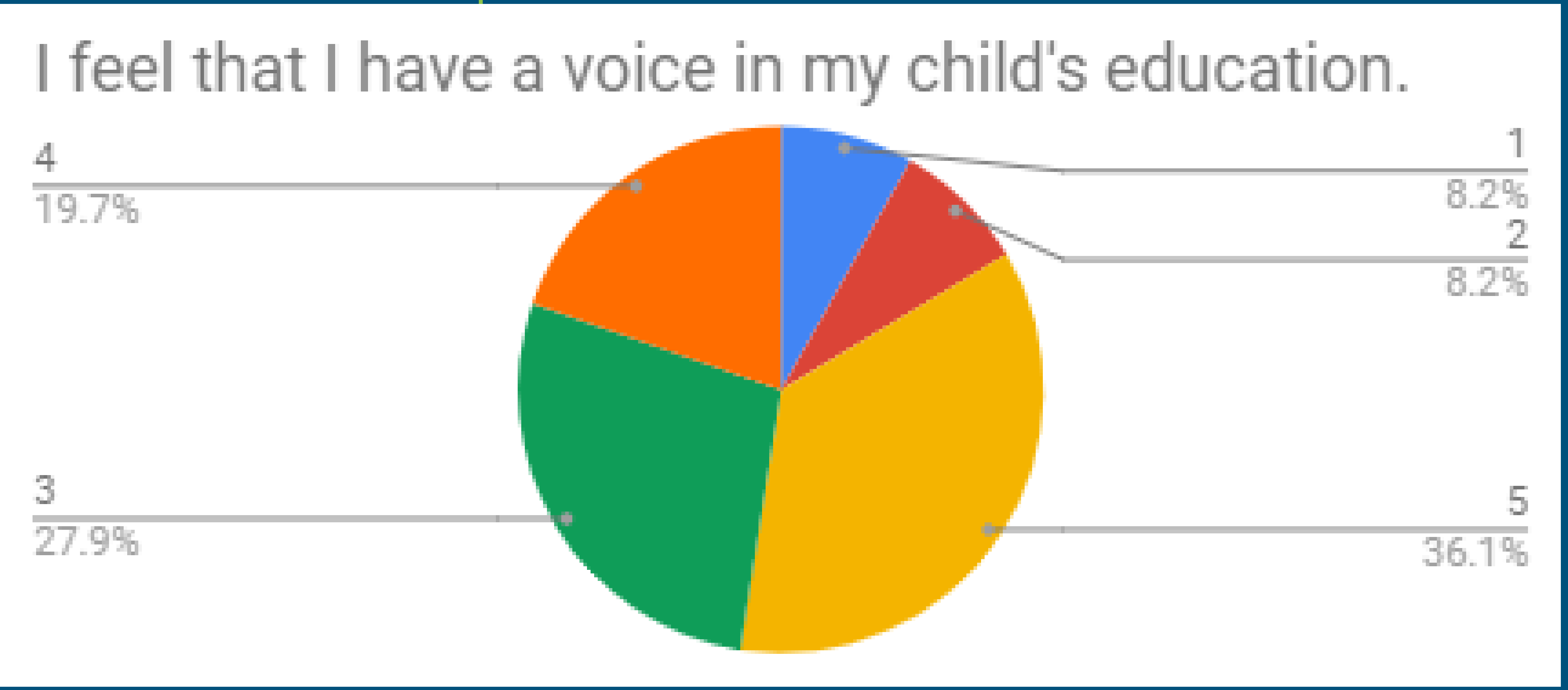


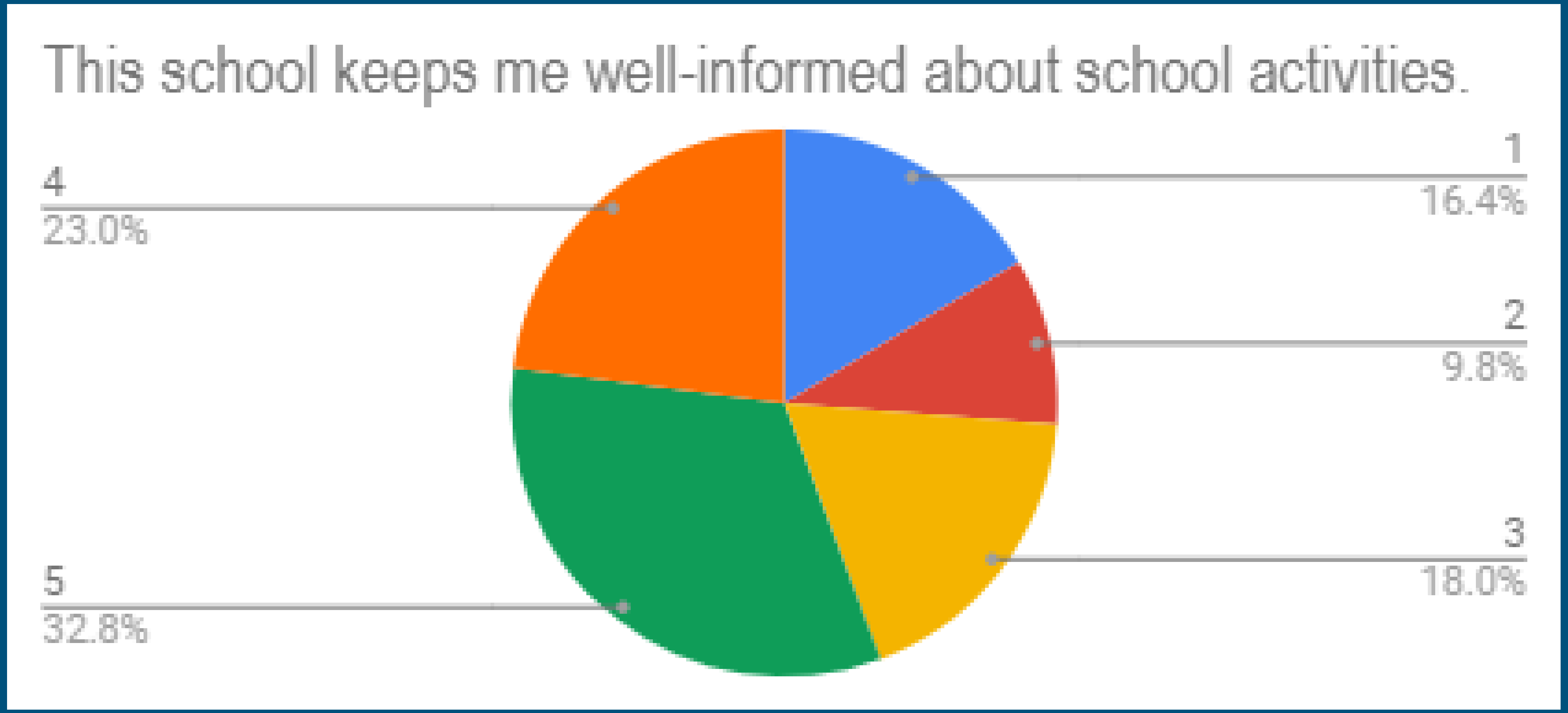


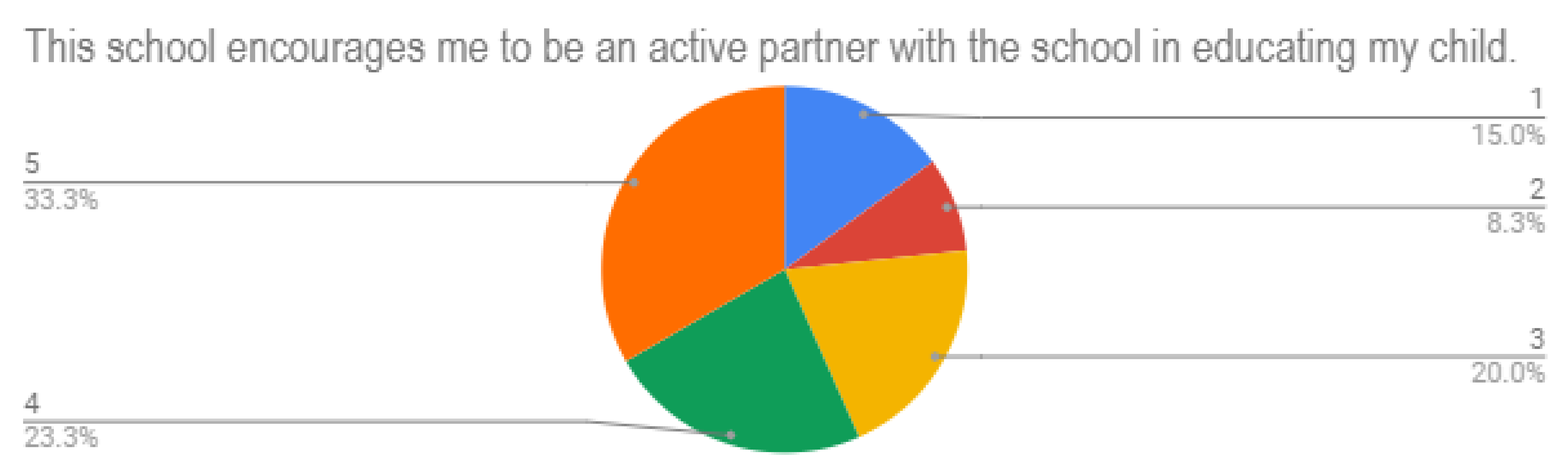
These are some charts showing student response data for the 403 students who participated.



High School

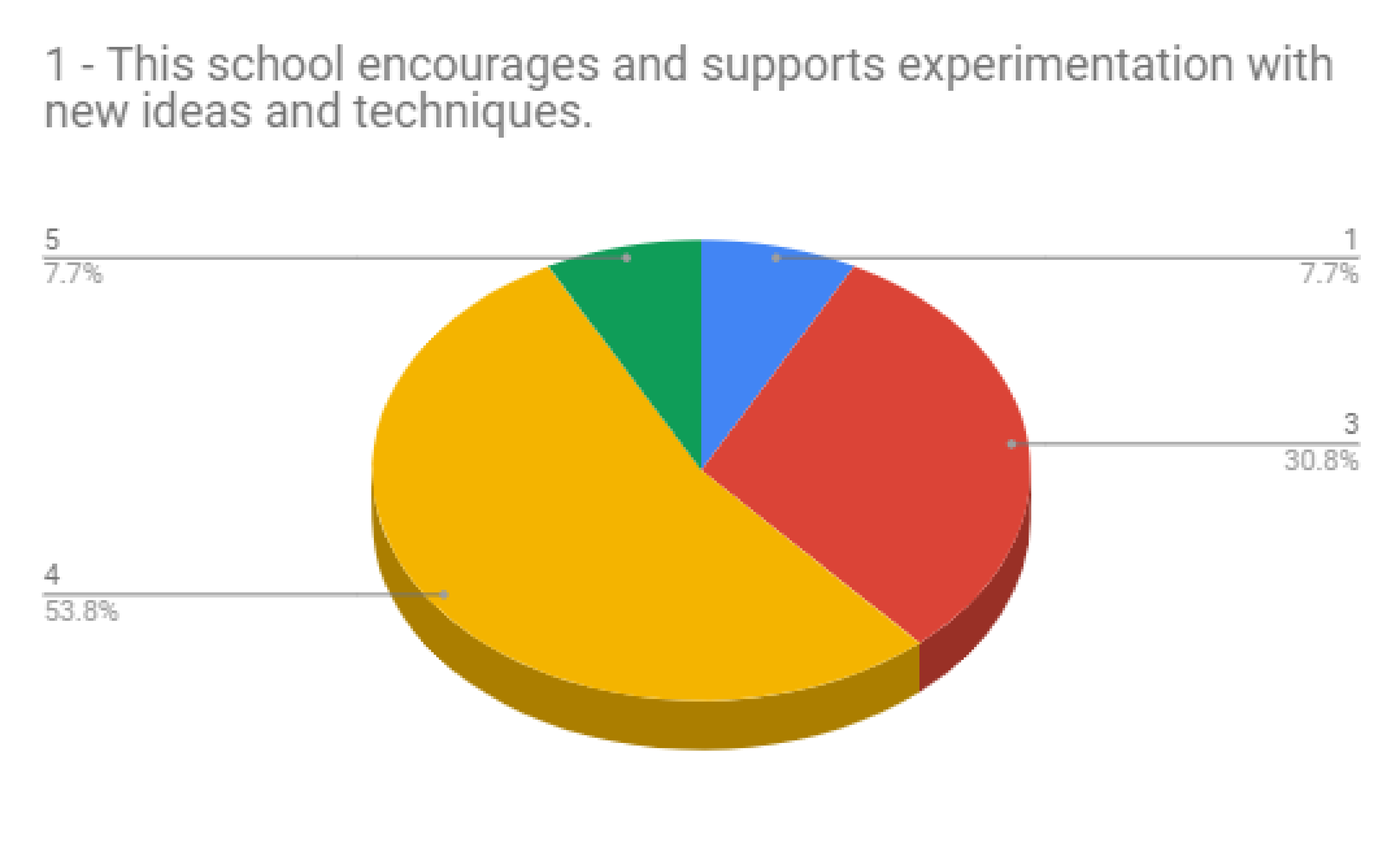


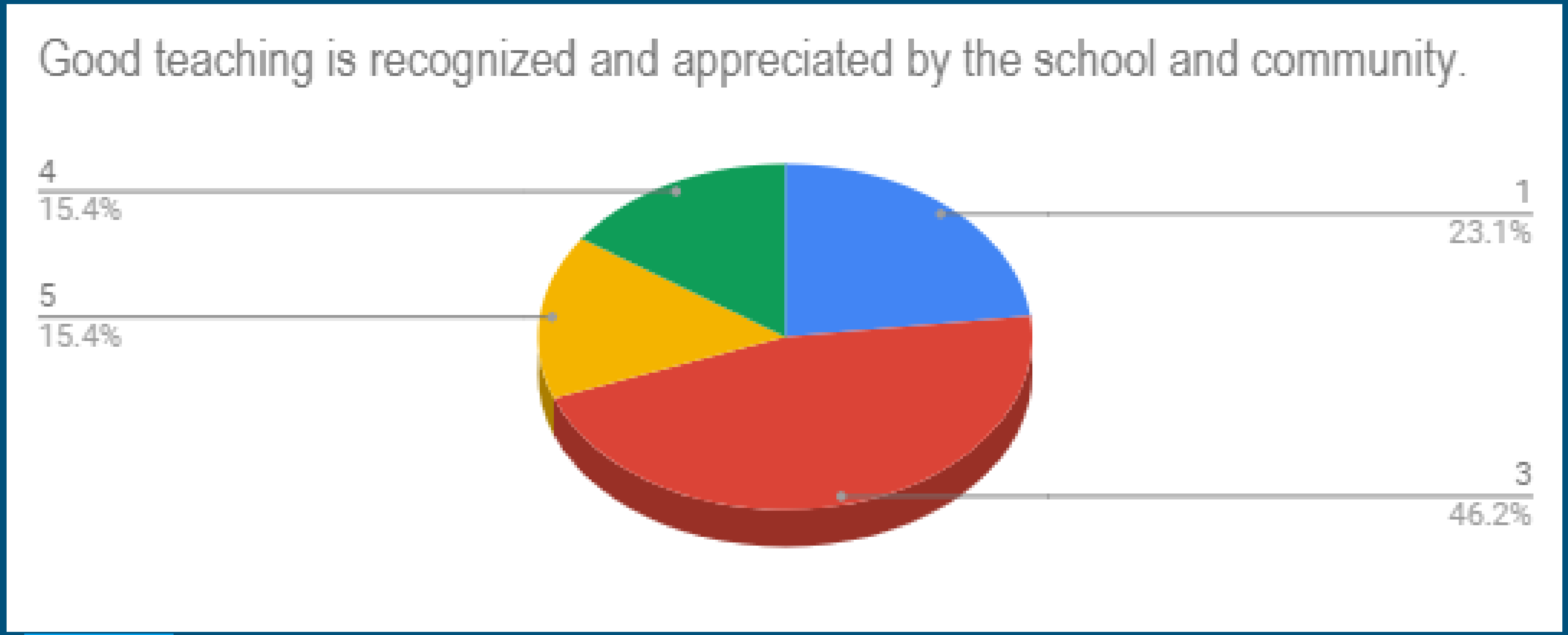


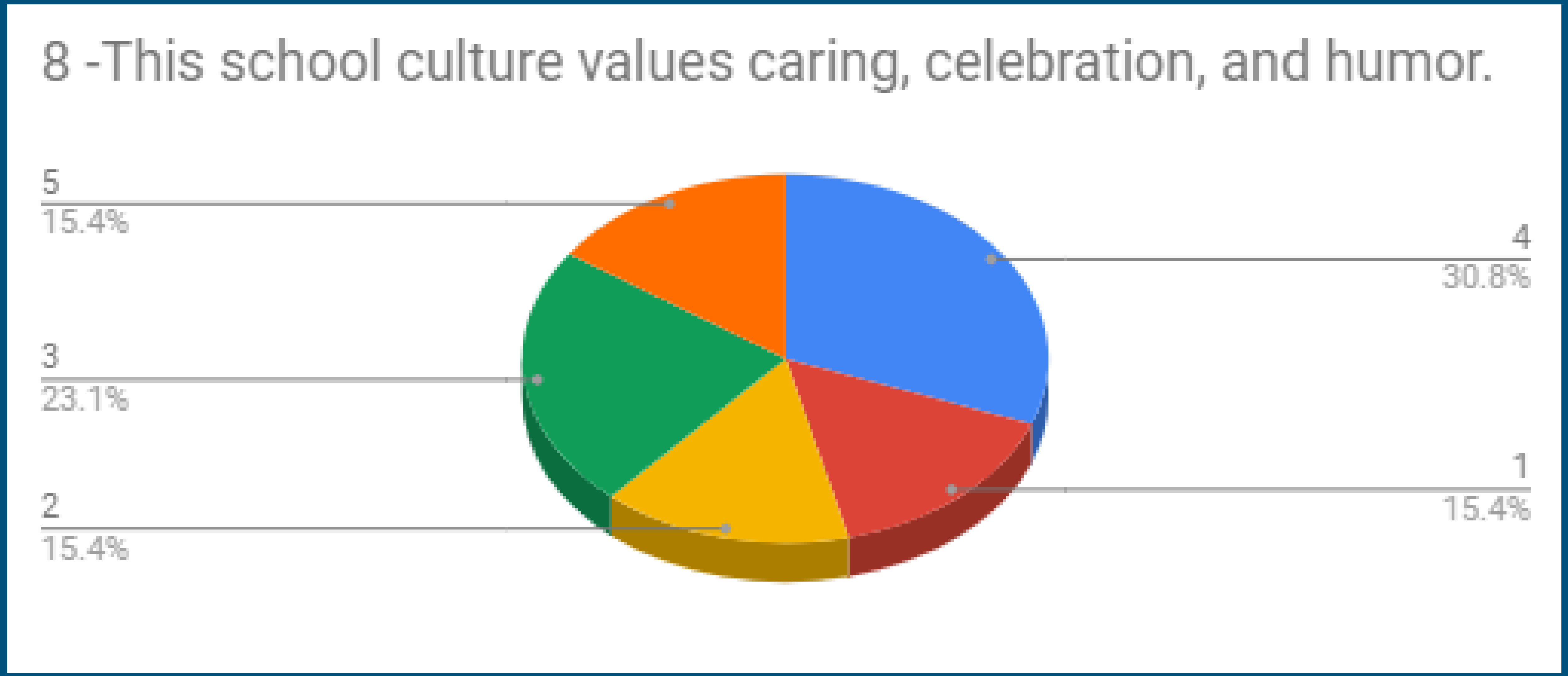


These are a few charts from the parent survey questions.

High School







These are a few charts from the teacher survey questions.

