Navigator Schools 2022-2023 Academic Calendar

12

| July | | | | | | 2022 |
|----------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 31 | 25 | 26 | 27 | 28 | 29 | 30 |

| 4 | No School, Independence Day |
|---|-----------------------------|
| | |
| | |
| | |
| | |
| | |

| Janua | iry | | | | | 2023 |
|-------|-----|----|-----------|----|----|------|
| S | M | Т | W | Т | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

| 2-3 | No School, Winter Break |
|-----|---------------------------------------|
| 13 | Minimum Day |
| 16 | No School, Martin Luther King Jr. Day |
| | |
| | |
| | |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| 16 | First Day of School | |
|-------|---------------------|--|
| 16-19 | Minimum Days | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Febru | ary | | | | | 2023 |
|-------|-----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

| 17 | Minimum Day | |
|-------|---------------------------|----|
| 20-24 | No School, February Break | |
| | | |
| | | |
| | | |
| | | |
| | | 15 |

| Septe | mber | | | | | 2022 |
|-------|------|----|------------|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 2 8 | 29 | 30 | |

| 2 | Minimum Day | |
|---|----------------------|--|
| 5 | No School, Labor Day | |
| | | |
| | | |
| | | |
| | | |
| | | |

No School, Staff Development Day

Parent Teacher Conferences

End of Unit 1

| March | 1 | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 12 | Daylight Savings Time |
|----|----------------------------------|
| 17 | End of Unit 3 |
| 20 | No School, Staff Development Day |
| 31 | Minimum Day |
| | |
| | 22 |

| Octob | er | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | - |
| Nover | nber | | | | | 2022 |

| | 21 |
|-------|----------------------------------|
| | |
| | |
| | |
| 1 | No School, Staff Development Day |
| 2-4 | Parent Teacher Conferences |
| 6 | Daylight saving Time Ends |
| 11 | No School, Veterans Day |
| 18 | Minimum Day |
| 21-25 | No School, Thanksgiving Break |

| April | | | | | | 2023 |
|-------|----|----|-----------|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |
| May | | | | | | 2023 |

| 3-7 | No School, Spring Break |
|-----|-------------------------|
| | |
| | |
| | |
| | |
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| | |
| | |
| | 15 |
| | |

| 30 | 31 | | | | | |
|-------|------|----|-----------|----|----|------|
| Nover | nber | | | | | 2022 |
| S | M | Т | W | Т | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | <i>30</i> | | | |

| 1 | No School, Staff Development Day |
|-------|----------------------------------|
| 2-4 | Parent Teacher Conferences |
| 6 | Daylight saving Time Ends |
| 11 | No School, Veterans Day |
| 18 | Minimum Day |
| 21-25 | No School, Thanksgiving Break |
| | 15 |

| May | | | | | | 2023 |
|-----|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |
| | | | | | | |

| 8 | Minimum Day | |
|----|-------------------------|--|
| 26 | Minimum Day | |
| 29 | No School, Memorial Day | |
| | | |
| | | |
| | | |
| | | |

| Decer | nber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | |

| 16 | Minimum Day | |
|-------|-------------------------|----|
| 16 | End of Unit 2 | |
| 19-30 | No School, Winter Break | |
| | | |
| | | |
| | | |
| | | 12 |

| June | | | | | | 2023 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 9 | End of Unit 4 |
|-----|--------------------|
| 9 | Last Day of School |
| 5-9 | Minimum Day |
| | |
| | |

7

Minimum Day Wednesdays (K-8) Minimum Day (K-8) No School for Students, Staff Development Day No School for Students, Holiday

SCHOOL DAYS 180



Navigator Schools 2022-2023 Instructional Calendar

| July | | | | | | 2022 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

| 4 | Independence Day Observed |
|---|---------------------------|
| | |
| | |
| | |
| | |
| | |

| Janua | iry | | | | | 202 |
|-------|-----|----|-----------|----|----|-----|
| S | М | Т | W | Т | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |
| | | | | | | |

| 2 | New Years Day Observed |
|----|-----------------------------------|
| 3 | No School, Staff Development Day |
| 13 | Minimum Day |
| 16 | No School, Martin Luther King Jr. |
| | |
| | |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| 1-5 | Navi 101 |
|-------|---------------------|
| 8-12 | Navi 201 |
| 15 | Site Day |
| 16 | First Day of School |
| 16-19 | Minimum Days |
| | |
| | |

| Febru | ary | | | | | 2023 |
|-------|-----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

| 17 | Minimum Day | |
|-------|---------------------------|----|
| 20-24 | No School, February Break | |
| | | |
| | | |
| | | |
| | | |
| | | 15 |

| Septe | mber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 2 | Minimum Day | |
|---|----------------------|----|
| 5 | No School, Labor Day | |
| | | |
| | | |
| | | |
| | | |
| | | 20 |

No School, Staff Development Day

Parent Teacher Conferences

End of Unit 1

| March | 1 | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 12 | Daylight Savings Time |
|----|----------------------------------|
| 20 | No School, Staff Development Day |
| 17 | End of Unit 3 |
| 31 | Minimum Day |
| | |
| | 22 |

| Octob | er | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | - |
| Nover | nber | | | | | 2022 |

| 1 | No School, Staff Development Day |
|-------|----------------------------------|
| 2-4 | Parent Teacher Conferences |
| 6 | Daylight Light Savings Time Ends |
| 11 | No School, Veterans Day |
| 18 | Minimum Day |
| 21-25 | No School, Thanksgiving Break |
| | |

| April | | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |
| Mov | | | | | | 2022 |

| | 1 | 5 |
|---|-------------|---|
| | | |
| | | |
| | | |
| 8 | Minimum Day | |

No School, Memorial Day

Minimum Day

No School, Spring Break

| 27 | 28 | 29 | 30 | | | |
|-------|------|----|----|----|----|------|
| Decer | mber | | | | | 2022 |
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |

| 16 | Minimum Day | |
|-------|-------------------------|----|
| 16 | End of Unit 2 | |
| 19-30 | No School, Winter Break | |
| | | |
| | | |
| | | |
| | - | 12 |

| | | | | | 2023 |
|----|---------------|-----------------------|--------------------------------|-----------------------------------|---|
| M | Т | W | Т | F | S |
| | | | 1 | 2 | 3 |
| 5 | 6 | 7 | 8 | 9 | 10 |
| 12 | 13 | 14 | 15 | 16 | 17 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 26 | 27 | 28 | 29 | 30 | |
| | 5 12 19 | 5 6 12 13 19 20 | 5 6 7 12 13 14 19 20 21 | 1 5 6 7 8 12 13 14 15 19 20 21 22 | 1 2 5 6 7 8 9 12 13 14 15 16 19 20 21 22 23 |

| | End of Unit 4 | |
|-----|--------------------|--|
| 9 | Last Day of School | |
| 5-9 | Minimum Day | |

| 5 | Minimum Day Wednesdays (K-8) |
|---|---|
| | Minimum Day (K-8) |
| | Staff Development Day, No School for Students |
| | Holiday, No School for Students and Staff |
| | Non-Working Day |
| | |

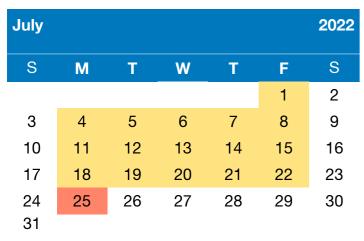
| SCHOOL DAYS | |
|-------------|--|
| 180 | |
| | |

| M-F Work Days | 261 |
|----------------------------|-----|
| Holidays | 30 |
| Non-working Days | 35 |
| Working Days with Navi 101 | 196 |
| Working Days with Navi 201 | 191 |

This Calendar pertains to Teachers, TNTs, SGIs, Paras, PE, AR, Psychologist



Navigator Schools 2022-23 Admin Calendar



| 4 | No School, Independence Day |
|----|-------------------------------|
| 25 | Admin and Office Staff Return |
| | |
| | |
| | |
| | |

| Janua | iry | | | | | 2023 |
|-------|-----|----|-----------|----|----|------|
| S | М | Т | W | Т | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 21 | 28 |
| 29 | 30 | 31 | | | | |
| | | | | | | |

| 2 | No School, New Years Day Observed |
|----|---------------------------------------|
| 3 | No School, Staff Development |
| 13 | Minimum Day |
| 16 | No School, Martin Luther King Jr. Day |
| | |
| | |
| | 10 |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 23 | 23 | 24 | 25 | 26 | 27 |
| 28 | 30 | 30 | 31 | | | |

| 1-5 | Navi 101 |
|-------|---------------------|
| 8-12 | Navi 201 |
| 16 | First Day of School |
| 16-19 | Minimum Days |
| | |
| | |
| | |

| Febru | ary | | | | | 2023 |
|-------|-----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | |

| 17 | Minimum Day | |
|-------|---------------------------|----|
| 20-24 | No School, February Break | |
| | | |
| | | |
| | | |
| | | |
| | | 15 |

| Septe | mber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 2 | Minimum day | |
|---|----------------------|----|
| 5 | No School, Labor Day | |
| | | |
| | | |
| | | |
| | | |
| | | 20 |

| March | 1 | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 12 | Daylight Savings Time | |
|----|------------------------------|----|
| 17 | End of Unit 3 | |
| 20 | No School, Staff Development | |
| 31 | Minimum Day | |
| | | |
| | | 22 |

| Octob | er | | | | | 2022 |
|----------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |
| November | | | | | | 2022 |
| S | M | Т | W | Т | F | S |

| 10 | No School, Staff Development | |
|-------|------------------------------|----|
| 14 | End of Unit 1 | |
| 24-31 | Parent Teacher Conferences | |
| | | |
| | | |
| | | |
| | | 21 |
| | | |
| | | |

| April | | | | | | 2023 |
|-------|----|----|-----------|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |
| Mov | | | | | | 2022 |

| 3-7 | No School, Spring Break | |
|-----|-------------------------|----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 15 |
| | | |

| November | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | Т | W | Т | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

| 1 | No School, Staff Development |
|-------|-------------------------------|
| 2-4 | Parent Teacher Conferences |
| 6 | Daylight Savings Time Ends |
| 11 | No School, Veterans Day |
| 18 | Minimum day |
| 21-25 | No School, Thanksgiving Break |
| | 15 |

| May | | | | | | 2023 |
|-----|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |
| | | | | | | |

| linimum Day |
|-------------------------|
| - |
| linimum Day |
| lo School, Memorial Day |
| |
| |
| |
| |

| December 2 | | | | | | | |
|------------|----|----|----|----|----|----|--|
| S | M | Т | W | Т | F | S | |
| | | | | 1 | 2 | 3 | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | |

| 16 | Minimum day | |
|-------|-------------------------|----|
| 16 | End of Unit 2 | |
| 19-30 | No School, Winter Break | |
| | | |
| | | |
| | | |
| | | 10 |

| June | | | | | | 2023 |
|------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | | | |

| End of Unit 4 |
|---------------------------------|
| Last Day of School |
| Minimum Day |
| Admin and Office Staff Last Day |
| |
| |

| 5 | Minimum Day Wednesdays (K-8) |
|---|---|
| | Minimum Day (K-8) |
| | Staff Development Day, No School for Students |
| | Holiday, No School for Students and Staff |
| | Non-Working Day |
| | Return Day/Last Day |

| M-F Work Days | 26 |
|------------------|---------------------------|
| Holidays | 3 |
| Non-working Days | 2 |
| Working Days | 20 |
| | Holidays Non-working Days |

This Calendar pertains to Principals, Vice Principals, SGI Coach, MTSS Coordinator, Sped Coordinator, Athletic Director, Office Managers, and Office Assistants.