AIMS Middle School Athletics Updates

- AIMS Middle School’s first Basketball Season kicked off this past weekend as part of the City of Oakland’s Parks and Recreation League.
- Of our 6 basketball teams, The 8th Grade A-Team defeated Downtown Charter Academy 63-24 and The 8th Grade Girls Team lost against Downtown Charter Academy 19-23. Our 6th/7th grade girls team defeated Green Leaf 20-19 in double overtime.

AIMS Athletics Updates

- Congratulations to the AIMS Boys Cross Country Team on Winning the BACSAC Championship.
- The Girls Cross Country Team placed second in the championships.
- 5 AIPHS students received all-league honors in Cross Country, including Sophomore Xin Huang, who finished as the fastest female runner in the BACSAC Cross Country Championship.
- The Cross Country Championship Banner, and the runner-up banners for the Girls Cross Country and Volleyball teams arrived and will be displayed in the AIPHS auditorium.

AIMS High School Athletics Updates

- The AIPHS Golden Eagles Basketball team capped their historic first season by defeating Richmond Cal Prep 77-57 to win the BACSAC Division B Championship. AIPHS Senior Van Gerald Del Valle was named the Tournament's MVP for scoring 40 points in the playoffs, including a 20 point (6 three pointers, 1 field goal) performance in the Championship.
- The Lady Eagles Basketball team advanced to the BACSAC Division B Championship, but finished in second place after losing to LPS Richmond 51-44.
- Both the Boys and Girls teams will advance to the A Division next season.

Coversheet

Operation's Department Report

Section:	II. Non-Action Items
Item:	D. Operation's Department Report
Purpose:	FYI
Submitted by:	
Related Material:	_Operations Board Report 2.27.19.pptx

AIMS OPERATIONS Report

By

Ms. Magaña Operations Director

Ms. Tung Operations Manager

Reporting & Compliance

Report & Compliance

- Submitted ASES grant for AIPCS/AIPCS II
- Submitted Fall 1 CALPADS report for all three schools
- Working on Fall 2 CALPADS reporting
- SchoolMint data cleanup-preparation for public District Lottery, March 8th
- Submitted School Accountability Report Card (SARC) for AIPCS, AIPCS II, AIPHS

District Lunch Program Update

Roosevelt Campus K-1st - 110

FRL Eligibility: Free-53 Reduced-32 Paid-25

12th Street Campus 2nd-8th - 492

FRL Eligibility: Free-309 Reduced-92 Paid-91

High School Campus - 178

FRL Eligibility: Free-119 Reduced-28 Paid-31

Facilities

- Continued supporting with construction to damaged areas
- Carpet was replaced on 2nd and 3rd floor damaged areas

Prop 39 - Energy savings

- Water heater was replaced on 12/15/18
- Inspection for water heater occurred on 1/4/19
- Plug load installation occurred on 1/14/19

Prop 39 Facilities Request

- OUSD responded with objections to our ADA projection numbers for AIPCS II and AIPHS on 12/1/18
- We sent our response on 1/2/19
- OUSD issued Preliminary offer letters om 2/1/19
- We are preparing to respond by 3/1/19

7th Annual Staff/Teacher Appreciation Dinner

Where: Lake Chalet Banquet Room
Total Attended: 120 Across the District

- Teachers were given AIMS jackets, t-shirts, and gift cards.
- We also had raffle prizes.

7th Annual Appreciation Dinner Donors

AIMS Thanks the following individuals/organizations for their generous donations.

- AIMS Families
- Eden Plaza Café
- Lagos Grill
- Mo'Joe Café
- Target Corporation
- Trader Joe's

Wellness Committee

This year four Wellness committee meetings will be held:

February - Resources for families and referrals for mental health support, invitation will be sent home to families, staff to seek potential committee members.

March - Review of Wellness Policy and potential changes within policy that can be adopted and implemented for betterment of students wellbeing.

April - Discussion of mandated health and wellness programs within public schools and what that looks like.

May - Overview of school lunch program and review of survey results and current wellness practices K-12th.

Purpose of AIMS District Wellness Committee

Childhood obesity is one of the most serious health epidemics facing America today. The American Medical Association now recognizes obesity as a disease. According to the U.S. Centers for Disease Control and Prevention, about one third of children and teens in the United States are overweight or obese. Childhood obesity is leading to a range of health problems that previously were not generally seen until adulthood, including high blood pressure, type II diabetes and elevated blood cholesterol levels.

Wellness Policy Assessment Tool

Wellness Policy Assessment Tool

This template provides information on wellness policy goals and practices within the SFA. Use this tool to track progress and gather ideas on ways to create a healthier school environment. A separate assessment should be completed for each school or at a minimum, each school level. The wellness policy and completed assessment must be available to the public.

LEA/District Name

Reviewer

School Name

Date

Select all grades: PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Yes No I. Public Involvement

- ○ ○ We encourage the following to participate in the development, implementation, and evaluation of our wellness policy: ☐ Administrators ☐ School Food Service Staff ☐ P.E. Teachers ☐ Parents ☐ School Board Members ☐ School Health Professionals ☐ Students ☐ Public
- ○ ○ We have a designee in charge of compliance. Name/Title:
- ○ ○ We make our policy available to the public. Please describe:
- ○ ○ We measure the implementation of our policy goals and communicate results to the public. Please describe:
- ○ ○ Our district reviews the wellness policy at least annually.

Yes No II. Nutrition Education

- ○ ○ Our district's written wellness policy includes measurable goals for nutrition education.
- ○ ○ We offer standards based nutrition education in a variety of subjects (e.g. science, health, math, etc).
- ○ ○ We offer nutrition education to students in: ☐ Elementary School ☐ Middle School ☐ High School

Yes No III. Nutrition Promotion

- ○ ○ Our district's written wellness policy includes measurable goals for nutrition promotion.
- ○ ○ We promote healthy eating and nutrition education with signage, use of creative menus, posters, bulletin boards, etc.
- ○ ○ We have reviewed Smarter Lunchroom techniques and evaluated our ability to implement some of them.
- ○ ○ We place fruits and vegetables where they are easy to access (e.g. near the cafeteria cashier or near the front of the line).
- ○ ○ We ensure students have access to hand-washing facilities prior to meals.
- ○ ○ We annually evaluate how to market and promote our school meal program(s).
- ○ ○ We regularly share school meal nutrition, calorie, and sodium content information with students and families.
- ○ ○ We offer taste testing or menu planning opportunities to our students.
- ○ ○ We participate in Farm to School activities and/or have a school garden.
- ○ ○ We only advertise and promote nutritious foods and beverages on school grounds (e.g. buildings, playing fields, etc).
- ○ ○ We price nutritious foods and beverages lower than less nutritious foods and beverages.
- ○ ○ We offer fruits or non-fried vegetables in: ☐ Vending Machines ☐ School Stores ☐ Snack Bars ☐ à La Carte
- ○ ○ We have nutritional standards for foods/beverages served at school parties, celebrations, events, etc.
- ○ ○ We provide teachers with samples of alternative reward options other than food or beverages.
- ○ ○ We prohibit the use of food and beverages as a reward.

(Cont. on page 2)

Yes No IV. Nutrition Guidelines (Cont. from page 1)

- ○ ○ Our district's written wellness policy addresses nutrition standards for USDA reimbursable meals.
- ○ ○ We operate the School Breakfast program: ☐ Before School ☐ In the Classroom ☐ Grab & Go
- ○ ○ We follow all nutrition regulations for the National School Lunch Program (NSLP).
- ○ ○ We operate an Afterschool Snack Program.
- ○ ○ We operate the Fresh Fruit and Vegetable Program.
- ○ ○ We have a Certified Food Handler as our Food Service Manager.
- ○ ○ We have adopted and implemented *Smart Snacks* nutrition standards for ALL items sold during school hours, including: ☐ as à La Carte Offerings ☐ in School Stores ☐ in Vending Machines ☐ as Fundraisers

Yes No V. Physical Activity

- ○ ○ Our district's written wellness policy includes measurable goals for physical activity.
- ○ ○ We provide physical education for elementary students on a weekly basis.
- ○ ○ We provide physical education for middle school during a term or semester.
- ○ ○ We require physical education classes for graduation (high schools only).
- ○ ○ We provide recess for elementary students on a daily basis.
- ○ ○ We provide opportunities for physical activity integrated throughout the day.
- ○ ○ We prohibit staff and teachers from keeping kids in from recess for punitive reasons.
- ○ ○ Teachers are allowed to offer physical activity as a reward for students.
- ○ ○ We offer before or after school physical activity: ☐ Competitive sports ☐ Non-competitive sports ☐ Other clubs

Yes No VI. Other School Based Wellness Activities

- ○ ○ Our district's written wellness policy includes measurable goals for other school-based activities that promote wellness.
- ○ ○ We provide training to staff on the importance of modeling healthy behaviors.
- ○ ○ We provide annual training to all staff on: ☐ Nutrition ☐ Physical Activity
- ○ ○ We have a staff wellness program.
- ○ ○ We have school district staff who are CPR certified (e.g. teachers, coaches, counselors, food service staff).
- ○ ○ We actively promote walk or bike to school for students with Safe Routes to School or other related programs.
- ○ ○ We have a recycling/environmental stewardship program.
- ○ ○ We have a recognition /reward program for students who exhibit healthy behaviors.
- ○ ○ We have community partnerships which support programs, projects, events, or activities.

VII. Progress Report:

Indicate any additional wellness practices and/or future goals and describe progress made in attaining the goals of the local wellness policy

VIII. Contact Information:

For more information about this school's wellness policy/practices, or ways to get involved, contact the Wellness Committee Coordinator.

Name

Position/Title

Email

Phone

This institution is an equal opportunity provider.

1) Purpose of assessment tool is to examine which wellness activities we currently have and what additional activities can be implemented to support the wellness of our students.

2) Wellness committee members will work collaboratively to complete assessment tool.

3) All ideas proposed will be provided to head of division and to board for final approval if implementation of programming is needed.

Coversheet

Superintendent's Report

Section:	II. Non-Action Items
Item:	F. Superintendent's Report
Purpose:	FYI
Submitted by:	
Related Material:	Supt Board Report February 2019 .pptx

SUPERINTENDENT'S K-12 BOARD REPORT

February 2019

Finance

- ☑ VTD Audit Completed
- ☑ First Interims submitted to OUSD
- ☑ Second Interims submitted to OUSD

Site Update

- Water Flood Restoration

Continued construction to flood damaged areas.

- Arrival of 2 Vans

Community Engagements

- Finance Committee Meeting
- Facilities Committee Meeting
- Governance Committee Meeting
- Saturday School tutoring group
- Oakland Steering Committee Meeting
- SSC Meetings
- 7th Annual Appreciation Dinner
- 8th Grade Field Trip
- AIPHS and Middle School Fall Sports Banquets
- AIPHS Boys and Girls Basketball games

Promoting AIMS

- **ExcelinEd 2018 National Summit**
  Washington, D.C.

The annual National Summit on Education Reform is the nation's premier gathering of education reformers. It provides state and local policymakers, education leaders and advocates with comprehensive information on evolving laws, new trends, successful policies and the latest innovations that are transforming education for the 21st century.

- **CSDC Leadership Update Conference**
  San Francisco

- Presenter: AIMS K-12 Success

Chinese Consulate Visit
Oakland

Board Members Steven Leung and Benson Wan

- **Oakland Rotary Showcase Mixer**
  Summit Bank, Oakland

Promoting AIMS

- **Meeting with EBay Rep**

  Oakland

  Board Member Toni Cook

- **HBCU /Oakland NAACP Visit**

  AIPHS

  The Oakland NAACP Branch in collaboration with the Oakland Promise and the Oakland Unified School District hosted a HBCU Luncheon with three Historically Black Colleges & Universities: Paul Quinn College, Wiley College, and the University of Arkansas at Pine Bluff.
  One of the objectives was to strategize with HBCU presidents, clergy and community members on ways to increase HBCU engagement in Oakland and how to support students on making a HBCU their college choice.

Promoting AIMS

- **OUSD Board of Education Meeting**

  Support for charter schools, addressing:
  In Oakland, 30% of public students attend a charter school. This past year, OUSD was not able to make up a $34.7 million deficit in their budget and was at risk of going into state receivership (state controlled and operation of the district). Fortunately for the district, Governor Brown chose to bail out OUSD, eliminating the risk. However, the school board is now actively hiring a lobbyist to eliminate what they perceive to be the threat to their fiscal solvency, Charter Schools.

- **Celebrity Pajama Night Read-A-Thon**
  AIPCS II – Grades 2-5

  “The purpose is to let kids know “reading books” can open up a world of new adventures for them!”

February Engagements

- **February 2 – NAACP 110th Anniversary Celebration**

  The mission is to Engage, Educate, Empower, and Inspire Hope to build a better Oakland Bay Area.

- **February 14 – Tipping Point Community Site Visit**

  Tipping Point supports organizations that produce strong academic outcomes, such as literacy, high school graduation, college attendance and post-secondary degrees.

- **February 19-20 - CSDC CBO Training**

  An intensive training that delves into the key fiscal management skills required of California charter school directors, business officers, governing board treasurers, and charter-granting agency staff members who have significant financial management and/or oversight responsibilities.

- **February 28 – K-1 African American Read-In**

  Celebrating Black History Month with guest readers. Focused on exposing our students to the strong and varied African-American authors whose works might expand children's future reading

Coversheet

AIMS K-12 Report

Section:	II. Non-Action Items
Item:	G. AIMS K-12 Report
Purpose:	FYI
Submitted by:	
Related Material:	_AIMS K-12 February Board Report 2018-2019.pptx

AIMS K-12 Board Report

February 2019

Superintendent Maya Woods-Cadiz
Mrs. Erin Oh (K-1 Division Head)
Mr. Christopher Ahmad (2-5 Division Head)
Mr. Maurice Williams (Head of Middle School)
Mr. Tareyton Russ (AIPHS Head of School)
Mr. Peter Holmquist (AIPHS Head of Academics)
Ms. Marisol Magaña (Operations Director)
Ms. Tiffany Tung (Operations Manager)

Enrollment Numbers

Month	AIPCS	AIPCS II	AIPHS
Aug	158	750	410
Sept	162	788	416
Oct	161	798	412
Nov	160	801	410
Dec	160	798	411
Jan	160	797	411
Feb*	159	798	403

*Reporting as of February 1, 2019

AIPCS ADA & ADA %

	ADA	ADA %
Aug	150.60	95.31
Sept	159.28	97.85
Oct	158.42	98.40
Nov	154.61	97.61
Dec	154.70	96.69
Jan	157.50	97.83
Feb*	156.83	97.65

*Reporting period January 7, 2019 to February 1, 2019

AIPCS II ADA & ADA %

	ADA	ADA %
Aug	737.38	98.37
Sept	765.72	97.58
Oct	775.58	97.84
Nov	784.78	98.07
Dec	773.60	96.94
Jan	769.50	96.55
Feb*	774.22	97.14

*Reporting period January 7, 2019 to February 1, 2019

AIPHS ADA & ADA %

	ADA	ADA %
Aug	394.5	96.21
Sept	393.22	93.90
Oct	388.16	94.36
Nov	390.53	94.91
Dec	384.30	93.51
Jan	391.40	95.23
Feb*	386.44	95.20

*Reporting period January 7, 2019 to February 1, 2019

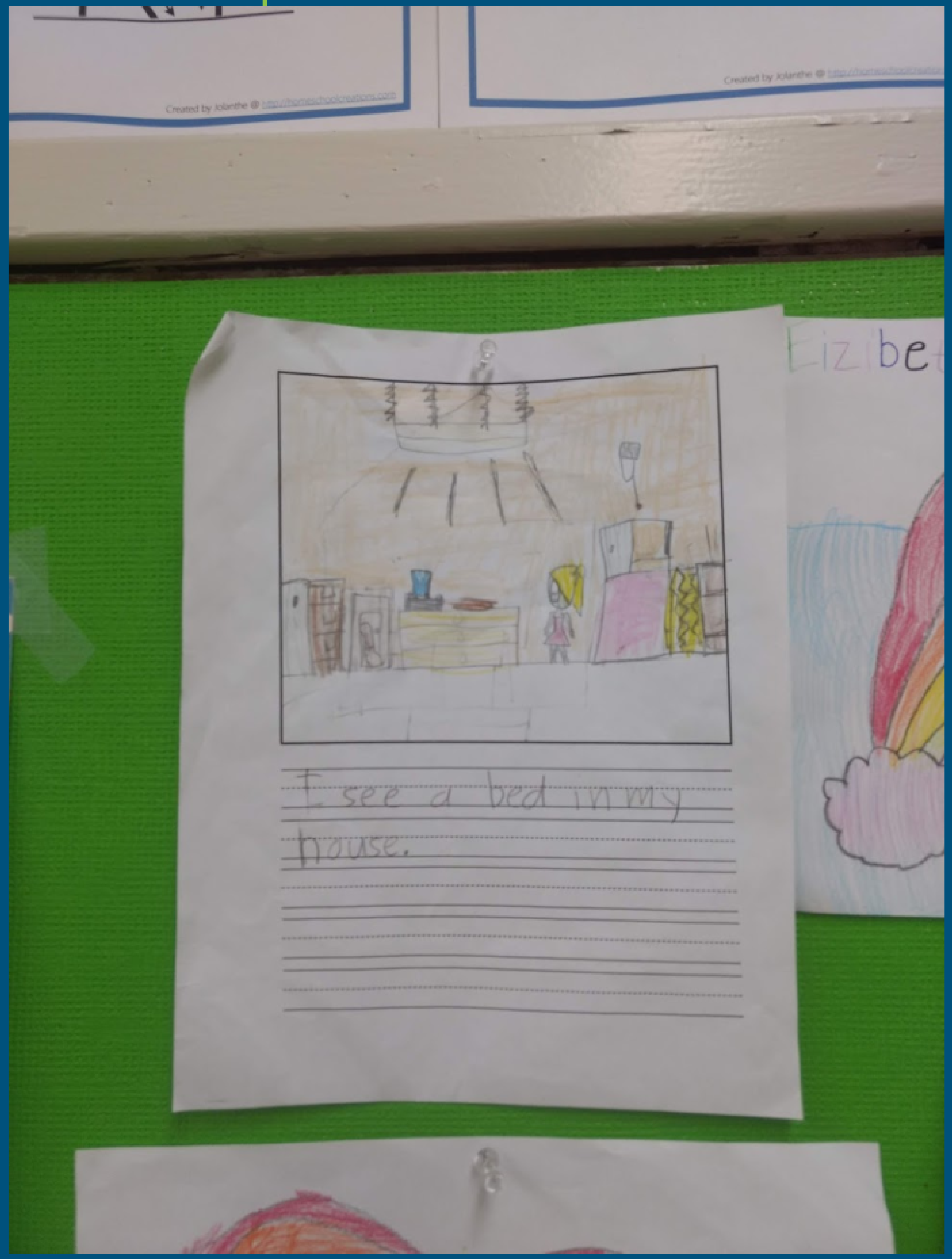
K-1 Satellite Updates: Events

1/23-- K2C: Kindergarten to College parent info session

1/24-- 100th Day of School

1/25-- Math Coaching

K-1 Satellite
December Priority Report

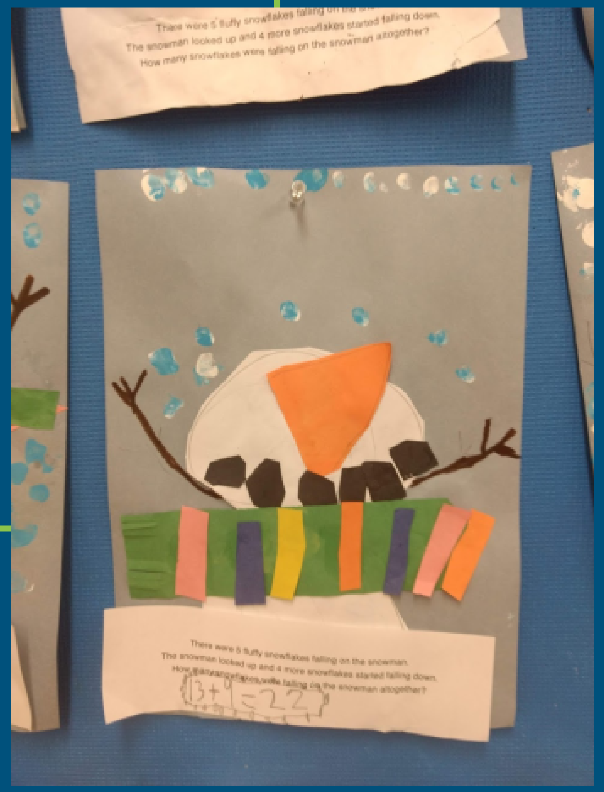


December Updates

1. Intervention has been restructured towards S.M.A.R.T. goal grouping, instead of being provided in equal blocks for each class

2. Art was integrated into literacy blocks, specifically to address penmanship and dexterity.

3. Vacancy: 1st Grade Teacher



K-1 Satellite: Upcoming Priorities

February Priorities

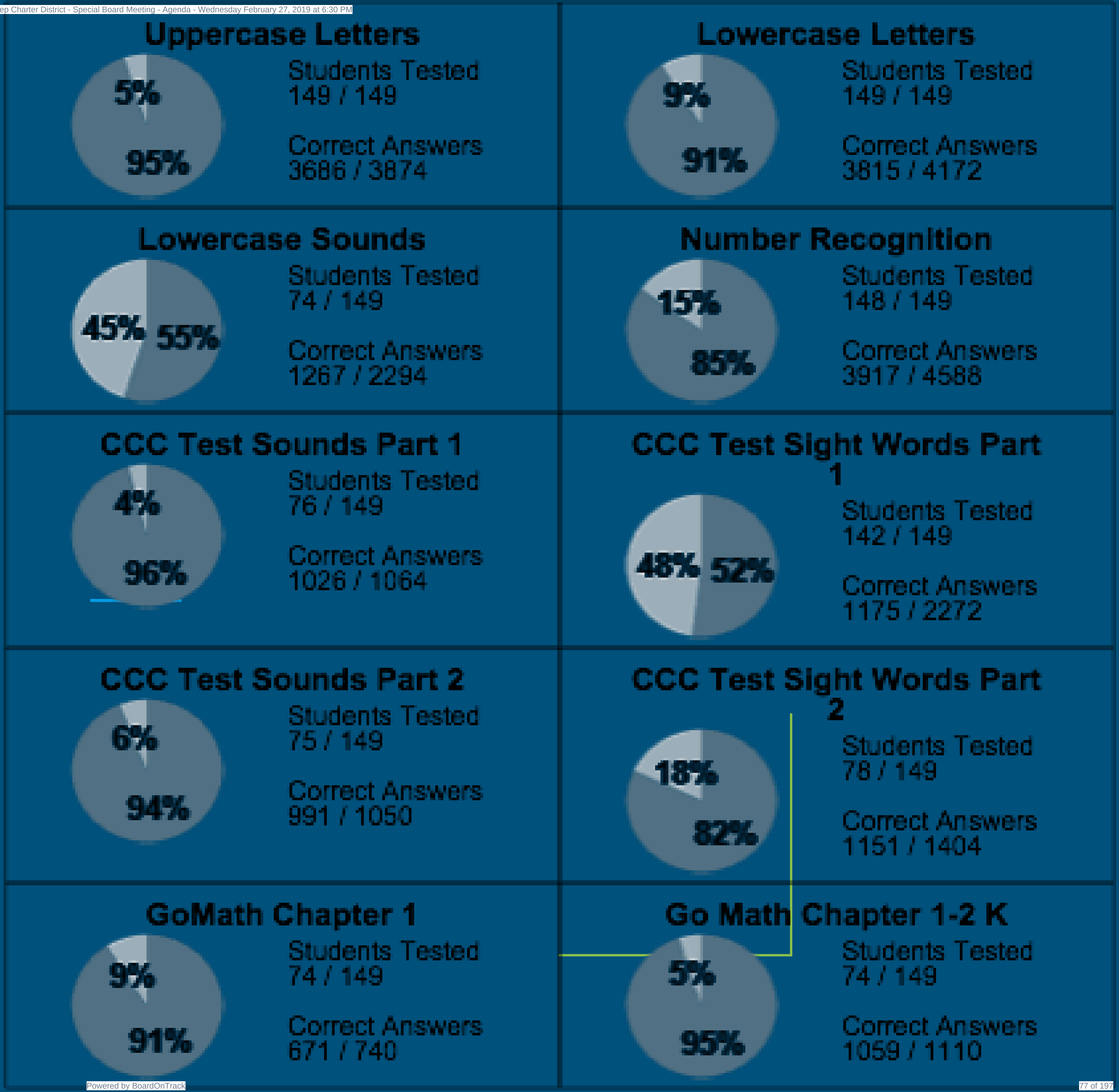
1. **Celebration:** African-American read-in, Lunar New Year Celebration, cultural showcase

1. **College Readiness:** integrating college into Social Studies objectives

1. **Conferences:** providing time coverage so that all teachers can finish mid-year conferences by the end of February.

1. **Behavioral Therapy:** MOU with La Clinica

DATA: Progress Report Growth



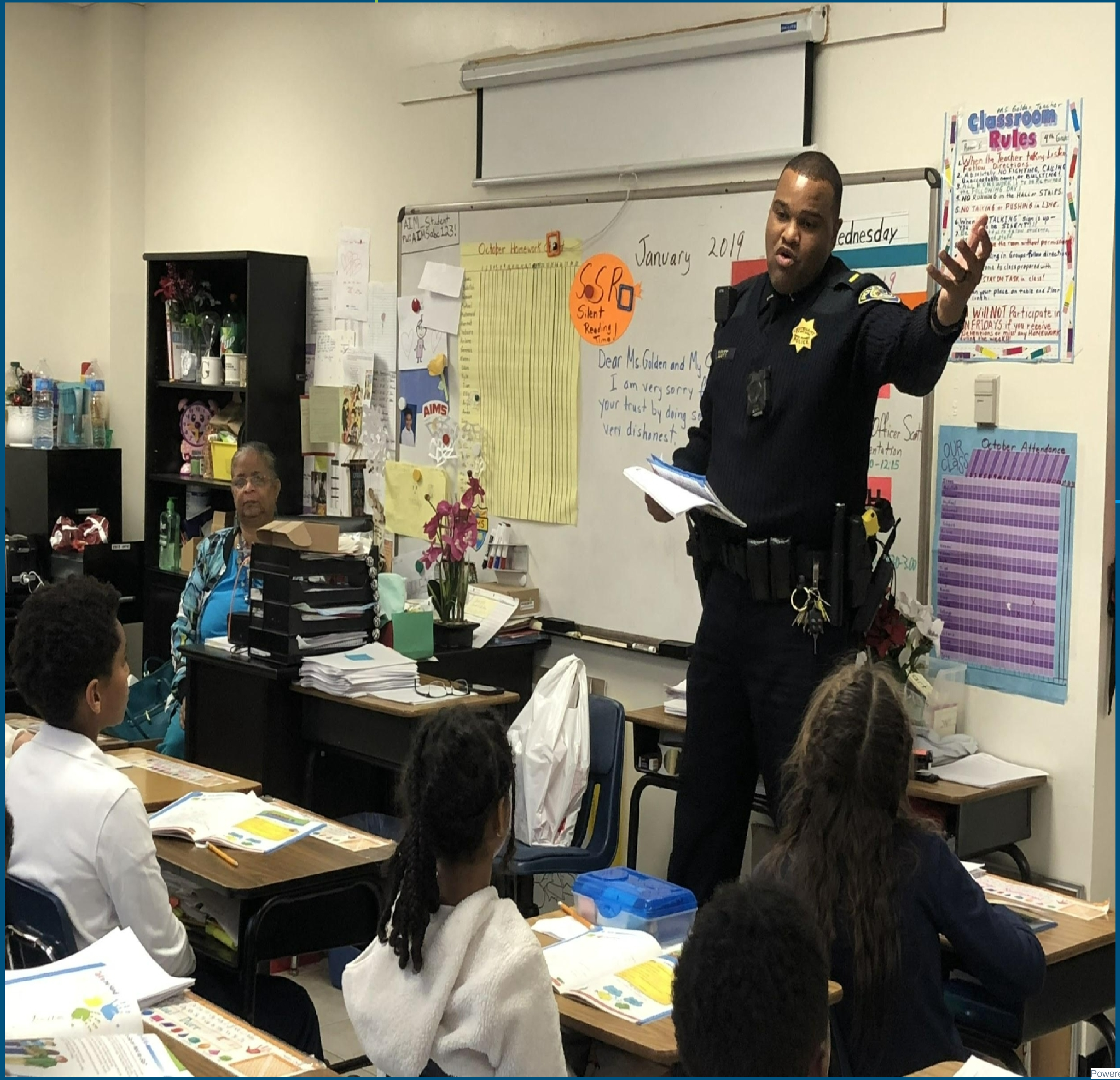
Cultural Day

Pajama Read-a-Thon

Pajama Read-a-Thon

Pajama Read-a-Thon

WORKING WITH THE COMMUNITY



RESTORATIVE JUSTICE SATURDAYS

Teacher Action Plans

- Each teacher received an action plan on what to do for struggling students
- Each planned action was tailored to their class needs
- Extra reading programs were purchased for classes with low-performance
- Teachers were also given an opportunity to collaborate and create a team plan based on raising student performance in ELA

Black History Month

Lunar New Years

AIMS Spelling Bee Winners

- Eighth graders Erkhes Senguun (Two-Time Winner) and Michelle To won this year's Spelling Bee and will advance to the next round. Erkhes and Michelle's names will be placed on our new AIMS Spelling Bee Cup of Champions, which lists our AIPCS I and AIPCS II winners since the 2014-2015 Academic School Year.

2017-2018 Measure G1 Grant Update

- Our order for a 22 iMac Computer lab has been processed and iMacs are slated to arrive by the end of this week at the earliest. Painting for the iMac computer lab will be completed by the first week of February.

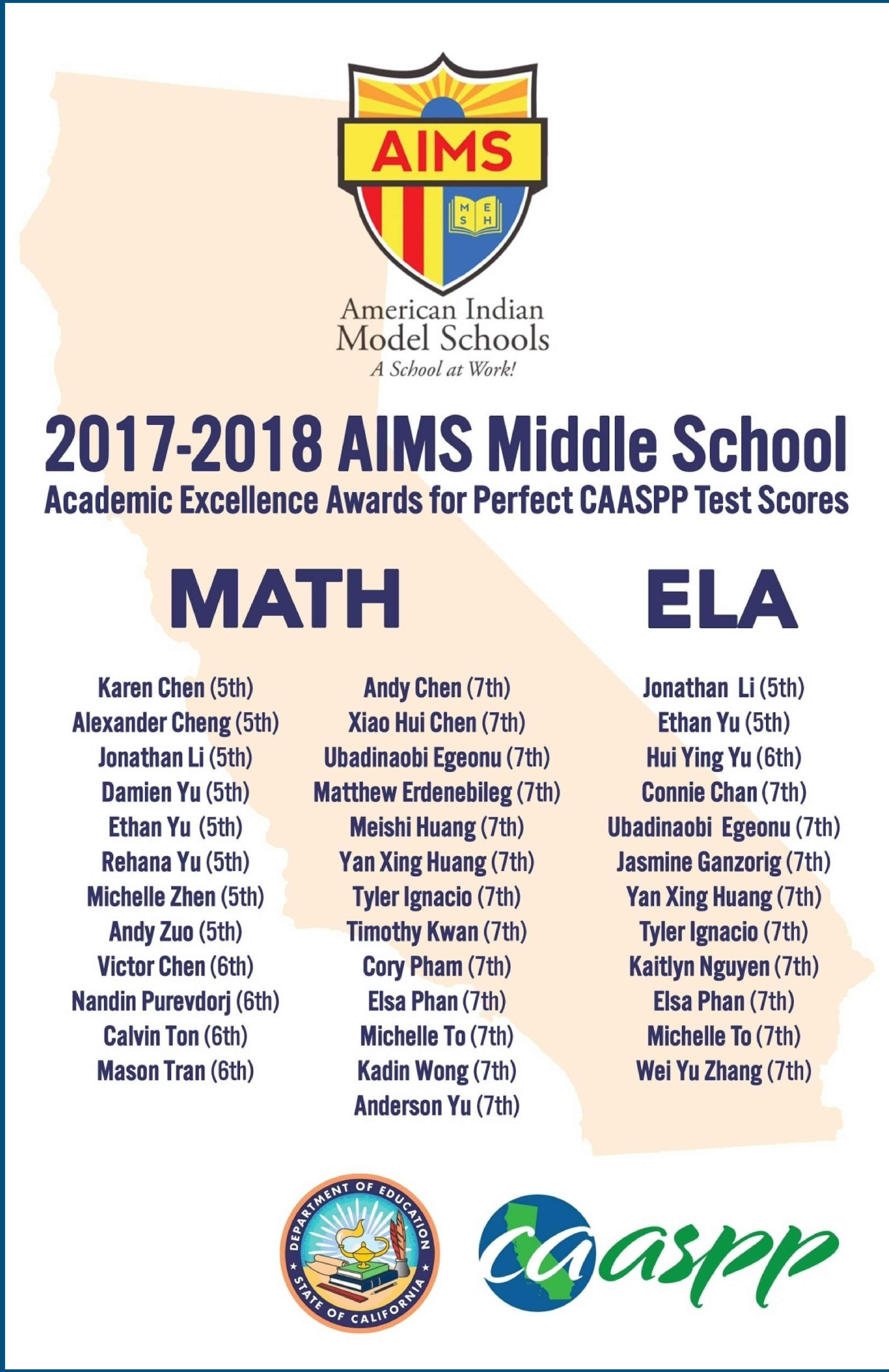
- About 85-90 8th grade students are currently taking our new Graphic Design class as part of their regular curriculum. Taught by Mrs. Suzen Chu, our 8th grade students will utilize the iMac lab exclusively for their graphic design class.

- 10 of 30 cameras for Measure G1 have been purchased for the film / photography elective class.

Other News

- **Khan Academy Competition:** For the month of February, and to kick-off our SBAC Test Prep Season, AIMS 6-8 will hold a Khan Academy Classroom Challenge, to encourage all students to complete 100% of their grade level in KhanAcademy.

- **Perfect Attendance Challenge:** In efforts to help increase our school attendance rate, AIMS 6-8 will hold a perfect attendance challenge for the month of February and beyond. The classrooms with the highest attendance and attendance rate increases will win prizes.

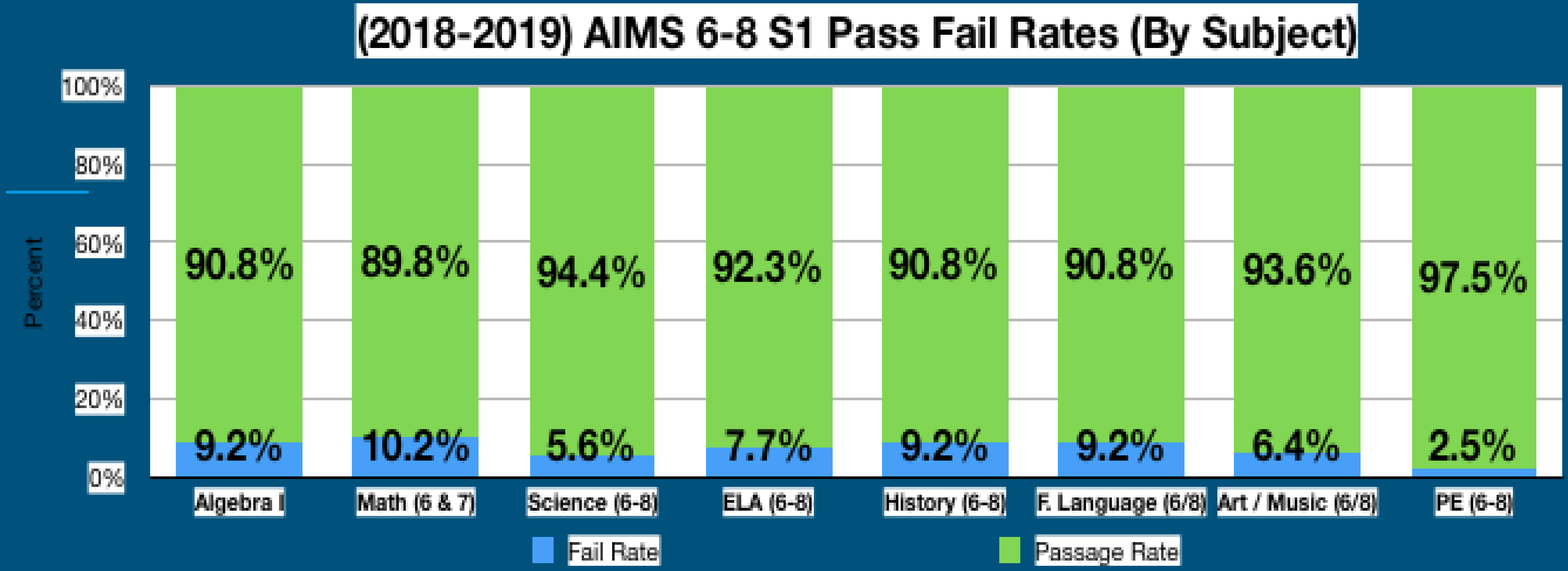


Other News (Continued)

- **SBAC Awards Ceremony:** AIMS 6-8 Will recognize students that earned perfect SBAC scores in a ceremony this Friday, February 1, @ 10AM. Students with perfect SBAC Scores will receive medals and have their names listed on a banner.