Navigator Schools 2022-23 SO/IT/OPS Calendar

| July | | | | | | 2022 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

| 4 | Non-Work Day, Independence Day |
|-------|--------------------------------|
| 20-29 | Required Work Days |
| 25 | Admin and Office Staff Return |
| | |

| ry | | | | | 2023 |
|----|-------------|--------------------------|---------------------------------------|--|---|
| М | Т | W | Т | F | S |
| 2 | 3 | 4 | 5 | 6 | 7 |
| 9 | 10 | 11 | 12 | 13 | 14 |
| 16 | 17 | 18 | 19 | 20 | 21 |
| 23 | 24 | 25 | 26 | 27 | 28 |
| 30 | 31 | | | | |
| | M 2 9 16 23 | M T 2 3 9 10 16 17 23 24 | M T W 2 3 4 9 10 11 16 17 18 23 24 25 | M T W T 2 3 4 5 9 10 11 12 16 17 18 19 23 24 25 26 | M T W T F 2 3 4 5 6 9 10 11 12 13 16 17 18 19 20 23 24 25 26 27 |

| 2 | Non-Work Day, New Years Day Observed |
|----|--|
| 3 | No School, Staff Development Day |
| 16 | Non-Work Day, Martin Luther King Jr. Day |
| | |
| | |
| | |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| 1-19 | Required Work Days |
|------|---------------------|
| 1-5 | Navi 101 |
| 8-12 | Navi 201 |
| 16 | First Day of School |
| | |
| | |
| | |

| Febru | February | | | | | | | |
|-------|----------|----|----|----|----|----|--|--|
| S | M | Т | W | Т | F | S | | |
| | | | 1 | 2 | 3 | 4 | | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | | |
| 26 | 27 | 28 | | | | - | | |

| 20 | Non-Work Day, President's Day |
|-------|-------------------------------|
| 21-25 | No School, February Break |
| | |
| | |
| | |
| | |
| | 15 |

| Septe | mber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 5 | Non-Work Day, Labor Day | |
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| March | 1 | | | | | 2023 |
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| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 12 | Daylight Savings Time | |
|----|------------------------------|----|
| 20 | No School, Staff Development | |
| | | |
| | | |
| | | |
| | 2 | 22 |

No School, Spring Break

| Octob | er | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
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| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |
| Nover | nber | | | | | 2022 |
| S | M | Т | W | Т | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |

| 10 | No School, Staff Development Day |
|-------|----------------------------------|
| 24-31 | Parent Teacher Conferences |
| | |
| | |
| | |
| | 21 |
| | |
| | |
| 1 | No School, Staff Development Day |
| 2-4 | Parent Teacher Conferences |
| 6 | Daylight Savings Time Ends |
| 11 | Non-Work Day, Veterans Day |

Non-Work Days, Thanksgiving Break

| April | | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |
| May | | | | | | 2023 |

| | | 15 |
|----|----------------------------|----|
| | | |
| | | |
| 00 | | |
| 29 | Non-Work Day, Memorial Day | |
| 29 | Non-Work Day, Memorial Day | |
| 29 | Non-Work Day, Memorial Day | |
| 29 | Non-Work Day, Memorial Day | |

| Decer | nber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| 19-30 | Non-Work Days, Winter Break |
|-------|-----------------------------|
| | |
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| | |

SCHOOL DAYS

| June | | | | | | 2023 |
|------|----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 9 | Last Day of School |
|-------|---------------------------------|
| 16 | Admin and Office Staff Last Day |
| 12-16 | Required Work Days |
| | |

Holiday, no school for students and staff

Organizational Holiday

Required Work Day

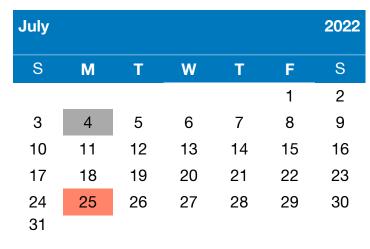
| M-F Work Days | 261 |
|--------------------------|-----|
| Holidays | 11 |
| Org Holidays | 9 |
| *Scheduled Non-work days | 18 |
| Working Days | 223 |

*Up to 8 days of the nonwork days can be used on instructional days.



Navigator Schools 2022-23 Custodial Calendar

12



| 4 | Non-Work Day, Independence Day |
|----|--------------------------------|
| 25 | Admin and Office Staff Return |
| | |
| | |
| | |

| Janua | iry | | | | | 2023 |
|-------|-----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |
| | | | | | | |

| 2 | Non-Work Day, New Year's Day Observed |
|----|---------------------------------------|
| 3 | No School, Staff Development Day |
| 16 | No School, Martin Luther King Jr Day |
| | |
| | |
| | |
| | 10 |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| Navi 101 |
|---------------------|
| |
| Navi 201 |
| First Day of School |
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| |

| February | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | Т | w | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | | | | - |

| 20 | Non-Work Day, President's Day |
|-------|-------------------------------|
| 20-24 | No School, February Break |
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| | |
| | 1! |

| Septe | mber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 5 | Non-Work Day, Labor Day | |
|---|-------------------------|----|
| | | |
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| | | |
| | | 20 |

No School, Staff Development Day

| March | 1 | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | М | т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 12 | Daylight Savings Time |
|----|----------------------------------|
| 20 | No School, Staff Development Day |
| | |
| | |
| | |
| | 22 |

| Octob | er | | | | | 2022 |
|-------|----------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | - |
| Nover | November | | | | | |

| | | 04 |
|------------|-------------------------------|----|
| | | 21 |
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| | | |
| | | |
| | | |
| 2-4 | Parent Teacher Conferences | |
| ∠ ⊤ | i diciti icaciici coniciciico | |
| _ | | |

24-31 Parent Teacher Conferences

| April | | | | | | 2023 |
|-------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |
| | | | | | | |

| 3-7 | No School, Spring Break | |
|-----|-------------------------|----|
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| | | 15 |
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| Nover | nber | | | | | 2022 |
|-------|------|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |
| | | | | | | |

| 2-4 | Parent Teacher Conferences | |
|-------|----------------------------------|---|
| 1 | No School, Staff Development Day | |
| 6 | Daylight Savings Time Ends | |
| 11 | Non-Work Day, Veterans Day | |
| 21-25 | No School, Thanksgiving Break | |
| 24-25 | Non-Work Days, Thanksgiving | |
| | 1 | 5 |

| May | | | | | | 2023 |
|-----|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |
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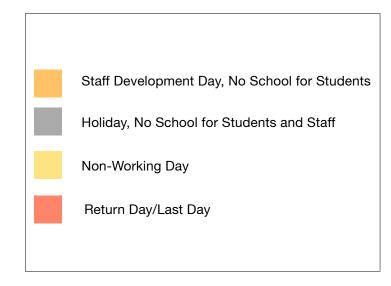
| 29 | Non-Work Day, Memorial Day |
|----|----------------------------|
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| | 22 |

| December | | | | | | 2022 |
|----------|----|----|----|----|----|------|
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| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | • |

| 19-30 | No School, Winter Break | |
|-------|-----------------------------|----|
| 23-26 | Non-Work Days, Winter Break | |
| | | |
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| | | |
| | | 12 |

| June | | | | | | 2023 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
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| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |
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| 9 | Last Day of School |
|----|---------------------------------|
| 16 | Admin and Office Staff Last Day |
| | |
| | |
| | |
| | 7 |





Navigator Schools 2022-2023 Food Service Calendar

| July | | | | | | 2022 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

| 4 | Independence Day Observed |
|---|---------------------------|
| | |
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| Janua | iry | | | | | 2023 |
|-------|-----|----|----|----|----|------|
| S | М | Т | W | Т | F | S |
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| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

| 2 | Non-Work Day, New Year's Day Observed |
|----|--|
| 16 | Non-Work Day, Martin Luther King Jr. Day |
| | |
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| | |

| Augus | st | | | | | 2022 |
|-------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| 15 | Food Service Coord. Returns |
|----|-----------------------------|
| 16 | First Day of School |
| | |
| | |
| | |
| | |
| | |

| February | | | | | | | |
|----------|----|----|----|----|----|----|--|
| S | М | Т | W | Т | F | S | |
| | | | 1 | 2 | 3 | 4 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | | | | - | |

| 20 | Non-Work Day, President's Day |
|----|-------------------------------|
| | |
| | |
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| | |
| | 15 |

| September | | | | | | | |
|-----------|----|----|----|----|----|----|----|
| | S | M | Т | W | Т | F | S |
| | | | | | 1 | 2 | 3 |
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | 25 | 26 | 27 | 28 | 29 | 30 | |

| 5 | Non-Work Day, Labor Day | |
|---|-------------------------|----|
| | | |
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| | | |
| | | |
| | | 20 |

| March | 1 | | | | | 2023 |
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| S | М | Т | W | Т | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

| 13 | Daylight Savings Time |
|----|----------------------------------|
| 20 | No School, Staff Development Day |
| | |
| | |
| | |
| | 24 |

| Octob | October | | | | | |
|-------|---------|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
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| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |
| Nover | nber | | | | | 2022 |
| S | M | Т | W | Т | F | S |
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| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |

| 10 | No School, Staff Development Day |
|-------|----------------------------------|
| 24-31 | Parent Teacher Conferences |
| | |
| | |
| | |
| | |
| | 21 |
| | |
| | |
| 1-4 | Parent Teacher Conferences |
| | |
| 1 | No School, Staff Development Day |
| 6 | Daylight Savings Time Ends |
| 11 | Non-Work Day, Veterans Day |
| 25-26 | Non-Work Days, Thanksgiving |
| | |
| | 15 |

| April | | | | | | 2023 |
|----------|----|----|----|----|----|------|
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| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 30 | 24 | 25 | 26 | 27 | 28 | 29 |
| May | | | | | | 2023 |

M

| 4-8 | No School, Spring Break | |
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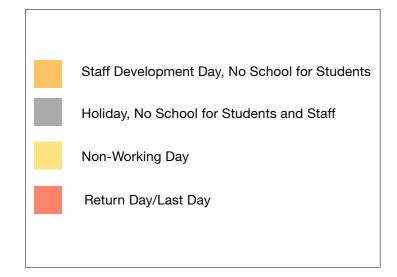
Non-Work Day, Memorial Day

| 21 | 20 | 23 | 30 | | | |
|-------|------|----|----|----|----|------|
| Decer | nber | | | | | 2022 |
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | |

| 19-30 | No School, Winter Break |
|-------|------------------------------|
| 23&26 | Non-Work Days, Christmas Eve |
| | and Christmas Day Observed |
| | |
| | |
| | |
| | 12 |

| June | | | | | | 2023 |
|------|----|----|----|----|----|------|
| S | M | Т | W | Т | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

| 9 | Last Day of School |
|----|------------------------------|
| 13 | Food Service Coord. Last Day |
| | |
| | |
| | |





SCHOOL DAYS



Date: April 13, 2022

To: Board of Directors

From: Ami Ortiz, Director of Business & Finance

Re: 2022-23 Consolidated Application for Funding

It is recommended that the Board approve the 2022-23 Consolidated Application for Funding for Gilroy Prep, Hollister Prep and Watsonville Prep.