2018-2019 AIMS 6-8 S1 Pass / Fail Data

(2018-2019) AIMS 6-8 S1 Fail / Pass Rates (Core Math / ELA Subjects Only)		(2018-2019) AIMS 6-8 S1 Fail / Pass Rates (All Subjects)	
876 Instances	**(91.25%)** Instances of Passing Grades (Core Subjects)	**3115 Instances**	**(93.9%)** Instances of Passing Grades (All Subjects)
85 Instances	**(8.75%)** Instances of Failing Core Grades	**205 Instances**	**(6.1%)** Instances of Failing Grades
11 Students	**(2.29%)** MS Students are failing both core subjects	**47 Students**	**(9.79%)**MS Students failing more than one subject
64 Students	**(13.33%)** MS Students are failing only one core subject	**79 Students**	**(16.46%)**MS Students failing only one subject
75 / 480 Students	(**15.63%)** MS students are failing at least one core subject	**126 / 480 Students**	**(26.25%)** of MS students are failing at least one subject
405 / 480 Students	(**84.37%)** of MS students are not failing any core subjects	**354 / 480 Students**	(**73.75%)** of MS students are not failing any subjects

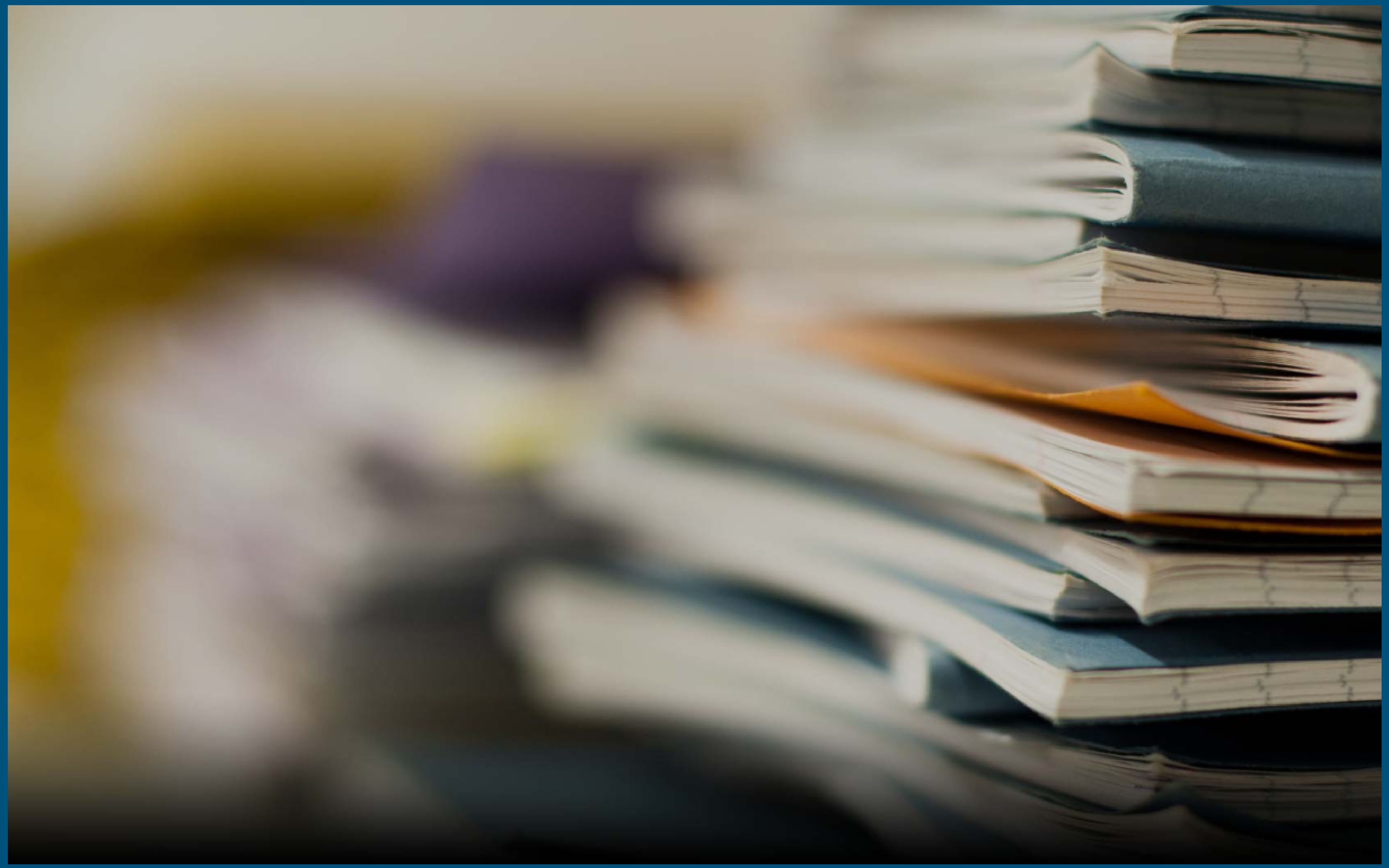


35 6th, 28 7th, and 22 8th Grade students have failed at least Math / ELA in S1.

Of these students, 47 are deemed the most critical (D and below in Math / ELA):
19 6th Graders, 17 7th Graders, 11 8th Graders.

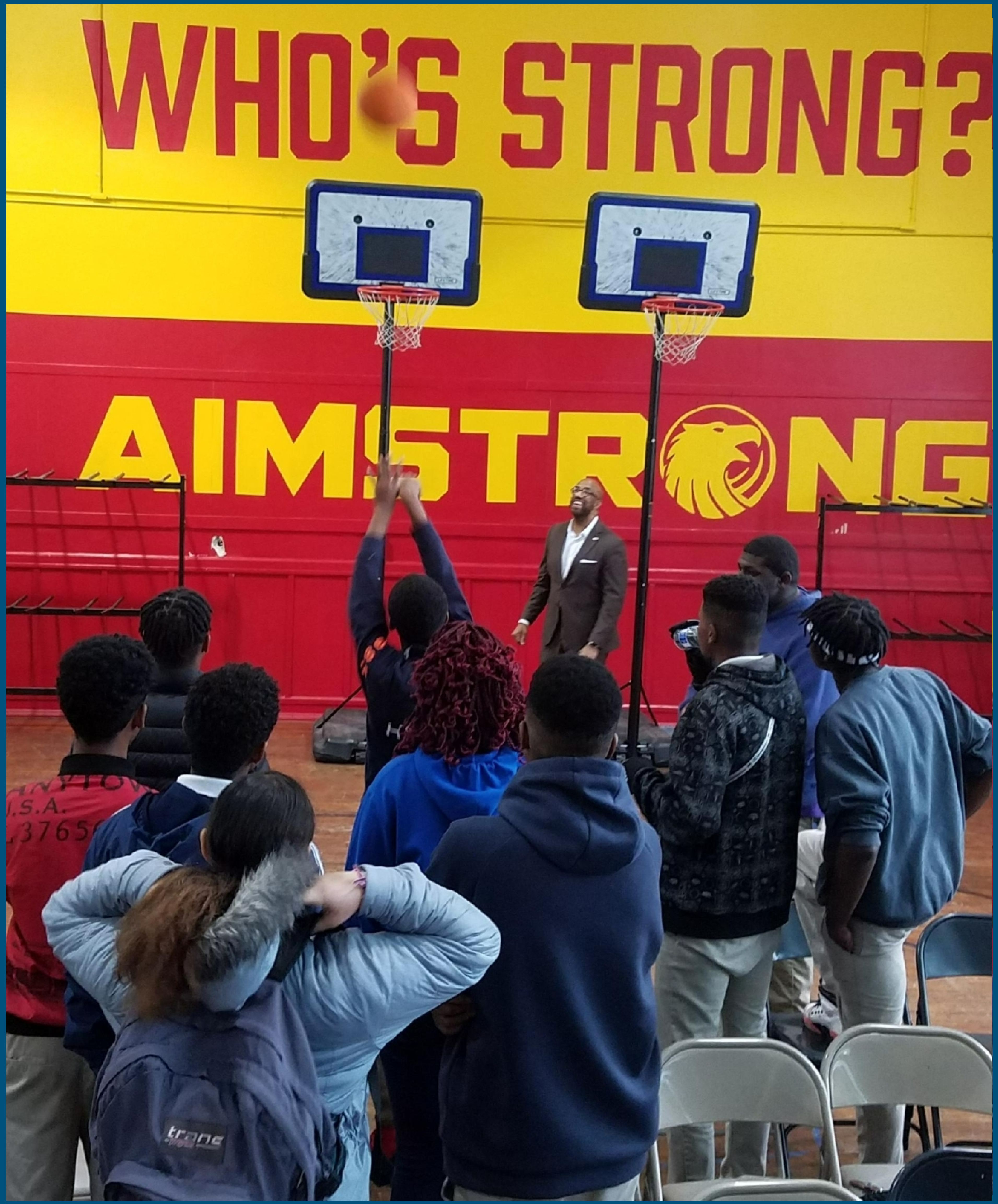
Preliminary Data suggests that most of the critical students have been at AIMS for less than 1-1.5 years.

Next Steps



- All instructional Aides have increased their push-in / pull out schedules to target those that are most in need. Two additional staff members (5 total) are providing push-in / pull out support twice a week
- Administration will begin issuing weekly Math / ELA benchmark assessments per grade level standard to help increase overall test preparedness / mastery of the Common Core standards
- Saturday School efforts have increased to include more accountability for students to attend and careful monitoring of assigned work

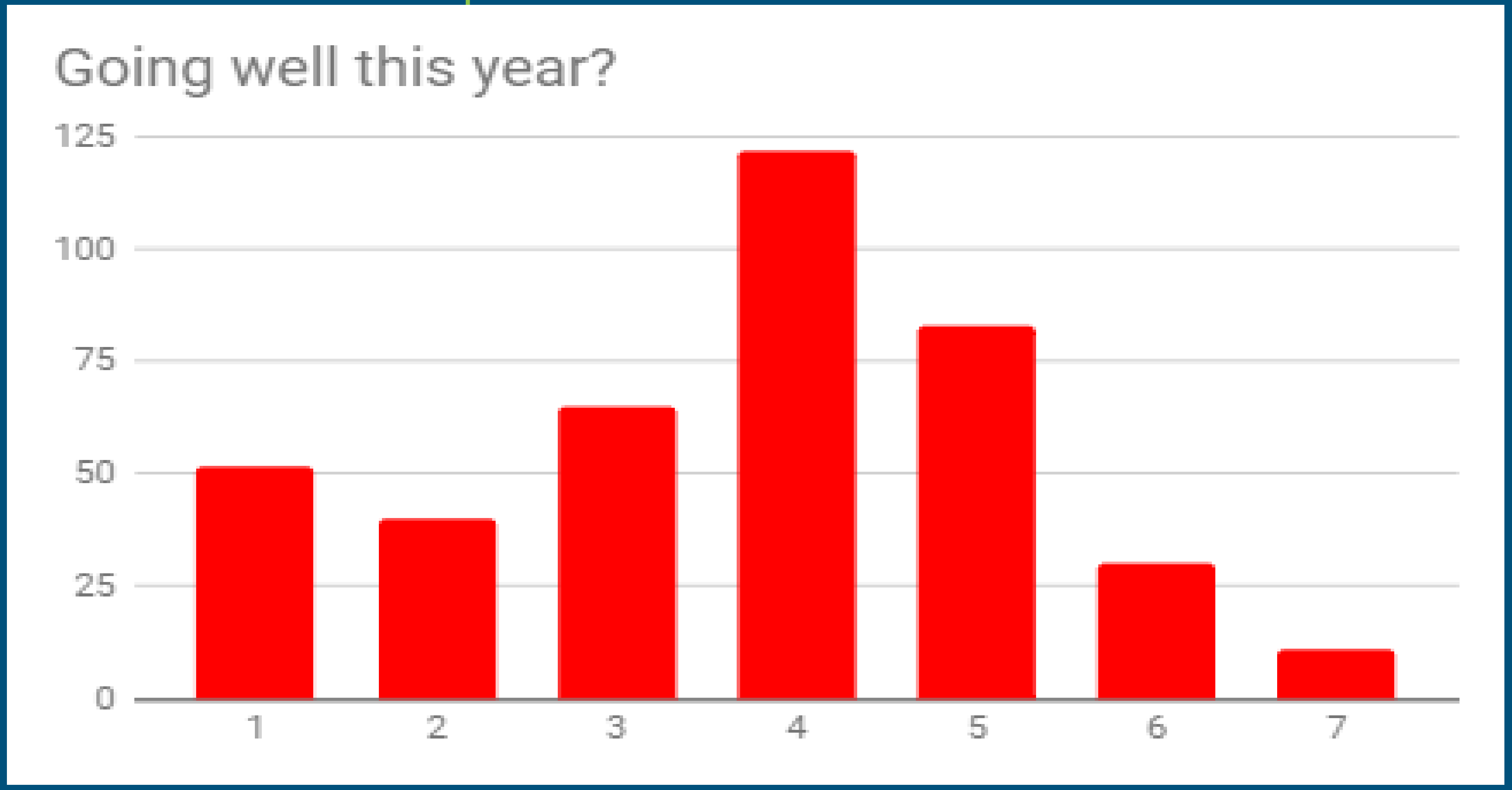
High School

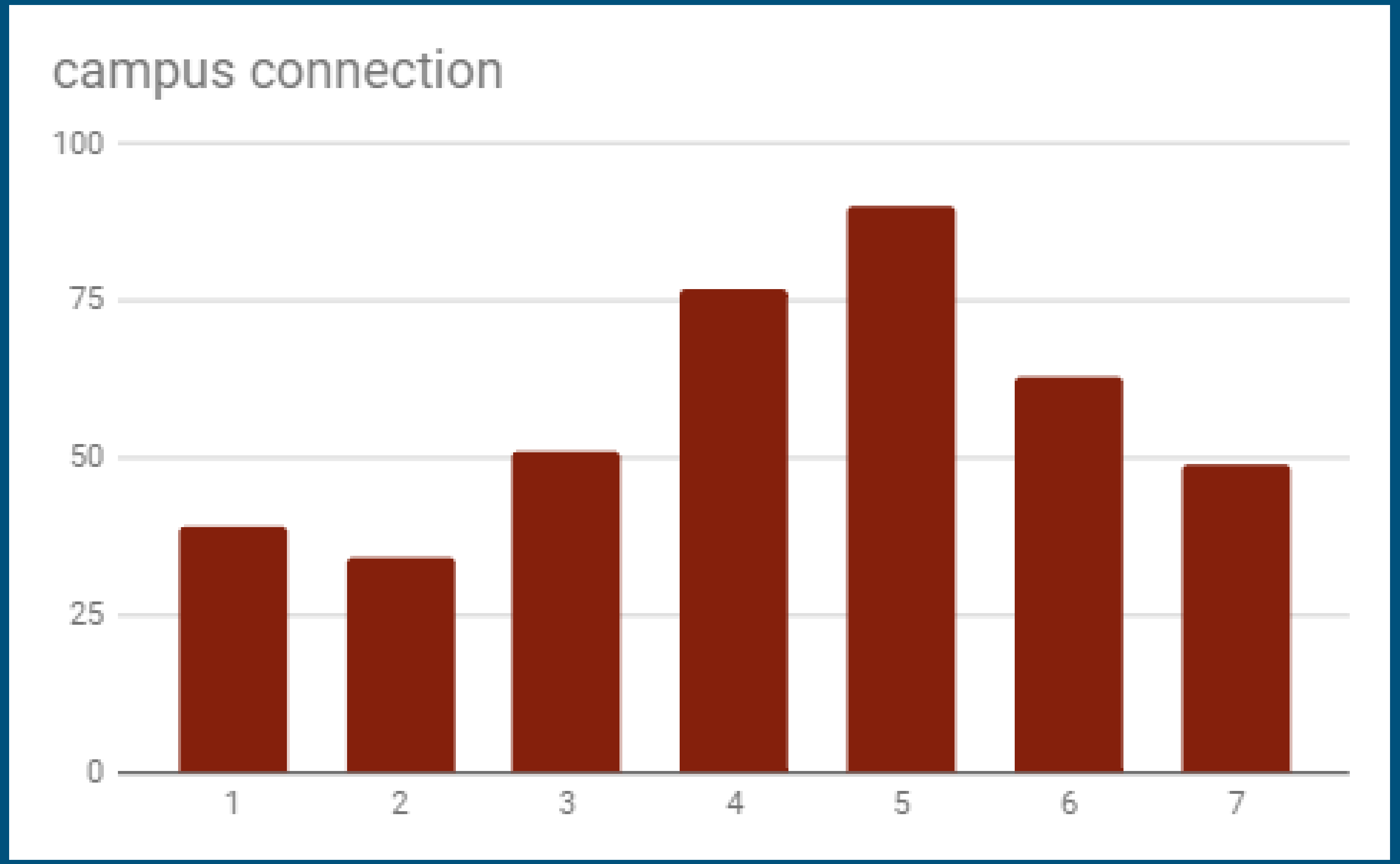


While we are preparing for the WASC visit, we have been working on surveys and gathering data and evidence of completed requests from the WASC Committee. The next pages include several data charts.

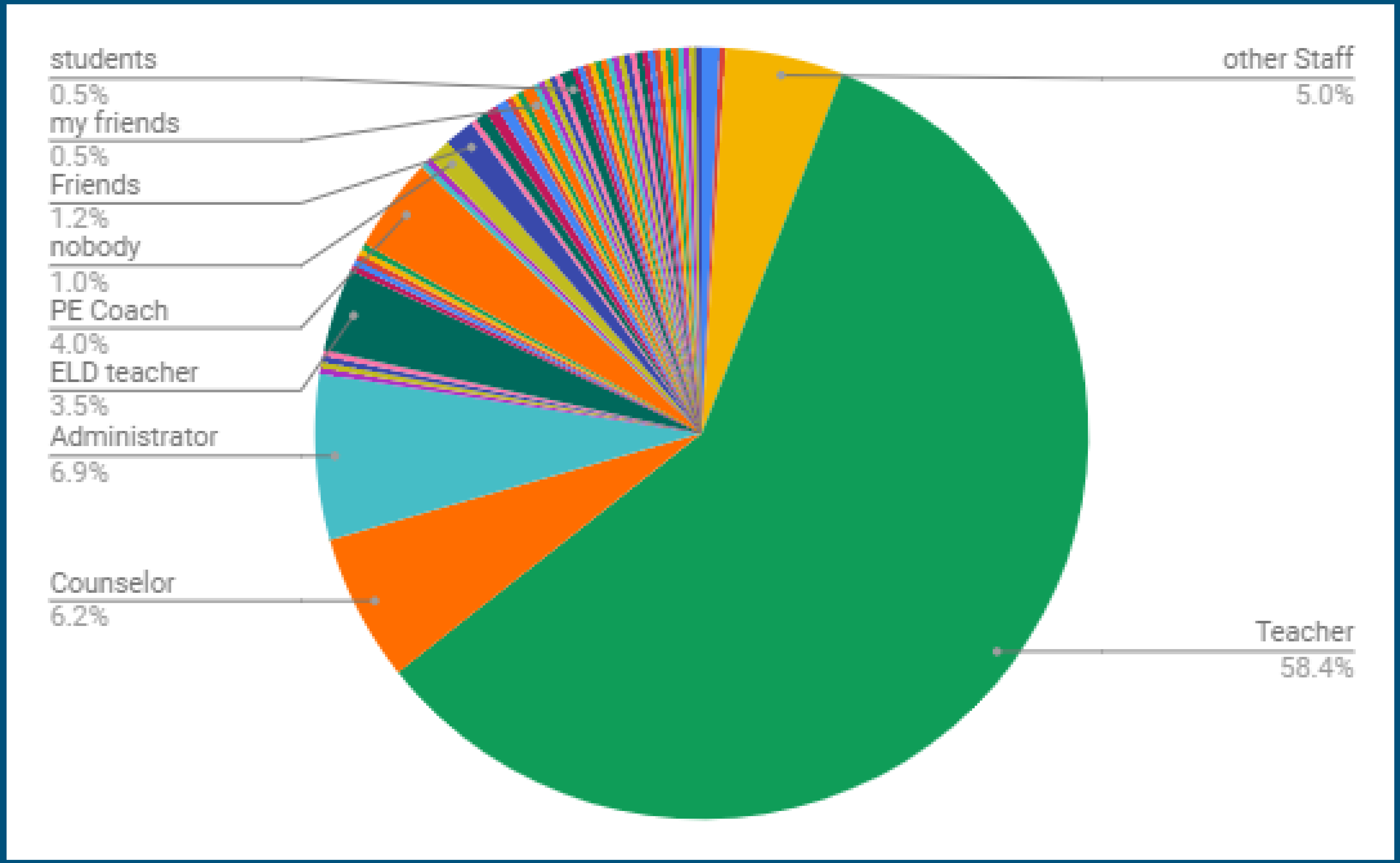
We also had a visit from an HBCU President, Dr. Michael Sorrel, from Paul Quinn College (Dallas, TX). He spoke with a large number of Juniors and some Seniors. He also had a few of them prove their points literally at the basketball hoop. That is the kind of introductions he required of each student.