Background

Local Educational Agencies (LEA) use the Consolidated Application and Reporting System (CARS) to electronically apply for, manage, report and provide assurances that the LEA will comply with the legal requirements related to specific formulas driven by state and/or federal categorical programs. The LEA is required to review and receive approval of their Application for Funding selections with their local governing board.

With the Board's approval Gilroy Prep, Hollister Prep and Watsonville Prep will all be applying for Title I-Part A, Title II- Part A, and Title IV-Part A.

Summary

Staff recommends the Board to approve the 2022-23 Application for Funding for Gilroy Prep, Hollister Prep and Watsonville Prep.



Date: April 13, 2022

To: Board of Directors

From: Ami Ortiz, Director of Business & Finance

Re: Approval of WPS's Second Interim Report for 2021-22

Recommendation

It is recommended the Board approve, as part of the consent agenda, Watsonville Prep School's Second Interim Report, as required by the California Department of Education (CDE).

Background

Local educational agencies (LEAs) are required to file two reports during a fiscal year (interim reports) on the status of the LEA's financial health. The first interim report is due December 15 for the period ending October 31. The second interim report is due March 17 for the period ending January 31.

While WPS's charter does not require us to have Board's approval of the interim reports, our authorizer has requested that we do obtain our Board's approval.

Summary

It is recommended the Board approve Watsonville Prep School's Second Interim Report for 2021-22, as required by the California Department of Education (CDE).

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report Certification

CDS #: 44 77248 0138909

Charter School Name: Watsonville Prep School

(continued)

Charter Approving Entity: SBE County: Santa Cruz Charter #: 2032 Fiscal Year: 2021/22 To the entity that approved the charter school: (x) 2021/22 CHARTER SCHOOL SECOND INTERIM FINANCIAL REPORT -- ALTERNATIVE FORM: This report has been approved, and is hereby filed by the charter school pursuant to Education Code Section 47604.33. Signed: Date Charter School Official (Original signature required) Print Name: Kevin Sved Title CEO To the County Superintendent of Schools: (x) 2021/22 CHARTER SCHOOL SECOND INTERIM FINANCIAL REPORT -- ALTERNATIVE FORM: This report is hereby filed with the County Superintendent pursuant to Education Code Section 47604.33. Signed: Date_ Authorized Representative of **Charter Approving Entity** (Original signature required) Print Name: For additional information on the Second Interim Report, please contact: For Approving Entity: For Charter School: Kevin Sved Name Name CEO Title Title 650-490-6040 Phone Phone kevin.sved@navigatorschools.org E-mail E-mail This report has been verified for mathematical accuracy by the County Superintendent of Schools, pursuant to Education Code Section 47604.33.

Date

District Advisor

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report - Detail

| Charter School Name: | Watsonville Prep School |
|----------------------------------|-------------------------|
| (continued) | |
| CDS #: | 44 77248 0138909 |
| Charter Approving Entity: | SBE |
| County: | Santa Cruz |
| Charter #: | 2032 |
| Fiscal Year: | 2021/22 |
| | |

This charter school uses the following basis of accounting:

Accrual Basis (Applicable Capital Assets / Interest on Long-Term Debt / Long-Term Liabilities objects are 6900, 7438, 9400-9499, and 9660-9669)

Modified Accrual Basis (Applicable Capital Outlay / Debt Service objects are 6100-6170, 6200-6500, 7438, and 7439)

| | | ı | | | | | | | | |
|---|------------------------|--------------------------|---|--------------------------|--------------------------|----------------------|--------------------------|--|-------------------------|--------------------------|
| | | 1st Interim Budget | | | | tuals thru 01/3 | | 2nd Interim Budget Unrestricted Restricted Total | | |
| Description A. REVENUES | Object Code | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| REVENUES Revenue Limit Sources | | | | | | | | | | |
| State Aid - Current Year | 8011 | 3,496,735.00 | - | 3,496,735.00 | 1,290,353.00 | | 1,290,353.00 | 3,455,767.00 | | 3,455,767.00 |
| Education Protection Account State Aid - Current Year | 8012 | 61,100.00 | - | 61,100.00 | 21,020.00 | | 21,020.00 | 61,100.00 | | 61,100.00 |
| Charter Schools Gen. Purpose Entitlement - State Aid | 8015 8019 | | | - | I | | | | | |
| State Aid - Prior Years | 8019 | | | - | | | | | | |
| Tax Relief Subventions | 8020-8039 | | | | ļ | | | | | |
| County and District Taxes | 8040-8079 | | | | | | | | | ļ |
| Miscellaneous Funds | 8080-8089 | | L | l | | L | l | | 1 | J . |
| PERS Reduction Transfer | 8092 | | T · · · · · · · · · · · · · · · · · · · | l | | ····· | | + | I | ٠٠٠٠٠٠٠٠ |
| Charter Schools Funding in Lieu of Property Taxes | 8096 | | | | | | | | | · |
| Other LCFF/Revenue Limit Transfers | 8091, 8097 | | - | - | † | | - | † | | |
| Total, LCFF/Revenue Limit Sources | | 3,557,835.00 | | 3,557,835.00 | 1,311,373.00 | | 1,311,373.00 | 3,516,867.00 | - | 3,516,867.00 |
| | | | | | | | | | | |
| 2. Federal Revenues | | | • | | | | | | | |
| No Child Left Behind Special Education - Federal | 8290 8181, 8182 | | 189,950.00 | 189,950.00 | | 3,816.00 | 3,816.00 | | 189,950.00 | 189,950.00 |
| Special Education - Federal Child Nutrition - Federal | 8181, 8182 | | 39,650.00 160,000.00 | 39,650.00 160,000.00 | | 124,938.00 | 124,938.00 | | 39,650.00 160,000.00 | 39,650.00 160,000.00 |
| Other Federal Revenues | 110, 8260-829 | | 520,000.00 | 520,000.00 | | 238,480.00 | 238,480.00 | | 520,000.00 | 520,000.00 |
| Total, Federal Revenues | 110, 0200 020 | _ | 909,600.00 | 909,600.00 | - | 367,234.00 | 367,234.00 | - | 909,600.00 | 909,600.00 |
| | | | | ,, | | , | | | | |
| 3. Other State Revenues | L | | | | | | | | | |
| Charter Schools Categorical Block Grant (8480 N/A thru 14/1 | 5N/A thru 14/15 | | ļ | | | | - | | l | . |
| Special Education - State | StateRevSE | | 204,969.00 | 204,969.00 | <u></u> | 66,680.00 | 66,680.00 | 4 | 204,969.00 | 204,969.00 |
| All Other State Revenues | StateRevAO | 361,029.00 | 261,709.00 | 622,738.00 | 34,270.00 | 180,896.00 | 215,166.00 | 66,053.00 | 556,685.00 | 622,738.00 |
| Total, Other State Revenues | 1 | 361,029.00 | 466,678.00 | 827,707.00 | 34,270.00 | 247,576.00 | 281,846.00 | 66,053.00 | 761,654.00 | 827,707.00 |
| 4. Other Local Revenues | 1 | | | | 1 | | | 1 | | |
| All Other Local Revenues | LocalRevAO | 215,700.00 | | 215,700.00 | 730.00 | | 730.00 | 215,200.00 | | 215,200.00 |
| Total, Local Revenues | Essentiation. | 215,700.00 | - | 215,700.00 | 730.00 | - | 730.00 | 215,200.00 | - | 215,200.00 |
| · | | - | | | | | | | | |
| 5. TOTAL REVENUES | | 4,134,564.00 | 1,376,278.00 | 5,510,842.00 | 1,346,373.00 | 614,810.00 | 1,961,183.00 | 3,798,120.00 | 1,671,254.00 | 5,469,374.00 |
| | | | | | | | | | | |
| B. EXPENDITURES | | | | | | | | | | |
| Certificated Salaries | 4400 | 207.040.00 | 040 700 00 | 040 400 00 | 00 400 00 | 0.47.000.00 | 440,400,00 | 007.040.00 | 040 000 00 | 077 040 00 |
| Certificated Teachers' Salaries Certificated Pupil Support Salaries | 1100 1200 | 267,646.00 202,942.00 | 642,790.00 | 910,436.00 202,942.00 | 96,408.00 111,199.00 | 347,000.00 | 443,408.00 111,199.00 | 267,646.00 202,942.00 | 610,300.00 | 877,946.00 202,942.00 |
| Certificated Pupil Support Salaries Certificated Supervisors' and Administrators' Salaries | 1300 | 238,594.00 | | 238,594.00 | 139,180.00 | | 139,180.00 | 238,594.00 | | 238,594.00 |
| Other Certificated Salaries | 1900 | | - | - | 1 | | - | | | - |
| Total, Certificated Salaries | | 709,182.00 | 642,790.00 | 1,351,972.00 | 346,787.00 | 347,000.00 | 693,787.00 | 709,182.00 | 610,300.00 | 1,319,482.00 |
| | | | | | | | | | | |
| 2. Non-certificated Salaries | | | • | | | | | | | |
| Non-certificated Instructional Aides' Salaries | 2100 2200 | 738,315.13 | 16,626.87 | 754,942.00 | 319,546.00 | 8,300.00 | 327,846.00 | 721,688.00 | 76,627.00 | 798,315.00 |
| Non-certificated Support Salaries | 2200 | | | | | | | ļ | | ļ |
| Non-certificated Supervisors' and Administrators' Sal. Clerical and Office Salaries | 2300 | 172 570 00 | } | 172 570 00 | 100 009 00 | | 100 009 00 | 172 570 00 | | 172 570 00 |
| Other Non-certificated Salaries | 2400 2900 | 172,579.00 233,195.00 | | 172,579.00 233,195.00 | 109,998.00 160,070.00 | | 109,998.00 160,070.00 | 172,579.00 233,195.00 | | 172,579.00 233,195.00 |
| Total, Non-certificated Salaries | | 1.144.089.13 | 16,626,87 | 1.160,716.00 | 589,614.00 | 8.300.00 | 597,914.00 | 1.127.462.00 | 76.627.00 | 1,204,089,00 |
| | | | | | | | | | | |
| 3. Employee Benefits | | | | | | | | | | |
| STRS | 3101-3102 | 117,032.93 | 108,760.07 | 225,793.00 | 71,130.60 | 58,712.40 | 129,843.00 | 117,033.00 | 103,263.00 | 220,296.00 |
| PERS | 3201-3202 | ļ | | ļ <u>.</u> | ļ | | ļ | ļ | ļ <u>.</u> | ļ <u></u> |
| OASDI / Medicare / Alternative | 3301-3302 | 82,333.30 | 19,283.70 | 101,617.00 | 42,444.00 | 10,410.00 | 52,854.00 | 83,308.00 | 18,309.00 | 101,617.00 |
| Health and Welfare Benefits Unemployment Insurance | 3401-3402 | 212,086.23 | 105,763.77 | 317,850.00 | 84,280.00 | 27,760.00 | 112,040.00 | 269,002.00 | 48,848.00 | 317,850.00 |
| Workers' Compensation Insurance | 3501-3502 3601-3602 | 3,532.10 22,449.31 | 6,427.90 7,070.69 | 9,960.00 29,520.00 | 4,832.00 2,863.00 | 3,470.00 3,817.00 | 8,302.00 6,680.00 | 3,857.00 22,807.00 | 6,103.00 6,713.00 | 9,960.00 29,520.00 |
| OPEB, Allocated | 3701-3702 | | 7,0,0.00 | | _,000.00 | _,5,7,.50 | -,000.00 | ,00,.00 | 1 | ,020.00 |
| OPEB, Active Employees | 3751-3752 | | [| l | I | | - | [| 1 | [|
| PERS Reduction (for revenue limit funded schools) | 3801-3802 | | | | | | | | | |
| Other Employee Benefits | 3901-3902 | | | - | | | - | | | - |
| Total, Employee Benefits | 1 | 437,433.87 | 247,306.13 | 684,740.00 | 205,549.60 | 104,169.40 | 309,719.00 | 496,007.00 | 183,236.00 | 679,243.00 |
| 4. Books and Supplies | 1 | | | | 1 | | | 1 | | |
| Approved Textbooks and Core Curricula Materials | 4100 | 2 900 00 | 510.00 | 3 400 00 | 2.456.50 | 433 EU | 2 890 00 | 2 890 00 | 510.00 | 3 400 00 |
| Books and Other Reference Materials | 4100 4200 | 2,890.00 8,500.00 | 510.00 1,500.00 | 3,400.00 10,000.00 | 2,456.50 8,072.45 | 433.50 1,424.55 | 2,890.00 9,497.00 | 2,890.00 11,050.00 | 510.00 1,950.00 | 3,400,00 13,000.00 |
| Materials and Supplies | 4300 | 34,810.00 | 6,190.00 | 41,000.00 | 36,641.25 | 6,837.75 | 43,479.00 | 40,860.00 | 7,140.00 | 48,000.00 |
| Noncapitalized Equipment | 4400 | 104,600.00 | 153,200.00 | 257,800.00 | 283,598.00 | | 283,598.00 | 140,644.00 | 144,356.00 | 285,000.00 |
| Food | 4700 | 3,500.00 | 160,000.00 | 163,500.00 | 455.00 | 130,153.00 | 130,608.00 | 5,000.00 | 245,000.00 | 250,000.00 |
| Total, Books and Supplies | 1 | 154,300.00 | 321,400.00 | 475,700.00 | 331,223.20 | 138,848.80 | 470,072.00 | 200,444.00 | 398,956.00 | 599,400.00 |
| | 1 | | | | 1 | | | | | |
| Services and Other Operating Expenditures Subagrapments for Services | 5100 | 1 | 1 | | | | | - | ı | |
| Subagreements for Services Travel and Conferences | | 11 000 00 | | 11,000.00 | 2 227 00 | | 2 227 00 | 11 000 00 | | 11 000 00 |
| Dues and Memberships | 5200 5300 | 11,000.00 5,406.00 | <u> </u> | 5,406.00 | 2,327.00 5,035.00 | | 2,327.00 5,035.00 | 11,000.00 5,406.00 | | 11,000.00 5,406.00 |
| Insurance | 5400 | 12,873.00 | l | 12.873.00 | 8,195.00 | | 5,035.00 8,195.00 | 12,873.00 | | 12,873.00 |
| Operations and Housekeeping Services | 5300 5400 5500 | 42,112.00 | | 12,873.00 42,112.00 | 13,483.00 | | 13,483.00 | 42,112.00 | 1 | 42,112.00 |
| Rentals, Leases, Repairs, and Noncap. Improvements | 5600 | 701,926.00 | 113,268.00 | 815,194.00 | 167,678.00 | | 167,678.00 | 326,865.00 | 307,135.00 | 634,000.00 |
| Professional/Consulting Services and Operating Expend. | 5800 5900 | 639,903.00 | 7,887.00 | 647,790.00 | 381,037.00 | 23,530.00 | 404,567.00 | 668,790.00 | 60,000.00 35,000.00 | 728,790.00 |
| Communications | 5900 | 20,000.00 | 27,000.00 | 47,000.00 | 42,911.00 | | 42,911.00 | 13,000.00 | | 48,000.00 |
| Total, Services and Other Operating Expenditures | 1 | 1,433,220.00 | 148.155.00 | 1.581.375.00 | 620,666.00 | 23,530.00 | 644,196.00 | 1,080,046.00 | 402,135.00 | 1.482.181.00 |