High School

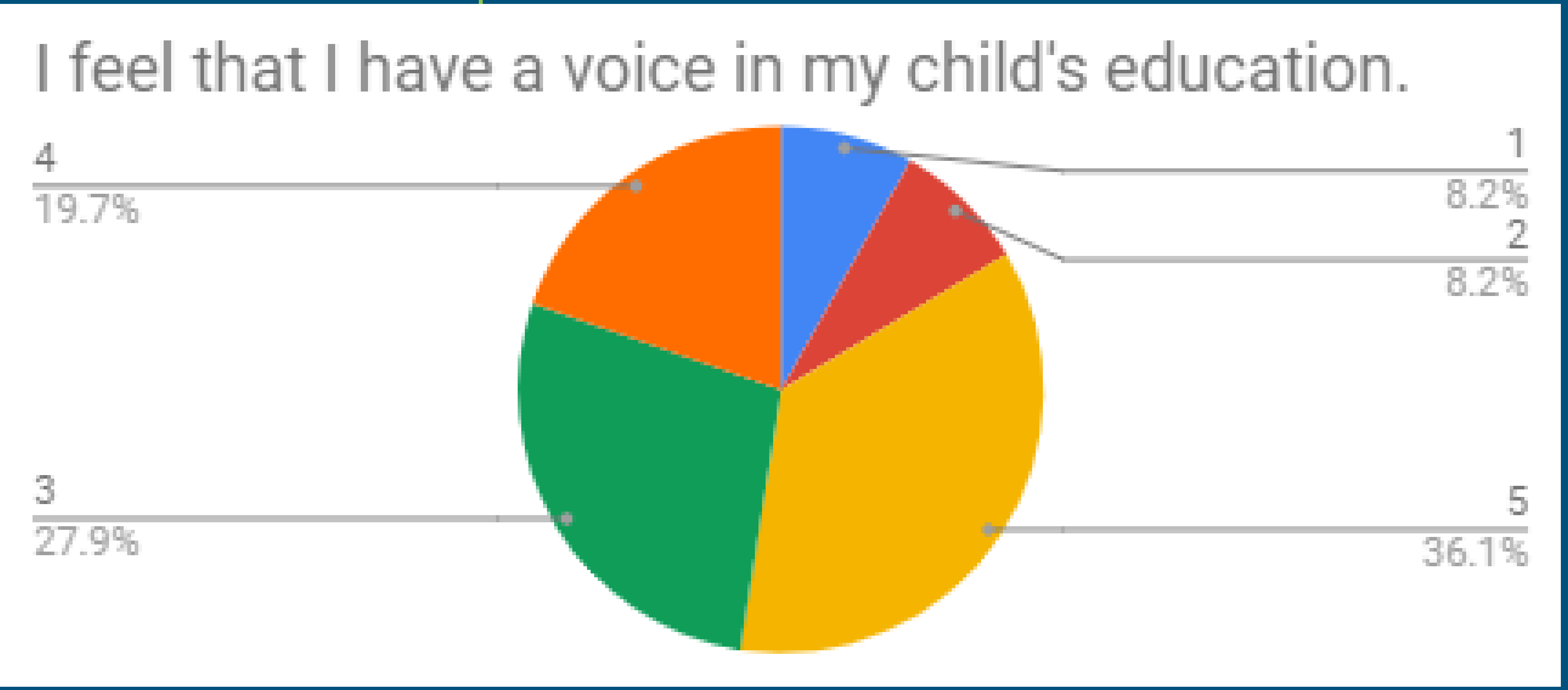


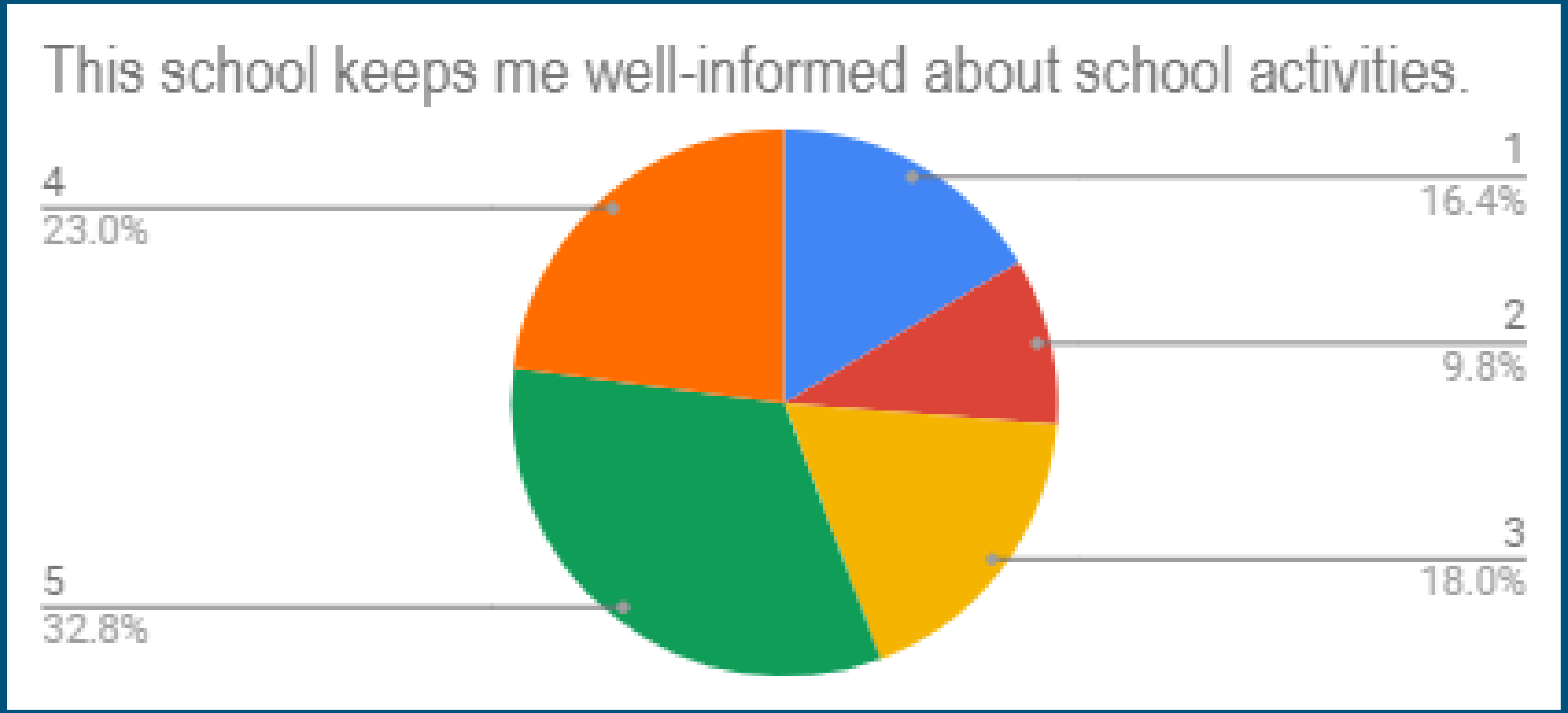


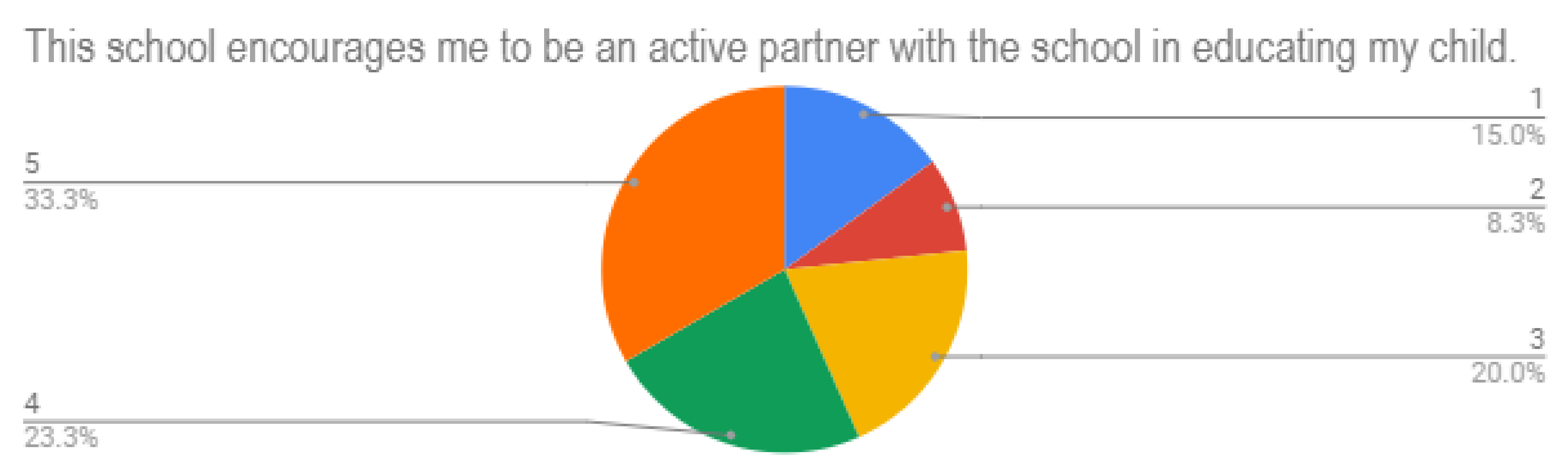
These are some charts showing student response data for the 403 students who participated.



High School

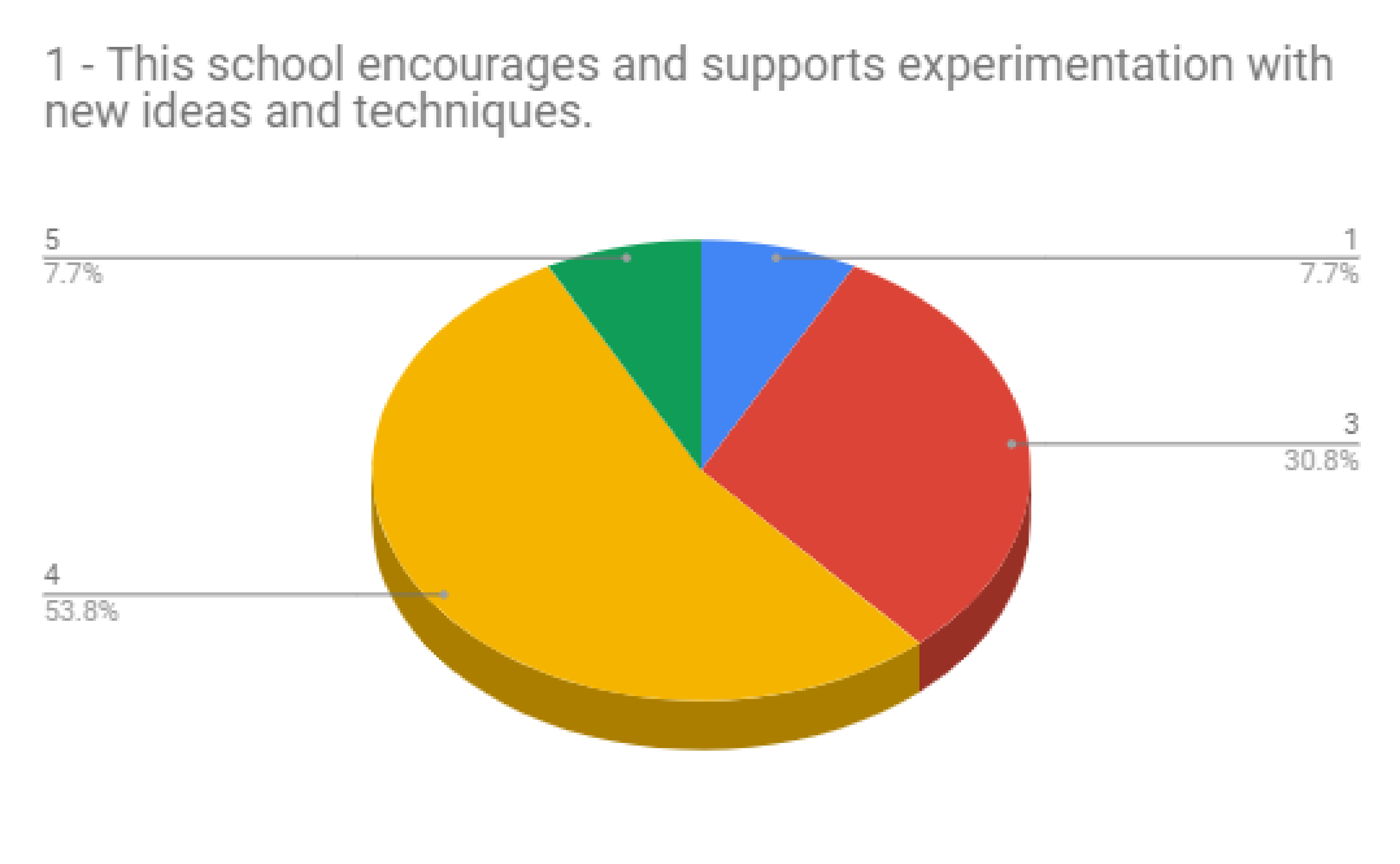


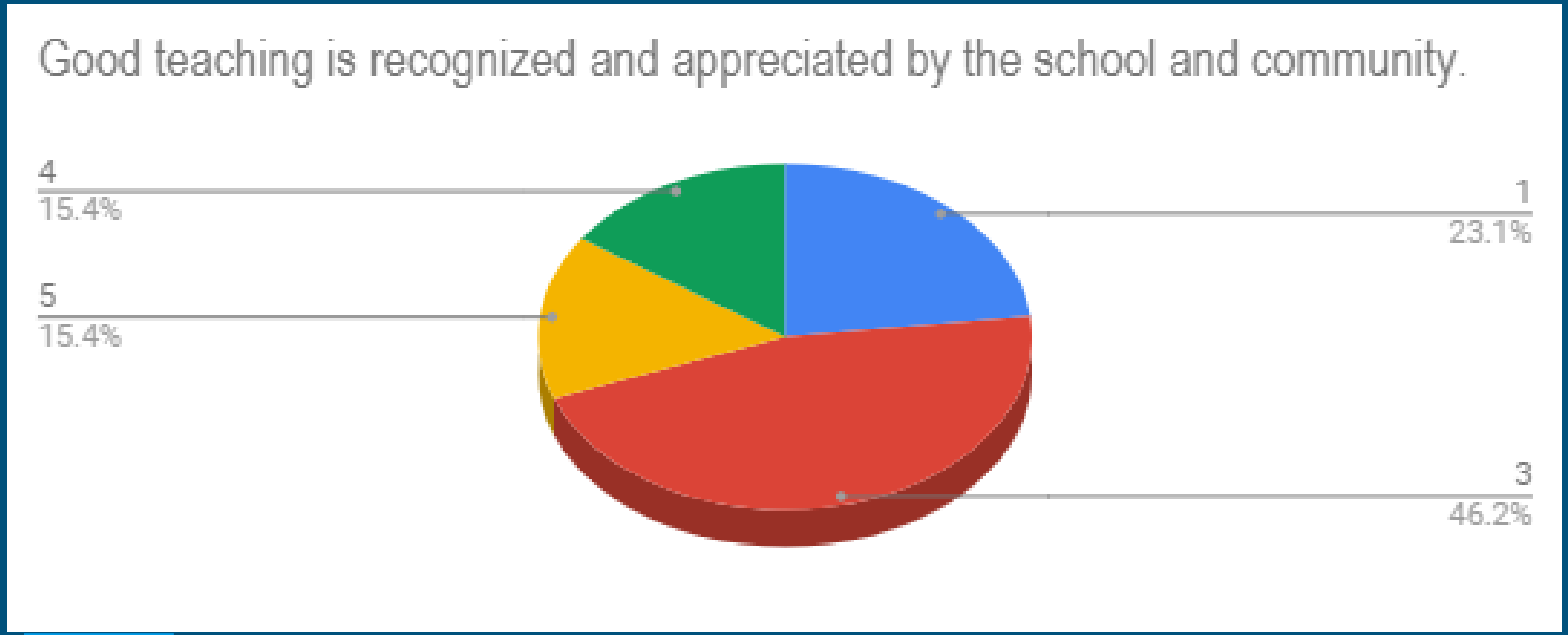


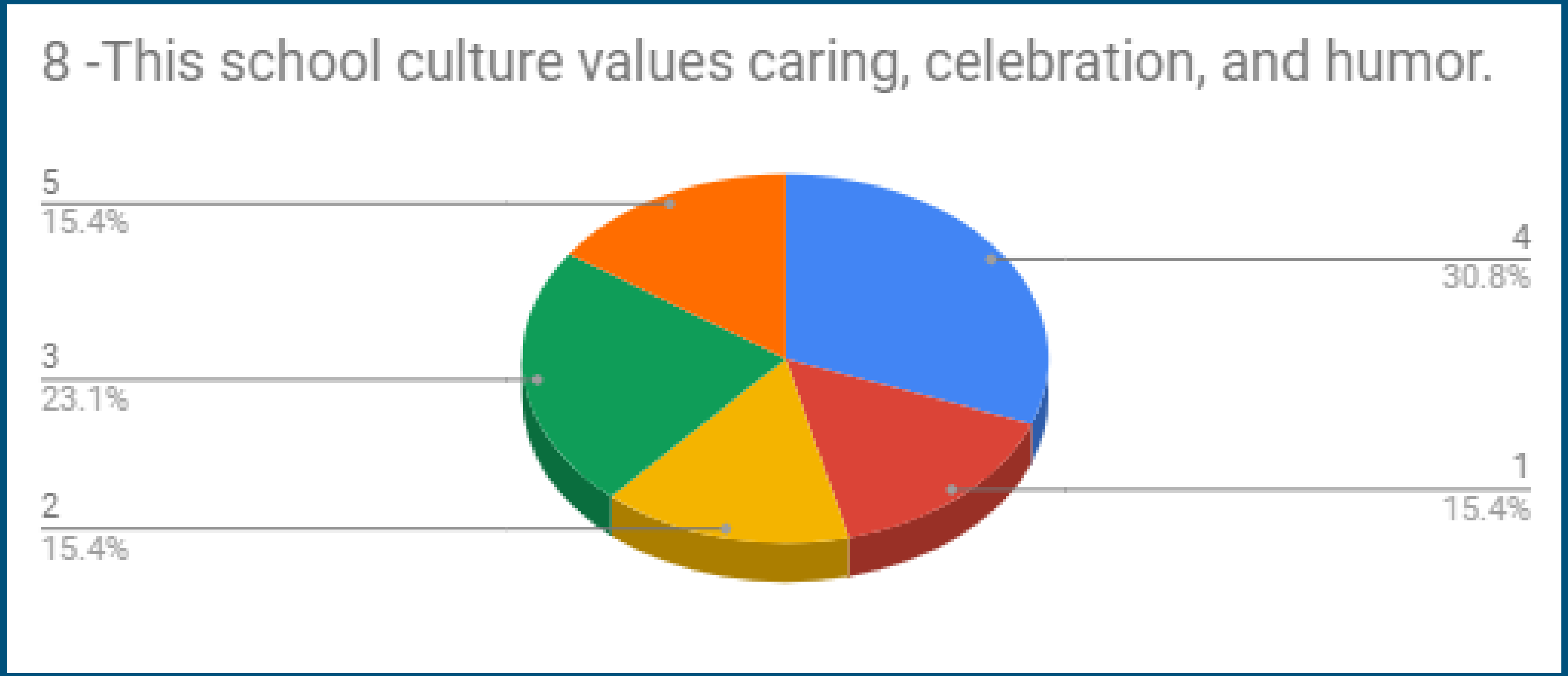


These are a few charts from the parent survey questions.

High School







These are a few charts from the teacher survey questions.

AIMS Middle School Athletics Updates

- AIMS Middle School's first Basketball Season kicked off this past weekend as part of the City of Oakland's Parks and Recreation League.

- Of our 6 basketball teams, The 8th Grade A-Team defeated Downtown Charter Academy 63-24 and The 8th Grade Girls Team lost against Downtown Charter Academy 19-23. Our 6th/7th grade girls team defeated Green Leaf 20-19 in double overtime.