Page 1 of 2

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report - Detail

| Charter School Name: | Watsonville Prep School |
|----------------------------------|-------------------------|
| (continued) | |
| CDS #: | 44 77248 0138909 |
| Charter Approving Entity: | SBE |
| County: | Santa Cruz |
| Charter #: | 2032 |
| Fiscal Year: | 2021/22 |
| | |

This charter school uses the following basis of accounting:

Accrual Basis (Applicable Capital Assets / Interest on Long-Term Debt / Long-Term Liabilities objects are 6900, 7438, 9400-9499, and 9660-9669)

Modified Accrual Basis (Applicable Capital Outlay / Debt Service objects are 6100-6170, 6200-6500, 7438, and 7439)

| | | 1st Interim Budget | | | A | ctuals thru 01/3 | 1 | 2nd Interim Budget | | |
|---|----------------------------|--------------------|--------------|---|---|------------------|---|---|--|---|
| Description | Object Code | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| | | 1 | | | 1 | | | 1 | | |
| 6. Capital Outlay (Objects 6100-6170, 6200-6500 for modified accrual to | 6100-6170 | | | 1 | | | | | 1 | |
| Land and Land Improvements Buildings and Improvements of Buildings | 6200 | | | | | ···· | | | · · · · · · · · · · · · · · · · · · · · | { |
| Books and Media for New School Libraries or Major | 6200 | | l | L | + | 1 | l | | 4 | .L |
| Expansion of School Libraries | 6300 | | l | | | 1 | l | | T | T |
| Equipment | 6300 6400 | | | | † | 1 | | | 1 | |
| Equipment Replacement | 6500 | | | | | | | 1 | | J |
| Depreciation Expense (for accrual basis only) | 6900 | - | - | | | | - | | - | - |
| Total, Capital Outlay | | - | - | - | - | - | - | - | - | - |
| 7. Other Outgo | | | | | | | | | | |
| Tuition to Other Schools | 7110-7143 | - | | | | | | | 1 | |
| Transfers of Pass-through Revenues to Other LEAs | 7211-7213 | | | | † | · | | | | · |
| Transfers of Apportionments to Other LEAs - Spec. Ed. | 7221-7223SF | | | - | | | | † | + | † |
| Transfers of Apportionments to Other LEAs - All Other | 7221-7223SE 7221-7223AO | | | | † | 1 | | | † | |
| All Other Transfers | 7281-7299 | - | - | - | | | | *************************************** | † | · |
| Debt Service: | | | | • | | | • | | | *************************************** |
| Interest | 7438 | - | - | - | | I | - | | I | 1 |
| Principal (for modified accrual basis only) | 7439 | - | - | - | | | - | | | - |
| Total, Other Outgo | | - | - | - | - | - | - | - | - | - |
| 8. TOTAL EXPENDITURES | | 3.878.225.00 | 1.376.278.00 | 5.254.503.00 | 2.093.839.80 | 621.848.20 | 2.715.688.00 | 3.613.141.00 | 1 671 254 00 | 5,284,395.00 |
| 6. TOTAL EXPENDITURES | | 3,070,223.00 | 1,370,270.00 | 3,234,303.00 | 2,093,039.00 | 021,040.20 | 2,7 13,000.00 | 3,013,141.00 | 1,071,234.00 | 3,204,393.00 |
| C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPEND. | | | | | | | | | | |
| BEFORE OTHER FINANCING SOURCES AND USES (A5-B8 | 3) | 256,339.00 | - | 256,339.00 | (747,466.80) | (7,038.20) | (754,505.00) | 184,979.00 | - | 184,979.00 |
| D. OTHER FINANCING SOURCES / USES | | | | | | | | | | |
| 1. Other Sources | 8930-8979 | | | | | | | | | |
| 2. Less: Other Uses | 7630-7699 | | | | | 1 | | 1 | | · |
| 3. Contributions Between Unrestricted and Restricted Accounts | | | | | | | | *************************************** | | |
| (must net to zero) | 8980-8999 | - | - | - | | | - | | | - |
| | | | 7 | • | | • | | | | 7 |
| 4. TOTAL OTHER FINANCING SOURCES / USES | | - | - | - | - | - | - | - | - | - |
| E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D4) | | 256,339.00 | - | 256,339.00 | (747,466.80) | (7,038.20) | (754,505.00) | 184,979.00 | - | 184,979.00 |
| · | | | | | | | | | | |
| F. FUND BALANCE, RESERVES | | | | | | | | | | |
| Beginning Fund Balance a. As of July 1 | 9791 | 151,128.00 | | 151,128.00 | 151,128.00 | | 151,128.00 | 151,128.00 | 1 | 151,128.00 |
| b. Adjustments to Beginning Balance | 9793, 9795 | 151,126.00 | | 131,126.00 | 61,668.00 | | 61,668.00 | 61.668.00 | | 61,668.00 |
| c. Adjustments to beginning Balance | 3133, 3133 | 151.128.00 | | 151.128.00 | 212,796.00 | | 212,796.00 | 212,796.00 | _ | 212.796.00 |
| 2. Ending Fund Balance, June 30 (E + F.1.c.) | | 407,467,00 | - | 407,467.00 | (534,670,80) | (7.038.20) | (541,709,00) | | - | 397,775.00 |
| , , | | | • | | , | | , | | • | |
| Components of Ending Fund Balance : | L | | | | | | | | | |
| a. Nonspendable | | | | | | | | | | ļ |
| Revolving Cash (equals object 9130) | 9711 | | | | | | | | ļ | ļ |
| Stores (equals object 9320) | 9712 | | | | | | | 4 | . | { |
| Prepaid Expenditures (equals object 9330) | 9713 | | | | | | | | . | { |
| All Others | 9719 | | | | | | | | | ļ |
| b Restricted c. Committed | 9740 | | ļ | ļ | | (100,000.00) | (100,000.00) | | | ļ |
| | 0750 | | | | | { | | ļ | + | + |
| Stabilization Arrangements Other Commitments | 9750 9760 | | } | - | † | | | | + | |
| d. Assigned | 9700 | | } | - | † | | | | + | |
| Other Assignments | 9780 | | ····· | | J | †···- | <u> </u> | † ····· | · · · · · · · · · · · · · · · · | {-··· |
| e Unassigned/Unappropriated | | | <u> </u> | ····· | l | † ··· | }···· | †····· | · · · · · · · · · · · · · · · · · | {-···- |
| Reserve for Economic Uncertainities | 9789 | | | | 135,784.40 | | 125 704 40 | 180,657.05 | | 190 657 05 |
| Unassigned/Unappropriated Amount | 9789 | 407.467.00 | } | 407.467.00 | (670.455.20) | (100.000.00) | 135,784.40 (770.455.20) | | | 180,657.05 217.117.95 |
| onassigned/onappropriated Amount | 9/90 | 407,467.00 | | 407,407.00 | (07.0,400.20) | (100,000,000) | (110,400.20) | 217,117.95 | 1 | 217,117.95 |