AIMS Athletics Updates

- Congratulations to the AIMS Boys Cross Country Team on Winning the BACSAC Championship.
- The Girls Cross Country Team placed second in the championships.
- 5 AIPHS students received all-league honors in Cross Country, including Sophomore Xin Huang, who finished as the fastest female runner in the BACSAC Cross Country Championship.
- The Cross Country Championship Banner, and the runner-up banners for the Girls Cross Country and Volleyball teams arrived and will be displayed in the AIPHS auditorium.

AIMS High School Athletics Updates

- The AIPHS Golden Eagles Basketball team capped their historic first season by defeating Richmond Cal Prep 77-57 to win the BACSAC Division B Championship. AIPHS Senior Van Gerald Del Valle was named the Tournament's MVP for scoring 40 points in the playoffs, including a 20 point (6 three pointers, 1 field goal) performance in the Championship.
- The Lady Eagles Basketball team advanced to the BACSAC Division B Championship, but finished in second place after losing to LPS Richmond 51-44.
- Both the Boys and Girls teams will advance to the A Division next season.

Coversheet

Operation's Report

Section:	II. Non-Action Items
Item:	H. Operation's Report
Purpose:	FYI
Submitted by:	
Related Material:	_Operations Board Report 2.27.19.pptx

AIMS OPERATIONS Report

By

Ms. Magaña Operations Director

Ms. Tung Operations Manager

Reporting & Compliance

Report & Compliance

- Submitted ASES grant for AIPCS/AIPCS II
- Submitted Fall 1 CALPADS report for all three schools
- Working on Fall 2 CALPADS reporting
- SchoolMint data cleanup-preparation for public District Lottery, March 8th
- Submitted School Accountability Report Card (SARC) for AIPCS, AIPCS II, AIPHS

District Lunch Program Update

Roosevelt Campus K-1st - 110

FRL Eligibility: Free-53 Reduced-32 Paid-25

12th Street Campus 2nd-8th - 492

FRL Eligibility: Free-309 Reduced-92 Paid-91

High School Campus - 178

FRL Eligibility: Free-119 Reduced-28 Paid-31

Facilities

- Continued supporting with construction to damaged areas
- Carpet was replaced on 2nd and 3rd floor damaged areas

Prop 39 - Energy savings

- Water heater was replaced on 12/15/18
- Inspection for water heater occurred on 1/4/19
- Plug load installation occurred on 1/14/19

Prop 39 Facilities Request

- OUSD responded with objections to our ADA projection numbers for AIPCS II and AIPHS on 12/1/18
- We sent our response on 1/2/19
- OUSD issued Preliminary offer letters om 2/1/19
- We are preparing to respond by 3/1/19

7th Annual Staff/Teacher Appreciation Dinner

Where: Lake Chalet Banquet Room
Total Attended: 120 Across the District

- Teachers were given AIMS jackets, t-shirts, and gift cards.
- We also had raffle prizes.

7th Annual Appreciation Dinner Donors

AIMS Thanks the following individuals/organizations for their generous donations.

- AIMS Families
- Eden Plaza Café
- Lagos Grill
- Mo'Joe Café
- Target Corporation
- Trader Joe's

Wellness Committee

This year four Wellness committee meetings will be held:

February - Resources for families and referrals for mental health support, invitation will be sent home to families, staff to seek potential committee members.

March - Review of Wellness Policy and potential changes within policy that can be adopted and implemented for betterment of students wellbeing.

April - Discussion of mandated health and wellness programs within public schools and what that looks like.

May - Overview of school lunch program and review of survey results and current wellness practices K-12th.

Purpose of AIMS District Wellness Committee

Childhood obesity is one of the most serious health epidemics facing America today. The American Medical Association now recognizes obesity as a disease. According to the U.S. Centers for Disease Control and Prevention, about one third of children and teens in the United States are overweight or obese. Childhood obesity is leading to a range of health problems that previously were not generally seen until adulthood, including high blood pressure, type II diabetes and elevated blood cholesterol levels.

Wellness Policy Assessment Tool

Wellness Policy Assessment Tool

This template provides information on wellness policy goals and practices within the SFA. Use this tool to track progress and gather ideas on ways to create a healthier school environment. A separate assessment should be completed for each school or at a minimum, each school level. The wellness policy and completed assessment must be available to the public.

LEA/District Name ______ Reviewer ______

School Name ______ Date ______

Select all grades: ☐ PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

I. Public Involvement (Yes / No)

- We encourage the following to participate in the development, implementation, and evaluation of our wellness policy: ☐ Administrators ☐ School Food Service Staff ☐ P.E. Teachers ☐ Parents ☐ School Board Members ☐ School Health Professionals ☐ Students ☐ Public
- We have a designee in charge of compliance. Name/Title: ______
- We make our policy available to the public. Please describe: ______
- We measure the implementation of our policy goals and communicate results to the public. Please describe: ______
- Our district reviews the wellness policy at least annually.

II. Nutrition Education (Yes / No)

- Our district's written wellness policy includes measurable goals for nutrition education.
- We offer standards based nutrition education in a variety of subjects (e.g. science, health, math, etc).
- We offer nutrition education to students in: ☐ Elementary School ☐ Middle School ☐ High School

III. Nutrition Promotion (Yes / No)

- Our district's written wellness policy includes measurable goals for nutrition promotion.
- We promote healthy eating and nutrition education with signage, use of creative menus, posters, bulletin boards, etc.
- We have reviewed Smarter Lunchroom techniques and evaluated our ability to implement some of them.
- We place fruits and vegetables where they are easy to access (e.g. near the cafeteria cashier or near the front of the line).
- We ensure students have access to hand-washing facilities prior to meals.
- We annually evaluate how to market and promote our school meal program(s).
- We regularly share school meal nutrition, calorie, and sodium content information with students and families.
- We offer taste testing or menu planning opportunities to our students.
- We participate in Farm to School activities and/or have a school garden.
- We only advertise and promote nutritious foods and beverages on school grounds (e.g. buildings, playing fields, etc).
- We price nutritious foods and beverages lower than less nutritious foods and beverages.
- We offer fruits or non-fried vegetables in: ☐ Vending Machines ☐ School Stores ☐ Snack Bars ☐ à La Carte
- We have nutritional standards for foods/beverages served at school parties, celebrations, events, etc.
- We provide teachers with samples of alternative reward options other than food or beverages.
- We prohibit the use of food and beverages as a reward.

(Cont. on page 2)

IV. Nutrition Guidelines (Cont. from page 1) (Yes / No)

- Our district's written wellness policy addresses nutrition standards for USDA reimbursable meals.
- We operate the School Breakfast program: ☐ Before School ☐ In the Classroom ☐ Grab & Go
- We follow all nutrition regulations for the National School Lunch Program (NSLP).
- We operate an Afterschool Snack Program.
- We operate the Fresh Fruit and Vegetable Program.
- We have a Certified Food Handler as our Food Service Manager.
- We have adopted and implemented Smart Snacks nutrition standards for ALL items sold during school hours, including: ☐ as à La Carte Offerings ☐ in School Stores ☐ in Vending Machines ☐ as Fundraisers

V. Physical Activity (Yes / No)

- Our district's written wellness policy includes measurable goals for physical activity.
- We provide physical education for elementary students on a weekly basis.
- We provide physical education for middle school during a term or semester.
- We require physical education classes for graduation (high schools only).
- We provide recess for elementary students on a daily basis.
- We provide opportunities for physical activity integrated throughout the day.
- We prohibit staff and teachers from keeping kids in from recess for punitive reasons.
- Teachers are allowed to offer physical activity as a reward for students.
- We offer before or after school physical activity: ☐ Competitive sports ☐ Non-competitive sports ☐ Other clubs

VI. Other School Based Wellness Activities (Yes / No)

- Our district's written wellness policy includes measurable goals for other school-based activities that promote wellness.
- We provide training to staff on the importance of modeling healthy behaviors.
- We provide annual training to all staff on: ☐ Nutrition ☐ Physical Activity
- We have a staff wellness program.
- We have school district staff who are CPR certified (e.g. teachers, coaches, counselors, food service staff).
- We actively promote walk or bike to school for students with Safe Routes to School or other related programs.
- We have a recycling/environmental stewardship program.
- We have a recognition/reward program for students who exhibit healthy behaviors.
- We have community partnerships which support programs, projects, events, or activities.

VII. Progress Report:

Indicate any additional wellness practices and/or future goals and describe progress made in attaining the goals of the local wellness policy

VIII. Contact Information:

For more information about this school's wellness policy/practices, or ways to get involved, contact the Wellness Committee Coordinator.

Name ______ Position/Title ______

Email ______ Phone ______

This institution is an equal opportunity provider.

1) Purpose of assessment tool is to examine which wellness activities we currently have and what additional activities can be implemented to support the wellness of our students.

2) Wellness committee members will work collaboratively to complete assessment tool.

3) All ideas proposed will be provided to head of division and to board for final approval if implementation of programming is needed.

Coversheet

Consent Calendar

Section: III. Action Items
Item: A. Consent Calendar
Purpose: Vote
Submitted by:
Related Material:
Vehicle_Use_Policy.pdf
Insurance Memo Student Accident Isnruance February 27 2019 board meeting.docx
AIMS Board Cover Student Accident & Libability Ins.pdf
AIMS Board Cover Workers Compensation Renewal.pdf

AMERICAN INDIAN MODEL SCHOOLS

Board Policy

BP XXXX

Business and Non-instructional Operations

Vehicle Use

It is the policy of the American Indian Model Schools that all persons authorized to drive on School business exhibit safe and courteous driving practices, that vehicles be deployed in a manner which best serves the mission of AIMS, and that vehicles be maintained in safe working order. In accordance with this policy, it is the intent of the Board that AIMS vehicles be utilized for AIMS business only. Any other use is strictly prohibited unless prior permission is granted by the Superintendent or Designee.

This Policy sets forth the rules, regulations and procedures that govern the use of vehicles on School business. This includes both AIMS Owned and Non-Owned Vehicles. Non-Owned Vehicles include those vehicles owned, leased or rented by employees or others driving on AIMS business. These procedures shall apply to any person driving on AIMS business, including but not limited to employees, consultants, parents, volunteers or members of the Board of Education.

Financial Responsibility and Liability

District Owned Vehicles

The District may be liable for damages incurred as a result of the negligent operation of its vehicles by its permissive users while engaged in authorized District business. Any person who uses a District vehicle for other than authorized District business may be personally liable for any damage arising from their unauthorized use.

Non-District Owned Vehicles

All persons driving Non-District owned vehicles on AIMS business are required to comply with the Financial Responsibility laws set out in the California Vehicle Code. The registered owner of Non-District owned vehicles shall be responsible for damages incurred as a result of a negligent or wrongful act or omission in the operation of the motor vehicle while on District business (See California Vehicle Code Section 17150 and this Policy, "Insurance for Non-Owned Vehicles).

Responsibility for Enforcement

The Department Head or Site Administrator shall be responsible for ensuring that the procedures outlined in this Policy are followed by any person permitted to drive on AIMS business at the Site or Department level. The appropriate Head shall be responsible for enforcement of these provisions among persons driving on AIMS business. The President of the Board of Education shall be responsible for the enforcement of these vehicle use procedures by members of the Board or the Board's employees.

Use of AIMS Vans

1. Site and central budgets will be assessed for costs of vans
2. Priority of use goes to athletic engagements that are not with in walking distance
3. All keys will be kept in the business office and signed out
4. All drivers must be pre-approved and insured
5. Vans must be reserved one week in advance
6. When appropriate booster seats must be used
7. Vans tanks must be filled with gas upon return to site
8. Vans must be clean inside and out when returned
9. Any damage or wear must be reported to the business office
10. All policies in this full policy must be met in reference to the vans

Employee Eligibility for Driving on District Business

No AIMS employee or Board of Education member may use an AIMS owned vehicle without demonstrating that they possess a valid California driver's license and satisfactory driving record (see definition of satisfactory driving record below). No prospective employee shall be hired for a position which may require driving on AIMS business if the prospective employee does not possess a satisfactory driving record and a valid California driver's license. Existing employees whose job duties include driving shall always be required to possess a valid California driver's license and satisfactory driving record. Failure to maintain a valid California driver's license or a satisfactory driving record shall be grounds for immediate suspension of an employee's eligibility to drive on AIMS business, whether it is in an AIMS Owned or Non-Owned vehicle. Failure to maintain a valid California driver's license and satisfactory driving record shall be grounds for disciplinary action, up to and including dismissal for those employees whose job requires driving on District business.

All AIMS employees, whose job duties include driving on AIMS business, shall provide acceptable written verification to their supervisor annually, on or about January 1, certifying their driver's license status.

All District employees whose job duties include driving on AIMS business are required to immediately report any change in their driver's license status.

General Safety Requirements Owned and Non-Owned Vehicles:

1. Drivers will obey all traffic laws and exhibit courtesy while driving on District business

2. Drivers will be responsible for reasonable vehicle inspection and maintenance to ensure that vehicles used on AIMS business are in safe working order.

3. Drivers will not utilize cell phones while driving.

4. **Under no circumstances** will passengers be transported in an area not designed for passenger use.

5. **Under no circumstances** will drivers transport more persons than the rated vehicle capacity and/or the number of working seat belts, whichever is less. The driver and each and every passenger will be provided and utilize a properly installed seat belt device which meets or exceeds federal and state seat belt safety requirements.

6. Drivers will not allow other persons to drive without prior authorization from their Site or Division Head, or the President of the Board of Education.

7. While on approved AIMS business or using a AIMS Owned vehicle, drivers will not transport any passengers at any time without prior authorization from their supervisor or Head.

Alcohol and Drug Use

The operation of any vehicle on District business while under the influence of any alcohol or drug that may inhibit the operator's ability is strictly prohibited. No District Owned vehicle may ever be used if the operator has consumed any alcohol in the preceding 12 hours. All positions which require the operation of District Owned vehicles and which are regulated by Federal Department of Transportation and state laws and regulations, shall be subject to regular, probable cause, and random drug testing in accordance with those rules and regulations.

Sleep and Rest

Travel to and from certain sports, musical or other interscholastic events may require long distance driving. At no time shall employees or other persons driving on approved AIMS business drive longer than eight (8) hours in a 24-hour period. Drivers are encouraged to take 15-minute breaks from driving once every two hours.

District Owned Vehicles

AIMS Owned vehicles may only be operated by District employees or members of the Board of Education on authorized AIMS business. Prior to operating an AIMS Owned vehicle, the employee or Board member must submit authorization to Business Services for a California Department of Motor Vehicles record check, have a satisfactory driving record determined, and obtain a AIMS Vehicle Operation Permit. No AIMS leader shall permit the operation of an AIMS Owned vehicle without the employee or Board member possessing a satisfactory District Vehicle Operation Permit. DMV record checks will be requested annually in January by Human Resources for every employee or Board member with an AIMS Vehicle Operation Permit.

AIMS Owned vehicles may not be used for personal errands or personal business (e.g., going to the bank, visit relatives, etc.) Employees or Board members who are involved in an accident while engaged in anything other than authorized AIMS business will not be covered by the AIMS insurance and will bear sole liability for any damages or injuries incurred as a result of their unauthorized use. Unauthorized use or negligent or wrongful acts or omissions while operating a AIMS Owned vehicle is grounds for discipline, up to and including termination.

Employees or Board members assigned an AIMS vehicle shall be responsible to:

1. Maintain the vehicle in a neat and clean condition.

2. Ensure that any equipment and tools are properly loaded and secured to minimize the likelihood of loads shifting and/or creating a hazard during transport.

3. Make reasonable inspections of the vehicle to insure the vehicle is in safe working order.

4. Schedule and adhere to routine maintenance and servicing of the vehicle.

5. Secure and lock the vehicle whenever away from it.

6. Not leave valuables in plain sight which would encourage a criminal to break and enter the vehicle.

7. Report any vehicle damage in writing immediately to supervisor.

Home Garaged Vehicles

AIMS Owned vehicles shall not be used on a 24-hour basis, nor operated and garaged from the residence of any AIMS employee without the permission of the Supervisor or Head and the Superintendent.

Criteria for Home Garaging:

1. The employee's job requires vehicle home assignment because the employee is subject to 24-hour emergency call out on AIMS business. Upon completion of the rotational duty assignment, the vehicle shall return to AIMS garaging; or

2. Superintendent. The high frequency of constant use by these individuals in their official capacity permits an AIMS Owned vehicle be at their constant disposal; or

3. An employee or Board member who is proceeding out of the area on a School related trip, and it is most advantageous to proceed directly from their residence, may take a vehicle home on a temporary basis (over one night or the weekend).

Safeguarding District Owned Vehicle

Employees or Board members who are permitted to take an AIMS vehicle home will adhere to the following requirements, in addition to the General Safety Requirements and responsibilities regarding AIMS Owned vehicles set out above:

1. An AIMS Owned vehicle which is home garaged shall be parked in the employee or Board member's garage, driveway or parking spot at all times while at the residence;

2. No person shall consume or be under the influence of any alcoholic beverage or any drug, which would impair their driving ability or use any tobacco product while in a District Owned vehicle.

Non-Owned Vehicles

A Non-Owned vehicle is one that is not owned by AIMS. It is most commonly a privately owned, leased or rented vehicle of an employee, Board member, consultant, parent or volunteer.

Operation of Non-owned Vehicle on AIMS Business

Non-Owned vehicles may only be used on AIMS business if their use is approved by the Superintendent or the Division Head. Use may only be approved if the vehicle owner and driver demonstrate proof of liability insurance and demonstrate that they possess a valid California driver's license.

Insurance for Non-Owned Vehicles

Insurance coverage must meet or exceed a minimum amount required by law. A copy of the applicable personal automobile insurance policy Declaration Page showing named insured, vehicle description, policy number and policy limits shall be provided to the Site Administrator or Department Head in advance of the vehicle's use. Updated copies shall be provided every January.

Employees and their insurers are responsible for any damage or injuries that result from the negligent or wrongful act or omission in the operation of a Non-District owned vehicle on AIMS business, with the exception of work-related injuries to employee(s) which qualify for workers' compensation benefits to the extent permitted by law. If use of an employee's private, rented or leased vehicle is approved and damage or injuries result during the approved use, it is understood that any available AIMS insurance coverage will come into force if and only if vehicle owner, renter and/or lessee's insurance is exhausted. AIMS liability coverage is available only in instances where a AIMS employee is performing approved AIMS business directly connected with their assignment. No AIMS coverage is available for damage or injuries resulting during non-approved use.

If an employee is traveling on a AIMS approved trip, and requires the use of a rental vehicle, the employee shall purchase and be reimbursed for the maximum insurance coverage available through the rental company. Employees and their insurers are responsible for injuries or damages that result from the negligent or wrongful act or omission in the operation of a rental vehicle, unless the laws of the state in which the vehicle is operated serve to change that rule. (See also Policy XXXXX, Conference Attendance and Business Travel).

Regular or incidental use of employee owned or leased vehicle on AIMS business shall be reimbursed to the employee at the District adopted mileage rate (see Administrative Bulletin 8033, Transportation Reimbursement for Employees).

Non-employees and their insurers shall be responsible for injuries or damage incurred as a result of the negligent or wrongful act or omission in the operation of Non-Owned vehicles while on AIMS business. American Indian Model Schools provides no liability coverage whatsoever for the vehicle operator, passengers or others.

Transportation of Children on District Related Business

1. No child shall be transported on AIMS related business unless the driver demonstrates that they possess a valid California Driver's License, and has current liability Insurance if transport is in a Non-AIMS Owned vehicle;

2. No child shall be transported in any vehicle area not designed for passenger use;

3. Under no circumstances shall more children and adults occupy a vehicle than its rated passenger capacity or working seat belts; the driver and each and every passenger will be provided and utilize a properly installed seat belt device which meets or exceeds federal and state seat belt safety requirements.