Page 2 of 2

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report - Summary

| | | | | | 2nd Interim vs Increase, (I | |
|--|------------------------|---------------------------|---------------------------|----------------------------|--------------------------------|-------------------------|
| Description | Object Code | 1st Interim Budget (X) | Actuals thru 01/31 (Y) | 2nd Interim Budget (Z) | \$ Difference (Z) vs. (X) | % Change (Z) vs. (X) |
| A REVENUES | Coject Couc | Budget (X) | 0.701(1) | Daager (L) | (2) 10. (X) | (2) 10. (11) |
| 1. Revenue Limit Sources | | | | | | |
| State Aid - Current Year | 8011 | 3,496,735.00 | 1,290,353.00 | 3,455,767.00 | (40,968.00) | -1.17% |
| Education Protection Account State Aid - Current Year | <u> </u> | 61,100.00 | 21,020.00 | 61,100.00 | - | 0.00% |
| Charter Schools Gen. Purpose Entitlement - State Aid | 8015 | | - | - | - | |
| State Aid - Prior Years | 8019 | | | | | |
| Tax Relief Subventions (for rev. limit funded schools) County and District Taxes (for rev. limit funded school | 8020-8039 8040-8079 | - | | | | |
| Miscellaneous Funds (for rev. limit funded schools) | 8080-8089 | | | | | |
| LCFF/Revenue Limit Transfers: | 0000-0005 | | | | | |
| PERS Reduction Transfer | 8092 | - | - | - | - | |
| Charter Schools Funding in Lieu of Property Taxes | 8096 | - | - | - | - | |
| Other LCFF/Revenue Limit Transfers | 8091, 8097 | - | - | - | - | |
| Total, LCFF/Revenue Limit Sources | | 3,557,835.00 | 1,311,373.00 | 3,516,867.00 | (40,968.00) | -1.15% |
| | | | | | | |
| 2. Federal Revenues | | 400.050.00 | 0.040.00 | 400.050.00 | | 0.000/ |
| No Child Left Behind (Include ARRA) Special Education - Federal | 8290 8181, 8182 | 189,950.00 39,650.00 | 3,816.00 | 189,950.00 39,650.00 | - | 0.00% 0.00% |
| Child Nutrition - Federal | 8220 | 160,000.00 | 124,938.00 | 160,000.00 | | 0.00% |
| Other Federal Revenues (Include ARRA) | 110, 8260-829 | 520,000.00 | 238,480.00 | 520,000.00 | | 0.00% |
| Total, Federal Revenues | | 909,600.00 | 367,234.00 | 909,600.00 | - | 0.00% |
| · | | , | | | | |
| 3. Other State Revenues | | | | | | |
| Charter Schools Categorical Block Grant | N/A thru 14/15 | | - | - | - | |
| Special Education - State | StateRevSE | 204,969.00 | 66,680.00 | 204,969.00 | - | 0.00% |
| All Other State Revenues | StateRevAO | 622,738.00 | 215,166.00 | 622,738.00 | - | 0.00% |
| Total, Other State Revenues | | 827,707.00 | 281,846.00 | 827,707.00 | - | 0.00% |
| 4. Other Local Revenues | | | | | | |
| All Other Local Revenues | LocalRevAO | 215,700.00 | 730.00 | 215,200.00 | (500.00) | -0.23% |
| Total, Local Revenues | Localitevito | 215,700.00 | 730.00 | 215,200.00 | (500.00) | -0.23% |
| | | | | , | (| |
| 5. TOTAL REVENUES | | 5,510,842.00 | 1,961,183.00 | 5,469,374.00 | (41,468.00) | -0.75% |
| | | | | | | |
| B. EXPENDITURES | | | | | | |
| 1. Certificated Salaries | | | 1 | 1 | | |
| Certificated Teachers' Salaries | 1100 | 910,436.00 | 443,408.00 | 877,946.00 | (32,490.00) | -3.57% |
| Certificated Pupil Support Salaries | 1200 | 202,942.00 | 111,199.00 | 202,942.00 | | 0.00% |
| Certificated Supervisors' and Administrators' Salaries Other Certificated Salaries | 1300 1900 | 238,594.00 | 139,180.00 | 238,594.00 | | 0.00% |
| Total, Certificated Salaries | 1900 | 1,351,972.00 | 693.787.00 | 1,319,482.00 | (32,490.00) | -2.40% |
| rotal, Ocranicated Galaries | | 1,001,012.00 | 030,707.00 | 1,010,402.00 | (02,430.00) | -2.4070 |
| 2. Non-certificated Salaries | | | | | | |
| Non-certificated Instructional Aides' Salaries | 2100 | 754,942.00 | 327,846.00 | 798,315.00 | 43,373.00 | 5.75% |
| Non-certificated Support Salaries | 2200 | - | - | - | - | |
| Non-certificated Supervisors' and Administrators' Sal. | 2300 | | | | | |
| Clerical and Office Salaries | 2400 | 172,579.00 | 109,998.00 | 172,579.00 | | 0.00% |
| Other Non-certificated Salaries | 2900 | 233,195.00 | 160,070.00 597,914.00 | 233,195.00 1.204.089.00 | 42 272 00 | 0.00% |
| Total, Non-certificated Salaries | | 1,160,716.00 | 597,914.00 | 1,204,069.00 | 43,373.00 | 3.74% |
| 3. Employee Benefits | | | | | | |
| STRS | 3101-3102 | 225,793.00 | 129,843.00 | 220,296.00 | (5,497.00) | -2.43% |
| PERS | 3201-3202 | - | - | - | - | |
| OASDI / Medicare / Alternative | 3301-3302 | 101,617.00 | 52,854.00 | 101,617.00 | - | 0.00% |
| Health and Welfare Benefits | 3401-3402 | 317,850.00 | 112,040.00 | 317,850.00 | - | 0.00% |
| Unemployment Insurance | 3501-3502 | 9,960.00 | 8,302.00 | 9,960.00 | - | 0.00% |
| Workers' Compensation Insurance | 3601-3602 | 29,520.00 | 6,680.00 | 29,520.00 | - | 0.00% |
| OPEB, Allocated | 3701-3702 | | ļ <u>-</u> | | <u> </u> | |
| OPEB, Active Employees | 3751-3752 | | | | ļ | |
| PERS Reduction (for revenue limit funded schools) | 3801-3802 | | | | | |
| Other Employee Benefits | 3901-3902 | 684 740 00 | 300 710 00 | 679,243.00 | (5 407 00) | 0.909/ |
| Total, Employee Benefits | | 684,740.00 | 309,719.00 | 019,243.00 | (5,497.00) | -0.80% |

Page 1 of 3

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report - Summary

| | | | | | 2nd Interim vs Increase, (I | |
|--|---------------|---------------------------|---------------------------|---------------------------|--------------------------------|-------------------------|
| Description | Object Code | 1st Interim Budget (X) | Actuals thru 01/31 (Y) | 2nd Interim Budget (Z) | \$ Difference (Z) vs. (X) | % Change (Z) vs. (X) |
| 4. Books and Supplies | | | | | | |
| Approved Textbooks and Core Curricula Materials | 4100 | 3.400.00 | 2,890.00 | 3,400.00 | | 0.00% |
| Books and Other Reference Materials | 4200 | 10,000.00 | 9,497.00 | | 3,000.00 | 30.00% |
| | | 41,000.00 | 43,479.00 | 13,000.00 48,000.00 | 7,000.00 | |
| Materials and Supplies | 4300 | | 4 | | 27,200.00 | 17.07% |
| Noncapitalized Equipment Food | 4400 | 257,800.00 163,500.00 | 283,598.00 130,608.00 | 285,000.00 250,000.00 | 86,500.00 | 10.55% 52.91% |
| Total, Books and Supplies | 4700 | 475,700.00 | 470,072.00 | 599,400.00 | 123,700.00 | 26.00% |
| | | , | | , | | |
| Services and Other Operating Expenditures Subagreements for Services | 5100 | | I | | | |
| Travel and Conferences | poolooooooooo | - 44 000 00 | 2 227 00 | - 44 000 00 | | 0.00% |
| | 5200 | 11,000.00 | 2,327.00 | 11,000.00 | | |
| Dues and Memberships | 5300 | 5,406.00 | 5,035.00 | 5,406.00 | | 0.00% |
| Insurance | 5400 | 12,873.00 | 8,195.00 | 12,873.00 | | 0.00% |
| Operations and Housekeeping Services | 5500 | 42,112.00 | 13,483.00 | 42,112.00 | | 0.00% |
| Rentals, Leases, Repairs, and Noncap. Improvements | | 815,194.00 | 167,678.00 | 634,000.00 | (181,194.00) | -22.23% |
| Professional/Consulting Services and Operating Expe | h | 647,790.00 | 404,567.00 | 728,790.00 | 81,000.00 | 12.50% |
| Communications | 5900 | 47,000.00 | 42,911.00 | 48,000.00 | 1,000.00 | 2.139 |
| Total, Services and Other Operating Expenditur | | 1,581,375.00 | 644,196.00 | 1,482,181.00 | (99,194.00) | -6.27% |
| 6. Capital Outlay (Objects 6100-6170, 6200-6500 modified accrual | | | | | | |
| Land and Land Improvements | 6100-6170 | - | - | - | - | |
| Buildings and Improvements of Buildings | 6200 | - | - | - | - | |
| Books and Media for New School Libraries or Major | | | | | | |
| Expansion of School Libraries | 6300 | - | - | - | - | |
| Equipment | 6400 | - | - | - | - | |
| Equipment Replacement | 6500 | - | - | - | - | |
| Depreciation Expense (for accrual basis only) | 6900 | - | - | - | - | |
| Total, Capital Outlay | | - | - | - | - | |
| 7. Other Outgo | | | | | | |
| Tuition to Other Schools | 7110-7143 | | l - | | | |
| Transfers of Pass-through Revenues to Other LEAs | 7211-7213 | <u></u> | <u> </u> | | | |
| Transfers of Apportionments to Other LEAs - Spec. E | | | | | | |
| Transfers of Apportionments to Other LEAs - Spec. El | | | | | | |
| All Other Transfers | 7281-7299 | | | | | |
| Debt Service: | 1201-1299 | ····· | ····· | ····· | ····· | |
| Interest | 7/20 | | ļ | | | |
| | 7438 | | <u> </u> | | | |
| Principal (for modified accrual basis only) Total, Other Outgo | 7439 | - | - | - | - | |
| | | | | | | |
| 8. TOTAL EXPENDITURES | | 5,254,503.00 | 2,715,688.00 | 5,284,395.00 | 29,892.00 | 0.57% |
| EXCESS (DEFICIENCY) OF REVENUES OVER EXPEND. | | | | | | |
| BEFORE OTHER FINANCING SOURCES AND USES (A | ł | 256,339.00 | (754,505.00) | 184,979.00 | (71,360.00) | -27.84% |