4. No driver may transport children (other than their own children) on AIMS related business in a privately-owned vehicle without the appropriate registration and approval of the children's Site Administrator (See Declaration of Driver). No driver shall transport children on AIMS related business if that driver has consumed any alcoholic beverage or taken any drug that would inhibit the operator's driving ability in the preceding 12 hours.

5. In no event shall a site administrator approve the transport of a minor without the consent of their parent or legal guardian.

AIMS Insurance Coverage Limited to Employees and Board members

AIMS recognizes that it may at times be desirable for persons not employed by the AIMS to voluntarily transport children to school or AIMS sponsored activities. In such instances, the AIMS provide no insurance coverage whatsoever for the vehicle operator, passengers or others.

Satisfactory Driving Record Defined

Driving record shall be established based upon information from the California Department of Motor Vehicles (DMV) and records of the District.

The following shall be the definition of a Satisfactory Driving Record:

* No more than 4 points shall be allowed over a three-year period, and no more than 5 points shall be allowed over a 5-year period.

Points are charged as follows:

* One Point per Moving violation, i.e.; speeding, traffic light, etc.

* Two Points per Accident (all accidents are chargeable subject to review and determination by District Accident Review Committee).

* Four Points per Driving Under the Influence (DUI), Reckless Driving, Display of Speed, Open Container, etc.

Accident Reporting

All accidents that occur while on District business, whether in a District Owned Vehicle, or a Non-District Owned vehicle, shall be immediately reported. Following contact to the police or any emergency personnel, drivers are required to immediately telephone their supervisor or department head to report the accident. A written report must also be made to the Site or Department Head and to Risk Management on a Vehicle Accident Report Form (See Exhibit _). If there are any injuries, an Injury to Pupil or Non-Employee or a Report of Injury to Employee form must also be completed and submitted to the Site or Department Head and to Risk Management. Written reports shall be filed the same day whenever possible, or by the next work day after the accident. Risk Management shall immediately forward said report to the appropriate District claims administrator(s). Any accident involving a fatality or serious injury must be reported immediately (within six hours of accident) to the Site or Department Head, Risk Management and the Legal Department.

See also Guidelines for Vehicle Accidents

DMV Financial Responsibility Reports

Every employee, Board member or other person driving on approved District business shall be responsible for filing a completed copy of a DMV Financial Responsibility Accident Report with Risk Management within 10 days of any accident. (See Exhibit D)

AMERICAN INDIAN MODEL SCHOOLS

EMPLOYMENT RECORD CHECK

AGREEMENT AND AUTHORIZATION

APPLICANT: ____

Please Print Last First Middle Initial

ADDRESS: ____

CITY: ___________________________ STATE:____ ZIP: ___________

CALIFORNIA DRIVERS LICENSE NUMBER

____

CLASS LICENSE (I, II, III, Special Endorsements):_______________________

DATE OF BIRTH: ________________   SSN: __________-___-___________

POSITION:____

DEPARTMENT:

____________________________LOCATION____________________________

I hereby authorize the American Indian to obtain now and from

time to time the future, my drivers license driving records as on file with the

California Dept. of Motor Vehicles.

I understand that the position that I am an applicant for, and/or holding, requires

me to drive on District business. I further understand that my employment is

contingent upon possession of a Satisfactory Driving Record. For definition of

Satisfactory Driving Record, see District Administrative Bulletin, Vehicle Use.

I understand and agree that use of any alcohol within the preceding 12 hours or any drug which may impair my driving ability while operating a District owned vehicle, or any other vehicle on District business, is strictly prohibited. Accordingly, I agree to Pre-Placement Physical Drug and Alcohol Testing, as well as Probable Cause and Random Drug and Alcohol Testing.

I agree that a facsimile or photocopy of the original of this document shall serve

as an original.

I have read and understand the above and agree and authorize it.

Signed:______________________ Date:________________

Original: Risk Management

Copy: Human Resources

AMERICAN INDIAN MODEL SCHOOLS

DISTRICT VEHICLE USE PERMIT

APPLICATION/AUTHORIZATION

Employee Name: ____

Please Print LAST FIRST MI

Address: ____

City: ________________________ State:________________ Zip:_________

California Drivers License Number:__________________ Date Exp.______________

Classes Authorized (I, II, III, Special Endorsements):___________________________

Employment Attach Copy Of Personal Vehicle Insurance Policy Declaration Page.

SSN:____________-___________-________ Date Of Birth:______________________

Employee/Application Signature:___________________________ Date:_________

Director Certification Of Employee Need To Use On District Business:

Dept.________________ Director Signature:__________________ Date:____________

Asst. Supt./Supt. Authorization For Home Garaging: Yes_____ No______

Division:_____________________ Auth. Signature:____________ Date:___________

Permit Authorization (Risk Management Completes)

Permit Number:______________________ Permit Date:__________________

Permit Expires:________________

Certifying Risk Management Official:

Print/Type:_________________________________ Title:_______________________

Authorized Signature:____

EXHIBIT B

AMERICAN INDIAN MODEL SCHOOLS

DEPT. OF RISK MANAGEMENT

VEHICLE ACCIDENT REPORT

*Submit to Operations / Insurance company within One day, (6 hrs if injury)

Name of Employee/District Driver: __________________ Cal DL#___________

School or Site: ___________ Position)__________ Name of Manager__________

Driver Res. Address: ______________________________ Date of Birth______________

City:_________________________ State _____ Zip ________________________

Driver Telephone: Residence: (___)_______ Business (___)______________________

Date Accident:____________ Time Accident:_____ AM PM

WHERE did accident occur? Street you (VEH. A) were on____________ Direction_____

Nearest Intersection /Cross Street:_________________ City_______________

What were you driving (VEH A)? Year____ Make____ Model_______ Lic Plate_______

Registered Owner of your vehicle VEH A): ____________________________________

Address: ____

Where was Vehicle A damaged? Front___ Left___ Right___ Rear____ Other_____

Did you drive VEH away or was it towed?______ Where is it now?________________

Police Depart. Investigating:__________ Name of Officer:____________ PR#_______

Was anyone cited?____ Who_____________________ For What?________________

THE OTHER PERSON (B) VEHICLE(B): Driver?__ Ped?___ Unoccupied Vehicle?___

Name of Driver/Ped.(B):_____________________ Tel. #(___) ______ Cal DL #_______

VEH B Driver Address:______________________ City_________ State____ Zip______

Other Vehicle/Property(B) Year___ Make________ Color_____ Describe____________

Where was other vehicle(B) damaged?________ Serious or minor damage?_________

If other than vehicle, describe what was damaged/nature of damage________________

Address of other Property(B):

Owner of other Property(B):__________________ Telephone (____) ________________

Describe what happened: You (A) were N, S, E, W bound on_______ Speed Limit_____

In the #___ Lane. The other party(B) was: _______________________ Parked?______

What happened:____

____ My speed before accident:________

What did you say to other party?____

What drew your attention to the other party?____________________________________

Were your headlights on?___ Was other party headlights on?_____

Traffic devices Present? Traffic Signal?__ Color when you entered I/S__ Stop Sign?___

WEATHER: Clear__ Rainy__ Fog__ Dry__ Sunny/Night_____ Sun in eyes?______

WAS ANYBODY INJURED?_________ WHO?

Name:__________________ What vehicle:___________ Nature of injury:___________

Address:_____________ City:_________State___ Telephone(___)________________

Name: ______________________ What Vehicle:_________ Nature of Injury:_________

Address:________________ City:_________ State______ Telephone (___)__________

Name:___________________ What vehicle:_____________ Nature of injury:__________

Address:________________ City: ___________ State___ Telephone (___)___________

Any transported by Ambulance Co./Hospital:_____________________________________

____

WITNESSES:

Name:____________________ Telephone(___)_________ Favorable? Y__ N__

Address:_______________________ City:___________________________________

Name:______________________ Telephone(___)________ Favorable? Y__ N__

Signature____ Date___________________

Manager Signature:_________________________________ Date___________________

Cal DMV SRI form submitted to Risk Management?_____ Date:___________

MEMORANDUM

TO: Finance Committee
FROM: Katema Ballentine, Business Office
DATE: February 25,2019
SUBJECT: Insurance information Finance Committee and Board of Directors

Current Insurance Broker
Mike Esparza
All-Cal Insurance Agency
505 Vernon Street
Roseville, CA 95678
www.all-calinsurance.com
mike@all-calinsurance.com
(916) 784-9070

Policies are listed for Not-For Profit American Indian Model Schools DBA:
American Indian Public Charter School I, American Indian Public Charter School II, and American Indian Public High School

171 12th Street, Oakland, CA 94607
Under one Federal tax ID #94-3309981

INSRUANCE POLICIES:

Student Accident – Annual Renewal January 25
Hartford Life and Accident Insurance Co.

Policy 10-SR-129237 1/25/2019 to 1/25/2020
Cost of Premium $7,379.13

Type of Coverage:
Insured persons participating in school related activities sponsored by school.
Insured persons traveling with a group in connection with such activities under the direct supervision of the school.

Benefits and Amounts:

Accidental Death Benefit $10,000
Accidental dismemberment

AIMS Board Meeting Item Cover Letter

Item: Student Accident and Liability Insurnace

Presented By: Katema Ballentine, CBO

Staff Recommendation:

Student Accident and Liability Insurance was automatically renewed on January 25, 2019. the policy extended from January 25, 2019 to January 25, 2020. The rate for the renewal is $7,379.13.

Committee Approval:

Total Associated Cost: 7379.13

Included in Budget? Yes

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP? N/A

Which LCAP?

AIMS Board Meeting Item Cover Letter

Item: Workers Compensation Renewal

Presented By: Katema Ballentine, CBO

Staff Recommendation:

Workers compensation Insurance for AIMS was renewed on February 1, 2019. The policy extends from February 1, 2019 to February 1, 2020.

Committee Approval:

Total Associated Cost: $121,453

Included in Budget? Yes

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP? N/A

Which LCAP?

Coversheet

18 - 19 Second Interim Report Approval for Submission

Section: III. Action Items
Item: B. 18 - 19 Second Interim Report Approval for Submission
Purpose: Vote
Submitted by:
Related Material:
AIPCS II Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (1).xls
AIMS 1819 2nd Interim v1a_2.27.2019 final final.pptx
AIPCS I Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (3).xls
AIPHS Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (1).xls
AIMS Board Cover 2nd Interim.pdf

Notice

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

AIPCS II Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (1).xls

AMERICAN INDIAN MODEL SCHOOLS 2ND INTERIM REPORT

A look at the Books for November 2018 through January 2019 Activity

EXECUTIVE SUMMARY

- What is a Second Interim
- Key Results from AIMS Second Interim
- Ensuring our Reserves

EXECUTIVE SUMMARY: WHAT IS SECOND INTERIM

The Second Interim report is a snapshot of in time financial budget update and is dated as of January 31, 2019.

EXECUTIVE SUMMARY: YTD Summary – 01.31.2019

AIMS 2018-19 2nd Interim Report Summary				
YTD through 1.31.2019				
	Surplus/ (Deficit)	Ending Unrestricted Net Position	Ending Restricted Net Position	Ending Total Fund Balance
AIPCS I	$ 182,741	$ 954,166	$ 200,632	$ 1,154,798
AIPCS II	$ (1,115,137)	$ 2,887,129	$ 132,983	$ 3,020,112
AIPHS	$ (267,321)	$ 498,890	$ 82,159	$ 581,048
Total	$ (1,199,717)	$ 4,340,185	$ 415,773	$ 4,755,958

EXECUTIVE SUMMARY: 1819 Full Year Budget Summary

AIMS 2018-19 2nd Interim Report Summary				
Full Year Budget				
	Surplus/ (Deficit)	Ending Unrestricted Net Position	Ending Restricted Net Position	Ending Total Fund Balance
AIPCS I	$ 233,183	$ 1,096,254	$ 137,942	$ 1,234,196
AIPCS II	$ 521,305	$ 4,550,897	$ 105,657	$ 4,656,554
AIPHS	$ 79,741	$ 869,957	$ 58,153	$ 928,110
Total	$ 834,229	$ 6,517,108	$ 301,752	$ 6,818,860

EXECUTIVE SUMMARY: 2018-19 Budget Comparison

AIMS 2018-19 Budget Comparison				
Surplus/(Deficit)				
	Preliminary Budget	**1st Interim Budget**	**2nd Interim Budget**	**Variance (1st to 2nd Interim)**
AIPCS I	$ 0	$ 233,183	$ 240,373	$ 7,190
AIPCS II	$ 115,687	$ 554,587	$ 521,305	$ (33,282)
AIPHS	$ 203,135	$ 58,230	$ 79,741	$ 21,511
Total	$ 318,823	$ 846,000	$ 841,419	$ (4,581)

What’s Happening at Our Schools

- Enrollment at Schools
- ADA Changes
- Revenue Changes
- Expense Changes

AIMS Enrollment Adoption VS First Interim

AIMS 2018-19 Budget Comparison
Enrollment

	Preliminary Budget	1st Interim Budget	2nd Interim Budget
AIPCS I	153	158	160
AIPCSII	772	801	801
AIPHS	410	411	411
TOTAL	1335	1370	1372

ENROLLMENT CHANGES

- Enrollment stayed level for AIPCS II & the HS for 2nd Interim.
- AIPCS I reflected a slight increase due to increase in Average Daily Attendance

AIMS 2018-19 Budget Comparison
ADA #

	Preliminary Budget	1st Interim Budget	2nd Interim Budget
AIPCS I	148.4	151.68	155
AIPCSII	748.4	768.96	768.96
AIPHS	389.5	382.23	382.23
TOTAL	1286.3	1302.87	1306.19

AIMS 2018-19 Budget Comparison
ADA%

	Preliminary Budget	1st Interim Budget	2nd Interim Budget
AIPCS I	97%	96%	97%
AIPCSII	97%	96%	96%
AIPHS	95%	93%	93%

ADA PERCENTAGE CHANGES

- Average Daily Attendance percentages stayed level for AIPCS II & the HS for 2nd Interim.
- AIPCS I reflected a slight increase in Average Daily attendance for 2nd Interim

The numbers reflected here are calculated by taking the enrollment number and multiplying that by the ADA%

AIMS Personnel Expense

	1st Interim Budget			2nd Interim Budget			1.31.19 Actuals			
	1000	2000	**Total**	1000	2000	**Total**	1000	2000	**Total**	***% of 2nd Interim Budget***
AIPCS I	465279	119281	**584560**	472038	119281	**591319**	184396.2	201433.6	**385829.7**	***65%***
AIPCS II	2362231	572129	**2934360**	2447806	573700	**3021506**	1644707	697374.4	**2342082**	***78%***
AIPHS	1169985	476746	**1646731**	1179265	477182	**1656447**	776981.4	288648.6	**1065630**	***64%***
CMO	489500	998718	**1488218**	489500	998718	**1488218**	128537	366754	**495291**	***33%***
Total	***4487995***	***2168874***	***6653869***	***4589609***	***2170881***	***6757490***	***2735622***	***1556211***	***4288832***	***63%***

PERSONNEL EXPENSE

- CMO expense is trending low YTD
- Employees are likely coded differently in budget vs. actuals

Cash Analysis

American Indian Model Schools				
Available Cash Analysis as of 1/31/2019				
		(most recent closed period - 2nd Interim)		*Comments*
Total Cash			$3,360,941	*Cash Balances as of 1/31/2019 - not including Petty Cash*
	Less:			
		CD	$ (353,583.54)	*Funds held as requirement for East/West Bank Loan*
		Total Current Liabilities	$ (1,224,716.22)	*includes Accounts Payable & Accrued Salaries/taxes/benefits*
		Restricted Net Assets (in fund balance)	$ (200,817.99)	*Includes Measure N funds (HS) received that may be returned*
		Scholarship Fund Balance	$ (267,874.57)	
		Restricted Current Year Revenue	$ (219,834.17)	*Title I/II/III, Restricted Lottery, Nutrition, Prop 39 Clean Energy*
		Restricted Scholarship Current Year Revenue	$ -	*Funds received YTD, not yet encumbered*
		OUSD Required Reserve (3%)	$ (285,205.04)	*3% of YTD expenditures*
		East West Bank DTI Reserve Requirement	$ (693,000.00)	*Projected year-end surplus equivalent to 1.5x Debt Service*
Available Cash			**$115,910**	

Notice

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

AIPCS I Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (3).xls

Notice

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

AIPHS Charter Alt Form - 2nd Int 2018-19 FINAL Version_2.21.2019 (1).xls

AIMS Board Meeting Item Cover Letter

Item: AIMS Fiscal Report: 2nd Interim

Presented By: Katema Ballentine, CBO

Staff Recommendation:

Staff recommends the approval of AIMS 2nd Interim fiscal report capturing revenues and expense activity through January 31, 2019 for the submission to our authorizer, Oakland Unified School District.

Committee Approval:

Total Associated Cost: N/A

Included in Budget? Yes

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP?

Which LCAP?

Coversheet

Auditor Selection

Section:	III. Action Items
Item:	C. Auditor Selection
Purpose:	Vote
Submitted by:	
Related Material:	AIMS Board Cover Auditor Selection Form.pdf Charter School Independent Auditor Selection Form 1819.docx

AIMS Board Meeting Item Cover Letter

Item: 2018-19 Auditor Selection

Presented By: Katema Ballentine, CBO

Staff Recommendation:

Staff recommends the approval of the use of Vavrinek Trine & Day (VTD) to preform the audit foı the 2018-2019 fiscal year. The contract will be effective in the 2019-2020 fiscal year.

Committee Approval:

Total Associated Cost: $24,000

Included in Budget? N/A

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP? N/A

Which LCAP?

ALAMEDA COUNTY
OFFICE OF EDUCATION
L. Karen Monroe, Superintendent

Oakland Unified School District

Independent Auditor Selection Form
Fiscal Year 2019/20

American Indian Model Schools Charter School CDS Code #: 01-61259-6113807

Each year the State Controller's Office confirms that the county offices of education, school districts, charter schools and certain joint powers entities have arranged for their annual audits.

Please complete the following for the above charter school:

Audit Firm: Vavrinek Trine & Day (VTD)

Address: 106 Foothill Blvd, Suite 300

Rancho Cucamonga, CA 91730

Telephone Number: (909) 466-4410

2018/19 Fiscal Year Audit Fee $ 24,000

If a multiple year contract, please state the fiscal years covered and fee for each year:

Fiscal Year ________ Fee $ ________
Fiscal Year ________ Fee $ ________
Fiscal Year ________ Fee $ ________

Date of Charter School Governing Board Approval: 02/27/2019

☐ The District has verified that this firm is authorized to conduct school audits by confirming this firm's name appears on the Certified Public Accountants Directory Service (i.e. CPADS) for Local Education Audits list. http://cpads.sco.ca.gov/

Authorized Charter Representative (Print Name)

Charter Representative's Signature — Date

Sponsoring District Representative's Signature — Date

Charter Schools: Please complete and return to your sponsoring district representative listed below.
Please return to: Minh Co By (date): March 20, 2019
Districts: Please complete highlighted areas before sending to the charter. After reviewing and signing, return to ACOE.

PLEASE RETURN BY APRIL 2, 2019 TO SYLVIA DE LA CRUZ, DISTRICT BUSINESS & ADVISORY SERVICES, ROOM 348.

Coversheet

2017-2018 Taxes Acceptance

Section:	III. Action Items
Item:	D. 2017-2018 Taxes Acceptance
Purpose:	Vote
Submitted by:	
Related Material:	american indian model 2017 2018 tax return.pdf AIMS Board Cover 2017 2018 Tax Return.pdf

GOVERNMENT COPY

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2017

Name of exempt organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

Name and title of officer
MAYA WOODS-CADIZ
SUPERINTENDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	12,939,847.
2a	Form 990-EZ check here ▶ [ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b**	**Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize VAVRINEK, TRINE, DAY & CO., LLP (ERO firm name) to enter my PIN 45679 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 33565600050 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2017)

723051 10-11-17

EXTENDED TO MAY 15, 2019

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 — **2017** — Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: AMERICAN INDIAN MODEL SCHOOLS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 171 12TH STREET — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: OAKLAND, CA 94607

D Employer identification number: 94-3309981

E Telephone number: 510-893-8701

G Gross receipts $ 12,939,847.

F Name and address of principal officer: MAYA WOODS-CADIZ, SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AIPCH.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ — **L** Year of formation: 1996 — **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO MEET THE ACADEMIC,SOCIAL,CULTURAL AND DEVELOPMENTAL NEED OF STUDENTS IN AN

2 Check this box ▶ ☐ 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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	159
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,980,813.	12,850,118.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,052.	89,729.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,053,865.	12,939,847.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,947,621.	7,431,936.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,490.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,937,734.	4,681,616.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,885,355.	12,113,552.
	19	Revenue less expenses. Subtract line 18 from line 12	168,510.	826,295.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,887,358.	13,151,093.
	21	Total liabilities (Part X, line 26)	6,757,978.	7,195,418.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,129,380.	5,955,675.

DRAFT

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

▶ MAYA WOODS-CADIZ, SUPERINTENDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MATTHEW S. MILLER				P01385220

Firm's name ▶ VAVRINEK, TRINE, DAY & CO., LLP — Firm's EIN ▶ 95-2648289

Firm's address ▶ 10681 FOOTHILL BLVD SUITE 300, RANCHO CUCAMONGA, CA 91730 — Phone no. 909-466-4410

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

732001 11-28-17 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO MEET THE ACADEMIC,SOCIAL,CULTURAL AND DEVELOPMENTAL NEED OF STUDENTS IN AN ENVIRONMENT THAT RESPECTS THE INTEGRITY OF THE INDIVIDUAL STUDENT AND DIVERSE CULTURES AND KNOWLEDGE WHICH CREATES EDUCATIONAL PARTNERSHIPS AMONG TEACHER, STUDENTS, PARENTS AND THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 $ 10,208,193. including grants of $) (Revenue $)
PROVIDE EDUCATION AND ENRICHMENT YOUTH ACTIVITIES TO THE STUDENTS.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 10,208,193.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Form **990** (2017)

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in 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 Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in 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	
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	159			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
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 in 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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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 in Schedule O*			14b		

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

Check if Schedule O contains a response or note to any line in this Part VI ..... [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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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, or 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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990.			
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 in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

MAYA WOODS-CADIZ - 510-893-8701

171 12TH STREET, OAKLAND, CA 94607

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVEN LEUNG PRESIDENT	2.00	X						0.	0.	0.
(2) TONI COOK DIRECTOR	2.00	X						0.	0.	0.
(3) BENSON WAN DIRECTOR	2.00	X						0.	0.	0.
(4) CLIFFORD THOMPSON DIRECTOR	2.00	X						0.	0.	0.
(5) CHRISTOPHER EDINGTON DIRECTOR	2.00	X						0.	0.	0.
(6) JAMES DE FRANTZ DIRECTOR	2.00	X						0.	0.	0.
(7) VINH PHAN DIRECTOR	2.00	X						0.	0.	0.
(8) MAYA WOODS-CADIZ SUPERINTENDENT	40.00			X				180,939.	0.	42,769.
(9) SUSAN SCHICKMAN CBO	40.00			X				106,414.	0.	17,064.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total								287,353.	0.	59,833.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								287,353.	0.	59,833.

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 ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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
FAGEN, FRIEDMAN & FULFROST, 6300 WILSHIRE BLVD SUITE 1700, LOS ANGELES, CA 90048	LEGAL	111,640.

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 ▶ 1

Part VIII Statement of Revenue

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

Section	Line	Description			(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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	12,744,197.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	105,921.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			12,850,118.			
Program Service Revenue				Business Code				
	2 a							
	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 ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents	89,729.					
	b	Less: rental expenses	0.					
	c	Rental income or (loss)	89,729.					
	d	Net rental income or (loss) ▶			89,729.	89,729.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			12,939,847.	89,729.	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 ☐

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	287,353.		287,353.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,595,594.	4,444,428.	1,151,166.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	673,335.	673,335.		
10 Payroll taxes	875,654.	875,654.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	480,897.	394,336.	86,561.	
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 Sch O.)	110,896.	90,935.	19,961.	
12 Advertising and promotion	22,740.	157.	4,093.	18,490.
13 Office expenses	11,693.	9,588.	2,105.	
14 Information technology	28,977.	23,761.	5,216.	
15 Royalties				
16 Occupancy	159,141.	134,189.	24,952.	
17 Travel	50,348.	41,285.	9,063.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102,121.	83,739.	18,382.	
20 Interest	361,172.	282,607.	78,565.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	262,092.	208,413.	53,679.	
23 Insurance	39,337.	32,996.	6,341.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INSTRUCTIONAL MATERIALS	973,324.	964,644.	8,680.	
b SPECIAL EDUCATION FEE	969,723.	969,723.		
c STUDENT NUTRITION	262,746.	262,746.		
d SETTLEMENTS	200,000.	177,273.	22,727.	
e All other expenses	646,409.	538,384.	108,025.	
25 **Total functional expenses.** Add lines 1 through 24e	12,113,552.	10,208,193.	1,886,869.	18,490.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,353,067.	2	3,475,911.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,625,477.	4	1,519,340.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	50,890.	9	154,372.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 10,049,331.			
	b	Less: accumulated depreciation — 10b: 2,047,861.	7,857,924.	10c	8,001,470.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,887,358.	16	13,151,093.
Liabilities	17	Accounts payable and accrued expenses	784,588.	17	1,329,644.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	5,973,390.	24	5,865,774.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	6,757,978.	26	7,195,418.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,129,380.	27	5,955,675.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,129,380.	33	5,955,675.
	34	Total liabilities and net assets/fund balances	11,887,358.	34	13,151,093.

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Form **990** (2017)

732011 11-28-17

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,939,847.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,113,552.
3	Revenue less expenses. Subtract line 2 from line 1	3	826,295.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,129,380.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,955,675.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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 in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization AMERICAN INDIAN MODEL SCHOOLS
Employer identification number 94-3309981

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 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
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 in 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.**

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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? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2016.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2016.** 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 ▶ ☐

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 ▶ ☐

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

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

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

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 government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
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? *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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.** Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page **2**

Name of organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

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	CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST SACRAMENTO, CA 95814	$ 12,744,197.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 3

Name of organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

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
		$	

(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
		$	

Name of organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

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 info. once.) ▶ $

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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
2017
Open to Public Inspection

Name of the organization
AMERICAN INDIAN MODEL SCHOOLS

Employer identification number
94-3309981

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 (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included 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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

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

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

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

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	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 on 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 Temporarily restricted 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:

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

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

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

Complete if the organization answered "Yes" 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		2,451,271.		2,451,271.
b	Buildings		1,815,426.	1,109,585.	705,841.
c	Leasehold improvements				
d	Equipment				
e	Other		5,782,634.	938,276.	4,844,358.
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,001,470.

Part VII Investments - Other Securities.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

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	12,939,847.
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	0.
3	Subtract line **2e** from line **1**			3	12,939,847.
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	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,939,847.

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	12,113,552.
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	0.
3	Subtract line **2e** from line **1**			3	12,113,552.
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	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	12,113,552.

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, LINE 2:

THE SCHOOLS ARE NONPROFIT PUBLIC BENEFIT CORPORATIONS THAT ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. IT IS ALSO EXEMPT FROM STATE FRANCHISE AND INCOME TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIAL STATEMENTS. INCOME TAX RETURNS FOR 2013 AND FORWARD MAY BE AUDITED BY REGULATORY AGENCIES; HOWEVER, THE SCHOOLS ARE NOT AWARE OF ANY SUCH ACTIONS AT THIS TIME.

THE SCHOOLS HAVE ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

Part XIII Supplemental Information *(continued)*

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF, BASED ON ITS MERITS, THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT ALL TAX POSITIONS TAKEN TO DATE ARE HIGHLY CERTAIN, AND, ACCORDINGLY, NO ACCOUNTING ADJUSTMENT HAS BEEN MADE TO THE FINANCIAL STATEMENTS.

SCHEDULE E (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization: AMERICAN INDIAN MODEL SCHOOLS

Employer identification number: 94-3309981

Part I

		Line	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 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	3	X	

ENROLLEMENT DOCUMENTS PART OF CHARTER, WHICH IS A PUBLIC DOCUMENT

		Line	YES	NO
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.

CALIFORNIA PUBLIC CHARTER SCHOOL NO FINANCIAL ASSISTANCE AWARDED

		Line	YES	NO
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.

		Line	YES	NO
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.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

CALIFORNIA STATE APPORTIONMENT REVENUE BASED ON STUDENT ATTENDANCE

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
2017
Open to Public Inspection

Name of the organization: AMERICAN INDIAN MODEL SCHOOLS
Employer identification number: 94-3309981

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
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account
- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (such as, maid, chauffeur, chef)

		Line	Yes	No
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 filing 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
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ 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:

		Line	Yes	No
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.

		Line	Yes	No
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		

Schedule J (Form 990) 2017 AMERICAN INDIAN MODEL SCHOOLS 94-3309981 Page 2

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 compensation			(C) Retirement and other deferred 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				
(1) MAYA WOODS-CADIZ	(i)	180,939.	0.	0.	19,219.	23,550.	223,708.	0.
SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

DRAFT

Schedule J (Form 990) 2017

732112 10-17-17

Schedule J (Form 990) 2017 AMERICAN INDIAN MODEL SCHOOLS 94-3309981 Page 3

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.

DRAFT

Schedule J (Form 990) 2017

732113 10-17-17

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENT THAT RESPECTS THE INTEGRITY OF THE INDIVIDUAL STUDENT AND DIVERSE CULTURES AND KNOWLEDGE WHICH CREATES EDUCATIONAL PARTNERSHIPS AMONG TEACHER, STUDENTS, PARENTS AND THE WIDER TO COMMUNITY CONSISTING OF INDIVIDUALS, BUSINESSES, INSTITUTIONS, AND CULTURAL ORGANIZATIONS ON GRADES LEVELS K THROUGH 12.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WIDER TO COMMUNITY CONSISTING OF INDIVIDUALS, BUSINESSES, INSTITUTIONS, AND CULTURAL ORGANIZATIONS ON GRADES LEVELS K THROUGH 12.

FORM 990, PART VI, SECTION B, LINE 11B:
COPY PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY SIGNED BY MEMBERS, IF A CONFLICT ARISES THE BOARD MEMBER IS ASKES TO EXCUSE HIMSELF/HERSELF FROM ALL VOTING OR DISCUSSION ON THE MATTER

FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION APPROVES BY THE BOARD OR COMPENSATION COMMITTEE

FORM 990, PART VI, SECTION C, LINE 19:
INFORMATION AVAILABLE UPON WRITTEN REQUEST AT THE BUSINESS ADDRESS DURING NORMAL BUSINESS HOURS.

Form **8868**
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868*.

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN INDIAN MODEL SCHOOLS	Employer identification number (EIN) or 94-3309981
	Number, street, and room or suite no. If a P.O. box, see instructions. 171 12TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ MAYA WOODS-CADIZ
  171 12TH STREET - OAKLAND, CA 94607
  Telephone No. ▶ 510-893-8701 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 .

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-BL, 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.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17
FORM **199**

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017 , and ending (mm/dd/yyyy) 06/30/2018 .

Corporation/Organization name: AMERICAN INDIAN MODEL SCHOOLS	California corporation number: 1968441
Additional information. See instructions.	FEIN: 94-3309981
Street address (suite or room): 171 12TH STREET	PMB no.
City: OAKLAND	State: CA / ZIP code: 94607
Foreign country name	Foreign province/state/county / Foreign postal code

A First Return .... ☐ Yes ☒ No
B Amended Return .... ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust .... ☐ Yes ☒ No
D Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● ______
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990)
(4) ☒ Other 990 series
G Is this a group filing? See instructions .... ● ☐ Yes ☒ No
H Is this organization in a group exemption .... ☐ Yes ☒ No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions .... ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. .... ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $ ______
L If organization is exempt under R&TC Section 23701d and meets the filing fee exemption, check box. No filing fee is required. .... ● ☒
M Is the organization a Limited Liability Company? .... ● ☐ Yes ☒ No
N Did the organization file Form 100 or Form 109 to report taxable income? .... ● ☐ Yes ☒ No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? .... ● ☐ Yes ☒ No
P Is federal Form 1023/1024 pending? .... ☐ Yes ☒ No
Date filed with IRS ______

DRAFT

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 6	●	1	89,729. 00
	2	Gross dues and assessments from members and affiliates	●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	STMT 1 ●	3	12,850,118. 00
	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	●	4	12,939,847. 00
	5	Cost of goods sold	● 5	00	
	6	Cost or other basis, and sales expenses of assets sold	● 6	00	
	7	Total costs. Add line 5 and line 6		7	00
	8	Total gross income. Subtract line 7 from line 4	●	8	12,939,847. 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	12,113,552. 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	826,295. 00
Filing Fee	11	Total payments	●	11	00
	12	Use tax. See General Information K	●	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14	00
	15	Filing fee $10 or $25. See General Information F		15	N/A 00
	16	Penalties and Interest. See General Information J		16	00
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result	◉	17	00

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 ▶ | Title: SUPERINTENDENT | Date | ● Telephone

Paid Preparer's Use Only
Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN P01385220
Firm's name (or yours, if self-employed) and address ▶ VAVRINEK, TRINE, DAY & CO., LLP | ● FEIN 95-2648289
10681 FOOTHILL BLVD SUITE 300
RANCHO CUCAMONGA, CA 91730 | ● Telephone 909-466-4410

May the FTB discuss this return with the preparer shown above? See instructions .... ● ☒ Yes ☐ No

022 3651174

AMERICAN INDIAN MODEL SCHOOLS 94-3309981

728951 12-06-17

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	00
	2	Interest	2	00
	3	Dividends	3	00
	4	Gross rents	4	89,729. 00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income	7	00
	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	89,729. 00
Expenses and Disburse-ments	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	11	287,353. 00
	12	Other salaries and wages	12	5,595,594. 00
	13	Interest	13	361,172. 00
	14	Taxes	14	875,654. 00
	15	Rents	15	159,141. 00
	16	Depreciation and depletion (See instructions)	16	262,092. 00
	17	Other Expenses and Disbursements SEE STATEMENT 3	17	4,572,546. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, P[illegible]e 9	18	12,113,552. 00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		2,353,067.		3,475,911.
2 Net accounts receivable		1,625,477.		1,519,340.
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				
10 a Depreciable assets	7,225,144.		7,598,060.	
b Less accumulated depreciation	(1,818,491.)	5,406,653.	(2,047,861.)	5,550,199.
11 Land		2,451,271.		2,451,271.
12 Other assets STMT 4		50,890.		154,372.
13 **Total assets**		11,887,358.		13,151,093.
Liabilities and net worth				
14 Accounts payable		784,588.		1,329,644.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 5		5,973,390.		5,865,774.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,129,380.		5,955,675.
22 **Total liabilities and net worth**		11,887,358.		13,151,093.

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	826,295.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	826,295.
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	826,295.		

AMERICAN INDIAN MODEL SCHOOLS 94-3309981

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST SACRAMENTO, CA 95814	07/01/17	12,744,197.
TOTAL INCLUDED ON LINE 3			12,744,197.

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AMERICAN INDIAN MODEL SCHOOLS 94-3309981

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVEN LEUNG 171 12TH STREET OAKLAND, CA 94607	PRESIDENT 2.00	0.
TONI COOK 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
BENSON WAN 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
CLIFFORD THOMPSON 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
CHRISTOPHER EDINGTON 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
JAMES DE FRANTZ 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
VINH PHAN 171 12TH STREET OAKLAND, CA 94607	DIRECTOR 2.00	0.
MAYA WOODS-CADIZ 171 12TH STREET OAKLAND, CA 94607	SUPERINTENDENT 40.00	180,939.
SUSAN SCHICKMAN 171 12TH STREET OAKLAND, CA 94607	CBO 40.00	106,414.
TOTAL TO FORM 199, PART II, LINE 11		287,353.

AMERICAN INDIAN MODEL SCHOOLS 94-3309981

CA 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
INSTRUCTIONAL MATERIALS	973,324.
SPECIAL EDUCATION FEE	969,723.
STUDENT NUTRITION	262,746.
SETTLEMENTS	200,000.
	0.
OTHER EMPLOYEE BENEFITS	673,335.
ACCOUNTING FEES	480,897.
OTHER PROFESSIONAL FEES	110,896.
ADVERTISING AND PROMOTION	22,740.
OFFICE EXPENSES	11,693.
INFORMATION TECHNOLOGY	28,977.
TRAVEL	50,348.
CONFERENCES AND CONVENTIONS	102,121.
INSURANCE	39,337.
ALL OTHER EXPENSES	646,409.
TOTAL TO FORM 199, PART II, LINE 17	4,572,546.

CA 199 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	50,890.	154,372.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	50,890.	154,372.

CA 199 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNSECURED NOTES AND LOANS PAYABLE	5,973,390.	5,865,774.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,973,390.	5,865,774.

CA 199 FUND BALANCES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	5,129,380.	5,955,675.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,129,380.	5,955,675.

TAXABLE YEAR **2017**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 94-3309981

Corporation name: AMERICAN INDIAN MODEL SCHOOLS

California corporation number: 1968441

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 LAND							
	06/01/10	2,451,271.		L		0.	
2 BUILDING IMPROVEMENTS							
	06/01/10	1,815,426.	1,063,036.	SL	39.00	46,549.	
3 EQUIPMENT							
	06/01/14	5,782,634.	722,733.	SL	5.00	215,543.	
TOTALS		10,049,331.	1,785,769.				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h) — 15 — 262,092.

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Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	262,092.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	262,092.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

022
Date Accepted ______________________

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2017**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
AMERICAN INDIAN MODEL SCHOOLS	94-3309981

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	12,939,847. 00
2	Total gross income (Form 199, line 8)	2	12,939,847. 00
3	Total expenses and disbursements (Form 199, line 9)	3	12,113,552. 00

Part II Settle Your Account Electronically for Taxable Year 2017

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number ______________________

6 Account number 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ▶ ______________________ Signature of officer | Date | ▶ SUPERINTENDENT Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's-signature ▶	Date	Check if also paid preparer ☒	Check if self-employed ☐	ERO's PTIN P01385220
Firm's name (or yours if self-employed) and address ▶	VAVRINEK, TRINE, DAY & CO., LLP			FEIN 95-2648289
	10681 FOOTHILL BLVD SUITE 300 RANCHO CUCAMONGA, CA			ZIP code 91730

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed ☐	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address ▶			FEIN
			ZIP code

For Privacy Notice, get FTB 1131 ENG/SP. FTB 8453-EO 2017

729021 11-27-17

18470219 788454 5007117 2017.05030 AMERICAN INDIAN MODEL SCH 50071171

Form **8868**
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN INDIAN MODEL SCHOOLS	Employer identification number (EIN) or 94-3309981
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 171 12TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ MAYA WOODS-CADIZ
  171 12TH STREET - OAKLAND, CA 94607
  Telephone No. ▶ 510-893-8701 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 .

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-BL, 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.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

723841 04-01-17

AIMS Board Meeting Item Cover Letter

Item: AIMS 2017-2018 Tax Return

Presented By: Katema Ballentine, CBO

Staff Recommendation:

Charter schools must file Form 990, Return of Organization Exempt From Income Tax, or Form 990EX, Short Form Return of Organization Exempt From Income Tax. Their annual gross receipts are generally more than $25,000. Staff recommends the approval of submission of the Form 990 for the May 15, 2019 deadline

Committee Approval:

Total Associated Cost: N/A

Included in Budget? N/A

Over or Under Budget?

Amount Over/Under Budget?

Included in LCAP? N/A

Which LCAP?