CHARTER SCHOOL INTERIM FINANCIAL REPORT - ALTERNATIVE FORM Second Interim Report - Summary

| | | | | | 2nd Interim vs Increase, (I | |
|---|-------------|-------------|--------------|-------------|--------------------------------|-------------|
| | | 1st Interim | Actuals thru | 2nd Interim | \$ Difference | % Change |
| Description | Object Code | Budget (X) | 01/31 (Y) | Budget (Z) | (Z) vs. (X) | (Z) vs. (X) |
| | | | | | | |
| D. OTHER FINANCING SOURCES / USES | | | | | , | |
| 1. Other Sources | 8930-8979 | - | - | - | - | |
| 2. Less: Other Uses | 7630-7699 | - | - | - | - | |
| Contributions Between Unrestricted and Restricted Account | | | | | | |
| (must net to zero) | 8980-8999 | - | - | - | - | |
| | | | | | | |
| 4. TOTAL OTHER FINANCING SOURCES / USES | | - | - | - | - | |
| | | | | | | |
| E. NET INCREASE (DECREASE) IN FUND BALANCE (C + | | 256,339.00 | (754,505.00) | 184,979.00 | (71,360.00) | -27.84% |
| | | | | | | |
| F. FUND BALANCE, RESERVES | | | | | | |
| 1. Beginning Fund Balance | | | | | | |
| a. As of July 1 | 9791 | 151,128.00 | 151,128.00 | 151,128.00 | - | 0.00% |
| b. Adjustments to Beginning Balance | 9793, 9795 | - | 61,668.00 | 61,668.00 | 61,668.00 | New |
| c. Adjusted Beginning Balance | | 151,128.00 | 212,796.00 | 212,796.00 | | |
| 2. Ending Fund Balance, June 30 (E + F.1.c.) | | 407,467.00 | (541,709.00) | 397,775.00 | Ī | |
| | | | | | | |
| Components of Ending Fund Balance : | | | | | | |
| a. Nonspendable | | | | | | |
| Revolving Cash (equals object 9130) | 9711 | - | - | - | - | |
| Stores (equals object 9320) | 9712 | - | - | - | - | |
| Prepaid Expenditures (equals object 9330) | 9713 | - | - | - | - | |
| All Others | 9719 | - | - | - | - | |
| b. Restricted | 9740 | - | (100,000.00) | - | - | |
| c Committed | | | | | | |
| Stabilization Arrangements | 9750 | - | - | - | - | |
| Other Commitments | 9760 | - | - | - | - | |
| d Assigned | | | | | | |
| Other Assignments | 9780 | - | - | - | - | |
| e. Unassigned/Unappropriated | | | | | | |
| Reserve for Economic Uncertainties | 9789 | - | 135,784.40 | 180,657.05 | 180,657.05 | New |
| Unassigned/Unappropriated Amount | 9790 | 407,467.00 | (770,455.20) | 217,117.95 | (190,349.05) | -46.72% |

CHARTER SCHOOL MULTI-YEAR PROJECTION - ALTERNATIVE FORM Second Interim Report - MYP

| Charter School Name: | Watsonville Prep School |
|---------------------------|-------------------------|
| (continued) | |
| CDS#: | 44 77248 0138909 |
| Charter Approving Entity: | SBE |
| County: | Santa Cruz |
| Charter #: | 2032 |
| Fiscal Year: | 2021/22 |

This charter school uses the following basis of accounting:

| X | Accrual Basis (Applicable Capital Assets / Interest on Long-Term Debt / Long-Term Liabilities objects are 6900, 7438, 9400-9499, and 9660-9669) |
|---|---|
| | Modified Accrual Basis (Applicable Capital Outlay / Debt Service objects are 6100-6170, 6200-6500, 7438, and 7439) |

| | | | FY 2021/22 | Totals for | Totals for | |
|--|---------------------------|--------------|--------------|--------------|--------------|--------------|
| Description | Object Code | Unrestricted | Restricted | Total | 2022/23 | 2023/24 |
| A. REVENUES | | | | | | |
| 1. Revenue Limit Sources | | | | | | |
| State Aid - Current Year | 8011 | 3,455,767.00 | 0.00 | 3,455,767.00 | 4,150,506.00 | 4,915,822.00 |
| Education Protection Account State Aid - Current Year | 8012 | 61,100.00 | 0.00 | 61,100.00 | 72,380.00 | 83,660.00 |
| Charter Schools Gen. Purpose Entitlement - State Aid | 8015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| State Aid - Prior Years | 8019 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Tax Relief Subventions (for rev. limit funded schools) | 8020-8039 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| County and District Taxes (for rev. limit funded schools | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Miscellaneous Funds (for rev. limit funded schools) | 8080-8089 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LCFF/Revenue Limit Transfers: | | | | | | |
| PERS Reduction Transfer | 8092 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Charter Schools Funding in lieu of Property Taxes | 8096 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Other LCFF/Revenue Limit Transfers | 8091, 8097 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total, LCFF/Revenue Limit Sources | 0031, 0031 | 3,516,867.00 | 0.00 | 3,516,867.00 | | 4.999.482.00 |
| Total, LOFF/Neverlue Little Sources | | 3,310,007.00 | 0.00 | 3,310,007.00 | 4,222,000.00 | 4,999,402.00 |
| 2. Federal Revenues | | | | | | |
| No Child Left Behind | 8290 | 0.00 | 189,950.00 | 189,950.00 | 223,866.00 | 262,139.00 |
| Special Education - Federal | 8181, 8182 | 0.00 | 39,650.00 | 39,650.00 | 47,130.00 | 55,564.00 |
| Child Nutrition - Federal | 8220 | 0.00 | 160,000.00 | 160,000.00 | 230,076.00 | 271,250.00 |
| Other Federal Revenues | 3110, 8260-829 | 0.00 | 520,000.00 | 520,000.00 | 200,000.00 | 27 1,230.00 |
| Total, Federal Revenues | 110, 0200-029 | 0.00 | 909,600.00 | 909,600.00 | 701,072.00 | 588,953.00 |
| Total, Federal Revenues | | 0.00 | 909,000.00 | 909,600.00 | 701,072.00 | 366,933.00 |
| 3. Other State Revenues | | | | | | |
| | N/A thru 14/15 | | | | | |
| Charter Schools Categorical Block Grant | harris and a second and a | 0.00 | 204,969.00 | 204,969.00 | 218,408.00 | 257,495.00 |
| Special Education - State | StateRevSE | 0.00 | | | | |
| All Other State Revenues | StateRevAO | 66,053.00 | 556,685.00 | 622,738.00 | 464,028.00 | 538,271.00 |
| Total, Other State Revenues | | 66,053.00 | 761,654.00 | 827,707.00 | 682,436.00 | 795,766.00 |
| 4 Others Level December | | | | | | |
| 4. Other Local Revenues | | 0.45 000 00 | 0.00 | 0.45.000.00 | 075 005 00 | 400.050.00 |
| All Other Local Revenues | LocalRevAO | 215,200.00 | 0.00 | 215,200.00 | 375,385.00 | 186,353.00 |
| Total, Local Revenues | | 215,200.00 | 0.00 | 215,200.00 | 375,385.00 | 186,353.00 |
| F TOTAL DEVENUES | | 0.700.400.00 | 4.074.054.00 | 5 400 074 00 | 5 004 770 00 | 0.570.554.00 |
| 5. TOTAL REVENUES | | 3,798,120.00 | 1,671,254.00 | 5,469,374.00 | 5,981,779.00 | 6,570,554.00 |
| D EVENINE IN CO. | | | | | | |
| B. EXPENDITURES | | | | | | |
| 1. Certificated Salaries | 4400 | 007.040.00 | 040 000 00 | 077.040.00 | 4 007 500 00 | 4 450 000 00 |
| Certificated Teachers' Salaries | 1100 | 267,646.00 | 610,300.00 | 877,946.00 | | 1,159,832.00 |
| Certificated Pupil Support Salaries | 1200 | 202,942.00 | 0.00 | 202,942.00 | 213,089.00 | 219,482.00 |
| Certificated Supervisors' and Administrators' Salaries | 1300 | 238,594.00 | 0.00 | 238,594.00 | 266,121.00 | 313,785.00 |
| Other Certificated Salaries | 1900 | 0.00 | 0.00 | 0.00 | - | - |
| Total, Certificated Salaries | | 709,182.00 | 610,300.00 | 1,319,482.00 | 1,486,793.00 | 1,693,099.00 |
| | | | | | | |
| 2. Non-certificated Salaries | | | | | | |
| Non-certificated Instructional Aides' Salaries | 2100 | 721,688.00 | 76,627.00 | 798,315.00 | 746,000.00 | 768,380.00 |
| Non-certificated Support Salaries | 2200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Non-certificated Supervisors' and Administrators' Sal. | 2300 | 0.00 | 0.00 | 0.00 | 22,816.00 | 23,272.00 |
| Clerical and Office Salaries | 2400 | 172,579.00 | 0.00 | 172,579.00 | 181,208.00 | 186,636.00 |
| Other Non-certificated Salaries | 2900 | 233,195.00 | 0.00 | 233,195.00 | 237,272.00 | 244,390.00 |
| Total, Non-certificated Salaries | | 1,127,462.00 | 76,627.00 | 1,204,089.00 | 1,187,296.00 | 1,222,678.00 |

Page 1 of 3

CHARTER SCHOOL MULTI-YEAR PROJECTION - ALTERNATIVE FORM Second Interim Report - MYP

Charter School Name: Watsonville Prep School

(continued)_

CDS #: 44 77248 0138909

Charter Approving Entity: SBE

County: Santa Cruz

Charter #: 2032 Fiscal Year: 2021/22

| | | | FY 2021/22 | Totals for | Totals for | |
|--|--|------------------------|--|-------------------------|------------------------|------------------------|
| Description | Object Code | Unrestricted | Restricted | Total | 2019/20 | 2020/21 |
| 3. Employee Benefits | Object Code | Omesmeteu | Restricted | Total | 2013/20 | 2020/21 |
| STRS | 3101-3102 | 117,033.00 | 103,263.00 | 220,296.00 | 277,704.00 | 316,655.00 |
| PERS | 3201-3202 | | 0.00 | 0.00 | 0.00 | 0.00 |
| OASDI / Medicare / Alternative | , | 0.00 83,308.00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 101,617.00 | 106,041.00 | 120,651.00 |
| Health and Welfare Benefits | 3301-3302 3401-3402 | 269.002.00 | 18,309.00 | | 337,248.00 | 394,594.00 |
| Unemployment Insurance | 3501-3502 | 3,857.00 | 48,848.00 | 317,850.00 9,960.00 | 11,184.00 | |
| Workers' Compensation Insurance | 3601-3602 | 22,807.00 | 6,103.00 | 29,520.00 | 30,395.00 | 12,376.00 34,609.00 |
| OPEB, Allocated | 3701-3602 | 0.00 | 6,713.00 0.00 | 0.00 | 0.00 | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| OPEB, Active Employees | 3751-3752 3801-3802 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 0.00 |
| PERS Reduction (for revenue limit funded schools) | 3901-3602 | 0.00 | 0.00 0.00 | 0.00 0.00 | 0.00 0.00 | |
| Other Employee Benefits | 3901-3902 | 0.00 | | | | 0.00 |
| Total, Employee Benefits | | 496,007.00 | 183,236.00 | 679,243.00 | 762,572.00 | 878,885.00 |
| A Deales and Complies | | | | | | |
| 4. Books and Supplies | 4400 | 2 200 00 | E40.00 | 2 400 00 | 0.445.00 | 40 022 00 |
| Approved Textbooks and Core Curricula Materials | 4100 | 2,890.00 | 510.00 | 3,400.00 | 9,445.00 | 10,933.00 |
| Books and Other Reference Materials | 4200 4300 | 11,050.00 40,860.00 | 1,950.00 7,140.00 | 13,000.00 48,000.00 | 17,473.00 57,660.00 | 20,225.00 62,955.00 |
| Materials and Supplies | | 140,644.00 | ~~~~~ | | 90,695.00 | |
| Noncapitalized Equipment | 4400 | | 144,356.00 | 285,000.00 | | 98,671.00 |
| Food | 4700 | 5,000.00 | 245,000.00 | 250,000.00 | 343,313.00 | 399,471.00 |
| Total, Books and Supplies | | 200,444.00 | 398,956.00 | 599,400.00 | 518,586.00 | 592,255.00 |
| E Compiese and Other Operating Funerality | | | | | | |
| 5. Services and Other Operating Expenditures | 5400 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Subagreements for Services | 5100 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Travel and Conferences | 5200 | 11,000.00 | 0.00 | 11,000.00 | 19,652.00 | 21,648.00 |
| Dues and Memberships | 5300 | 5,406.00 | 0.00 | 5,406.00 | 7,700.00 | 7,895.00 |
| Insurance | 5400 | 12,873.00 | 0.00 | 12,873.00 | 13,131.00 | 13,394.00 |
| Operations and Housekeeping Services | 5500 | 42,112.00 | 0.00 | 42,112.00 | 91,080.00 | 98,896.00 |
| Rentals, Leases, Repairs, and Noncap. Improvements | 5600 | 326,865.00 | 307,135.00 | 634,000.00 | 721,091.00 | 846,176.00 |
| Professional/Consulting Services and Operating Expend | 5800 | 668,790.00 | 60,000.00 | 728,790.00 | 929,083.00 | 1,050,325.00 |
| Communications | 5900 | 13,000.00 | 35,000.00 | 48,000.00 | 21,549.00 | 21,879.00 |
| Total, Services and Other Operating Expenditure | | 1,080,046.00 | 402,135.00 | 1,482,181.00 | 1,803,286.00 | 2,060,213.00 |
| 6 Conital Cuttou (Ohi: 0400 0470 0000 0500 farmed a same | | | | | | |
| 6. Capital Outlay (Obj. 6100-6170, 6200-6500 for mod. accr. b | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Land and Land Improvements | 6100-6170 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Buildings and Improvements of Buildings | 6200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Books and Media for New School Libraries or Major Expansion of School Libraries | 6300 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Equipment | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| · · | 6400 | 0.00 | 0.00 | 0.00 | 0.00 0.00 | 0.00 |
| Equipment Replacement Depreciation Expense (for accrual basis only) | 6500 | 0.00 0.00 | 0.00 0.00 | 0.00 0.00 | 0.00 | 0.00 0.00 |
| Total, Capital Outlay | 6900 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total, Capital Outlay | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7. Other Outgo | | | | | | |
| Tuition to Other Schools | 7110-7143 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Transfers of Pass-through Revenues to Other LEAs | 7211-7213 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Transfers of Pass-tirrough Revenues to Other LEAs Transfers of Apportionments to Other LEAs - Spec. Ed. | 7211-7213 7221-7223SE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Transfers of Apportionments to Other LEAs - Spec. Ed. Transfers of Apportionments to Other LEAs - All Other | 7221-7223AO | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| All Other Transfers | 7280-7299 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Debt Service: | 1200-1233 | J | 0.00 | 0.00 | 0.00 | 0.00 |
| Interest | 7438 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Principal (for modified accrual basis only) | 7439 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total, Other Outgo | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total, Other Oatgo | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. TOTAL EXPENDITURES | | 3,613,141.00 | 1,671,254.00 | 5,284,395.00 | 5,758,533.00 | 6,447,130.00 |
| O. TO THE EM EMBITORED | | 5,515,171.00 | 1,07 1,204.00 | 3,207,000.00 | 5,750,000.00 | 5,777,100.00 |
| C. EXCESS (DEFICIENCY) OF REVENUES OVER EXPEND. | | | | | | |
| BEFORE OTHER FINANCING SOURCES AND USES (A5- | | 184,979.00 | 0.00 | 184,979.00 | 223,246.00 | 123,424.00 |
| PET OVE OTHER LIMAMONING SOURCES WIND 09E9 (NO. | 1 | 107,313.00 | 0.00 | 10 1 ,313.00 | ZZU,Z4U.UU | 120,424.00 |

CHARTER SCHOOL MULTI-YEAR PROJECTION - ALTERNATIVE FORM Second Interim Report - MYP

Charter School Name: Watsonville Prep School

(continued)_

CDS #: 44 77248 0138909

Charter Approving Entity: SBE

County: Santa Cruz

Charter #: 2032

Fiscal Year: 2021/22

| | | | FY 2021/22 | Totals for | Totals for | | |
|--|-------------|--------------|------------|------------|------------|------------|--|
| Description | Object Code | Unrestricted | Restricted | Total | 2019/20 | 2020/21 | |
| D. OTHER FINANCING SOURCES / USES | _ | | | | | | |
| 1. Other Sources | 8930-8979 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 2. Less: Other Uses | 7630-7699 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 3. Contributions Between Unrestricted and Restricted Accou | nts | | | | | | |
| (must net to zero) | 8980-8999 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | | | | | |
| 4. TOTAL OTHER FINANCING SOURCES / USES | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | | | | | | | |
| E. NET INCREASE (DECREASE) IN FUND BALANCE (C + D | 4 | 184,979.00 | 0.00 | 184,979.00 | 223,246.00 | 123,424.00 | |
| | | | | | | | |
| F. FUND BALANCE, RESERVES | | | | | | | |
| Beginning Fund Balance | | | | | | | |
| a. As of July 1 | 9791 | 151,128.00 | 0.00 | 151,128.00 | 397,775.00 | 621,021.00 | |
| b. Adjustments to Beginning Balance | 9793, 9795 | 61,668.00 | 0.00 | 61,668.00 | | | |
| c. Adjusted Beginning Balance | | 212,796.00 | 0.00 | 212,796.00 | 397,775.00 | 621,021.00 | |
| 2. Ending Fund Balance, June 30 (E + F.1.c.) | | 397,775.00 | 0.00 | 397,775.00 | 621,021.00 | 744,445.00 | |
| | | | | | | | |
| Components of Ending Fund Balance: | | | | | | | |
| a. Nonspendable | | | | | | | |
| Revolving Cash (equals object 9130) | 9711 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Stores (equals object 9320) | 9712 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Prepaid Expenditures (equals object 9330) | 9713 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| All Others | 9719 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| b. Restricted | 9740 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| c. Committed | | | | | | | |
| Stabilization Arrangements | 9750 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Other Commitments | 9760 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| d Assigned | | | | | | | |
| Other Assignments | 9780 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| e. Unassigned/Unappropriated | | | | | | | |
| Reserve for Economic Uncertainties | 9789 | 180,657.05 | 0.00 | 180,657.05 | 287,926.65 | 322,356.50 | |
| Unassigned/Unappropriated Amount | 9790 | 217,117.95 | 0.00 | 217,117.95 | 333,094.35 | 422,088.50 | |



Date: May 3, 2022

To: Board of Directors

From: Ami Ortiz, Director of Business & Finance

Re: 2020 990's Review

Requested Action

This item is informational.

Background

Form 990 is a United States Internal Revenue Service form that provides the public with financial information about a nonprofit organization. The basis for the information on the 990 are the accounting records as audited by Clifton Larson Allen LLP. Following best practice, Navigator Schools is distributing it to our Board members before filing.

The 2020 990 is in reconciliation with our 2020 audit report.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change NAVIGATOR SCHOOLS Name 27-4238843 Doing business as change Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 408-432-5750 650 SAN BENITO ST, SUITE 230 19,544,787. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended 95023 HOLLISTER, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KEVIN SVED Yes X No for subordinates? 650 SAN BENITO ST, SUITE 230, HOLLISTER, CA **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.NAVIGATORSCHOOLS.ORG **H(c)** Group exemption number K Form of organization: X Corporation Other > L Year of formation: 2010 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significant activities: TO DEVELOP ADVANCED STUDENTS AND **Activities & Governance** TO PREPARE THEM TO EXCEL IN COLLEGE AND THE WORKPLACE. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 10 4 230 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 15,249,253. 19,438,719. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. 8,924. 5,683. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 100,385. 28,791. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 15,286,968. 19,544,787. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,791,608. 12,493,339. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,387,688. 5,015,447. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,179,296. 17,508,786. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,107,672. 2,036,001. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Ы 9,682,164. 17,339,388. Total assets (Part X, line 16) 10,340,165. 4,718,942. 21 Total liabilities (Part X, line 26) 三年 4,963,222. 6,999,223 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KEVIN SVED, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name LILI HUANG, CPA 05/03/22 self-employed P02383735 LILI HUANG, CPA Paid Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address ▶ 2210 EAST ROUTE 66 Use Only Phone no. (626) 857-7300GLENDORA, CA 91740 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

| Pai | Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | NAVIGATOR SCHOOLS IS A NETWORK OF CHARTER SCHOOLS WITH A MISSION TO |
| | DEVELOP STUDENTS WHO ARE PROFICIENT OR ADVANCED ON THE CALIFORNIA |
| | STATE STANDARD TEST AND TO PREPARE THEM TO EXCEL IN COLLEGE AND THE |
| | WORKPLACE. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$14,160,492. including grants of \$) (Revenue \$) (Revenue \$) |
| | NAVIGATOR SCHOOLS COMMITS THE FOLLOWING TO ALL STUDENTS AND THEIR |
| | FAMILIES: (1) FOCUS ON STATE STANDARDS USING INNOVATIVE MATERIALS AND |
| | STRATEGIES; (2) TEACHER ACCOUNTABILITY AND MERIT PAY BASED ON STUDENT |
| | PERFORMANCE; (3) EXTENDED SCHOOL DAY FOR STUDENTS BASED ON ASSESSMENT |
| | OF INDIVIDUAL NEEDS FOR THE PURPOSE OF REMEDIATION OR ENRICHMENT; (4) |
| | DAILY ACCESS BY STUDENTS TO STATE OF THE ART OF TECHNOLOGY THAT |
| | SUPPORTS BOTH TEACHING AND LEARNING IN THE CLASSROOM; (5) ADJUSTMENT OF |
| | TEACHING CONTENT AND METHODS BASED ON FREQUENT ASSESSMENTS; (6) SCHOOL |
| | ENVIRONMENT THAT FOSTERS AND DEMANDS EXEMPLARY STUDENT BEHAVIOR. |
| | SERVING APPROXIMATELY 1,301 STUDENTS FOR THE 2020-2021 SCHOOL YEAR. |
| | |
| 41- | |
| 4b | (Code:) (Expenses \$ |
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| | |
| 4c | (Code:) (Expenses \$ |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 14,160,492. Form 990 (2020) |
| | Form 990 (2020) |

Form 990 (2020) NAVIGATOR SCHOOLS 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | Х |
| 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 donor-restricted endowments | | | |
| | or in 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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 |
| С | 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 | v | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | Х | |
| | Schedule D, Parts XI and XII | 12a | Λ | |
| Ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12b | | \ x |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | | 14a | 21 | Х |
| b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| D | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

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Form 990 (2020) NAVIGATOR SCHOOLS Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|---|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? 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 | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | 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 | | | v |
| | 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 | 051 | | х |
| 00 | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | х |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | Li | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| _ | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 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 | | <u>X</u> |
| | 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? | | | v |
| o= | 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 | 0= | | Х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance | 30 | 22 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | C. Con Course C Contains a respective of froto to diff into in time that v | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 163 | 140 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| J | (gambling) winnings to prize winners? | 1c | Х | |
| 032004 | + 12-23-20 | | | (2020) |

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2020)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KEVIN SVED - 408-337-5445

Form **990** (2020)

277

95020

IOOF AVE, GILROY, CA

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.

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

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

| (A) Name and title | (B) Average hours per | (do box | not c | (C Posi heck i | ition | | one n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--|--|------------------|-----------------------|----------------------|--------------|------------------------------|-------------|--|--|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Ŕ | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) KEVIN SVED CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | | 173,002. | 0. | 35,144. |
| (2) JAMES DENT | 40.00 | | | | | | | | | |
| CHIEF ACADEMIC OFFICER | | | | | | X | | 150,842. | 0. | 40,007. |
| (3) SHARON WALLER | 40.00 | | | | | | | | | |
| DIRRCTOR OF STUDENT SERVIC | | | | | | X | | 136,516. | 0. | 28,742. |
| (4) MELISSA ALATORRE | 40.00 | | | | | ľ | | | | |
| DIRECTOR OF HUMAN RESOURCE | 10.00 | | | | | X | | 105,151. | 0. | 34,716. |
| (5) KIRSTEN CARR | 40.00 | - | | | N. | l | | 100 001 | • | 14 650 |
| DIRECTOR OF COMMUNITY OUTR | 10.00 | | | | | X | | 122,391. | 0. | 14,658. |
| (6) CRYSTAL O'ROURKE | 40.00 | | | | | ,, | | 101 415 | 0 | 20 440 |
| MODEL PROVIDING COORDINATOR | 40.00 | | | | | X | | 101,415. | 0. | 30,449. |
| (7) AMI ORTIZ | 40.00 | | | 7, | | | | 00 106 | 0 | 10 075 |
| DIRECTOR OF BUSINESS & FIN (8) JOHN FLAHERTY | 2.00 | | | Х | | | | 98,126. | 0. | 10,075. |
| CHAIR | 2.00 | Х | | х | | | | 0. | 0. | 0. |
| (9) NORA CRIVELLO | 2.00 | Λ | | Δ | | | | 0. | 0. | <u></u> |
| SECRETARY | 2.00 | Х | | х | | | | 0. | 0. | 0. |
| (10) VICTOR PAREDES-COLONIA | 2.00 | | | 25 | | | | • | • | |
| FINANCE COMMITTEE CHAIR | 2,00 | х | | х | | | | 0. | 0. | 0. |
| (11) JP ANDERSON | 2.00 | | | | | | | | • | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) IAN CONNELL | 2.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) CHUCK DAGGS | 2.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) SHARA HEDGE | 2.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) DENA KOREN | 2.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) FIAAU OHMANN | 2.00 | _ | | | | | | | _ | _ |
| MEMBER | 2 2 2 | Х | | | | | | 0. | 0. | 0. |
| (17) CAITRIN WRIGHT | 2.00 | <u>_</u> _ | | | | | | | | _ |
| MEMBER 032007 12-23-20 | | X | | | | | | 0. | 0. | 0 • Form 990 (2020) |

032007 12-23-20

Form **990** (2020)

27-4238843

| Pai | Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | Hiç | ghes | t C | ompensated Employee | s (continued) | | | | |
|-----|--|-------------------|--------------------------------|-----------------------|----------------|--------------|---------------------------------|------------------|-------------------------|-------------------------------|----------|-------------|----------------|-------|
| | (A) | (B) | | | _ (C | | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Posi heck n | | | one | Reportable | Reportable | | | timate | |
| | | hours per week | box | , unle | ss pers | son is | s both | n an | compensation | compensation | | | nount | of |
| | | (list any | | <u> </u> | | | | T | from the | from related organizations | | | other pensa | tion |
| | | hours for | direct | | | | _ | | organization | (W-2/1099-MISC | | | om th | |
| | | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** 27 1000 111100 | " | | anizat | |
| | | organizations | trust | al tru | | oyee | om pe | | , | | | • | d relat | |
| | | below line) | Individual trustee or director | Institutional trustee | Officer | sey employee | Highest compensated employee | Former | | | | orga | nizati | ons |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \dashv | | | |
| | | | | | | | | | | | \dashv | | | |
| | | | | | | | | | | | \dashv | | | |
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| | | | | | | | | | | | 4 | | | |
| | | | | | | | | | | | \dashv | | | |
| | | | | | | | | | | | | | | |
| | | | | \ | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | <u> </u> | 887,443. | | 0. | 19: | 3,7 | 91. |
| | Total from continuation sheets to Part VI | | | | | | | \triangleright | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | <u></u> | | | <u> </u> | 887,443. | | 0. | <u> 19</u> | 3,79 | 91. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | | | | 8 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, truste | ee, k | кеу е | emplo | oye | e, or | hig | hest compensated emp | loyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | [| 3 | | X |
| 4 | For any individual listed on line 1a, is the su | ım of reportabl | е со | mpe | ensat | tion | and | oth | er compensation from t | he organization | | | | |
| | and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | dule | Jf | or such individual | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| | rendered to the organization? If "Yes." com | plete Schedule | J f | or su | ıch p | ers | on . | | | | | 5 | | X |
| | tion B. Independent Contractors | | | | | | | | | 100 000 - 1 | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | nsau | |)111 | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | ervices | Co | (C omper | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | Total number of independent contractions (| acluding but a | o+ 1: | nitos | 1 +0 + | hee | o lic | tod | abovo) who received | oro than | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organic | | יוו זינ | iliteC | ı to t | nos | | iea | above) who received m | ле шап | | | 000 | |
| | | | | | | | | | | | ſ | Form 9 | 990 (; | 2020) |

| | | Check if Schedule O contains a response o | r note to any lin | e in this Part VIII | | | |
|--|-----|---|--------------------|---------------------|-------------------|------------------|--------------------|
| | | Cricon il Goricadio O containo a response o | THOLE TO ALTY IIII | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| nts tts | 1 : | a Federated campaigns 1a | | | | | |
| ir our | | Membership dues 1b | | | | | |
| s, G | | Fundraising events1c | | | | | |
| a ii | | d Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (contributions) | 18,173,436. | | | | |
| Sign | 1 | All other contributions, gifts, grants, and | | | | | |
| bel | | similar amounts not included above 1f | 1,265,283. | | | | |
| ᅙ럁 | | Noncash contributions included in lines 1a-1f | | | | | |
| Sor | | Total. Add lines 1a-1f | | 19,438,719. | | | |
| <u> </u> | | Totall / GG III/GG TG T | Business Code | , , | | | |
| _ | 2 | <u> </u> | <u> </u> | | | | |
| ice | 2 | | | | | | |
| er ne | | | | | | | |
| n S | ' | · | | | | | |
| Jrar Se | ' | · | | | | | |
| Program Service Revenue | | · | | | | | |
| Δ. | | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interes | | | | | |
| | | other similar amounts) | | 5,683. | | | 5,683. |
| | 4 | Income from investment of tax-exempt bond pro | oceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents 6a | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | • | assets other than inventory 7a | | | | | |
| | | Less: cost or other basis | | | | | |
| ø | ' | | | | | | |
| Revenue | | and sales expenses | | | | | |
| eve | | . , | | | | | |
| Ä | | d Net gain or (loss) | | | | | |
| ther | 8 | Gross income from fundraising events (not | | | | | |
| ŏ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | > | | | | |
| | 9 | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | 1 | D Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 | a Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold | | | | | |
| | | Net income or (loss) from sales of inventory | • | | | | |
| | | | Business Code | | | | |
| sno | 11 | ALL OTHER REVENUE | 611710 | 100,385. | 100,385. | | |
| Miscellaneous Revenue | | | | , | , , , , | | |
| lla | | | | | | | |
| Sce | · ' | A All other revenue | | | | | |
| Ë | ' | d All other revenue | | 100,385. | | | |
| | | Total Add lines 11a-11d | | 19,544,787. | 100,385. | 0. | 5,683. |
| | 12 | Total revenue. See instructions | | 17,344,101. | 100,305. | ١. | ٥,00٥. |

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 (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 338,590. 274,257. 64,333. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,772,136. 8,077,142. 1,694,994. Other salaries and wages 7 Pension plan accruals and contributions (include 84,738. 705,196. 620,458. section 401(k) and 403(b) employer contributions) 265,234. 204,107. 1,061,127. Other employee benefits 9 412,183.334,121. 78,062. 10 Payroll taxes Fees for services (nonemployees): 286,063. 286,063. Management 71,856. 71,856.Legal 53,555 53,555. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 402,586. column (A) amount, list line 11g expenses on Sch O.) 568,024. 165,438. 13,708. 13,708. Advertising and promotion 12 455,154. 287,454. 167,700. Office expenses 13 325,505. 1,229,302. 96,203. Information technology 14 15 Royalties 840,757. 753,890. 86,867. 16 Occupancy 41,047. 17,095. 23,952. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,461. 8,461. 20 Payments to affiliates 21 86,531. 86,531. Depreciation, depletion, and amortization 22 45,022. 45,022. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,035,973. 919,269. 116,704. OTHER EXPENSES INSTRUCTIONAL MATERIALS 183,791. 183,791. С d All other expenses 17,508,786. 14,160,492. 3,348,294. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|--|------------|-----------------------|---------------------------------|------|---|
| | | Check if Schedule O contains a response or note | e to an | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 3,024,186. | 1 | 5,910,590. | | |
| | 2 | Savings and temporary cash investments | | | 1,790,262. | 2 | 2,095,588. |
| | 3 | Pledges and grants receivable, net | | | 4,035,314. | 3 | 4,602,071. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | | | | 6 | |
| şţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 101 501 | 8 | F11 10C |
| ⋖ | 9 | | | | 121,521. | 9 | 511,186. |
| | 10a | Land, buildings, and equipment: cost or other | | 4 600 044 | | | |
| | _ | basis. Complete Part VI of Schedule D | 10a | 474,654. | 706 110 | | 4 01E 100 |
| | | Less: accumulated depreciation | | | 706,118. | | 4,215,190. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | | |
| | 14 | Intangible assets | 4,763. | 14 15 | 4,763. | | |
| | 15 16 | Other assets. See Part IV, line 11 | | | 9,682,164. | | 17,339,388. |
| | 17 | Accounts payable and accrued expenses | | | 2,628,967. | | 1,855,417. |
| | 18 | Grants payable | | | 2,020,000 | 18 | |
| | 19 | Deferred revenue | | | | 19 | 478,168. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | , |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| G | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | 1 | | | | |
| abil | | controlled entity or family member of any of thes | | | | 22 | |
| ٿ | 23 | Secured mortgages and notes payable to unrela | ted thir | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | l third p | parties | 2,089,975. | 24 | 7,477,915. |
| | 25 | Other liabilities (including federal income tax, pay | yables ' | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | Complete Part X | | | |
| | | of Schedule D | | | 0. | | 528,665. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4,718,942. | 26 | 10,340,165. |
| 10 | | Organizations that follow FASB ASC 958, che | ck her | • ▶ X | | | |
| če | | and complete lines 27, 28, 32, and 33. | | | 4 000 000 | - | 6 000 000 |
| alar | 27 | | | | 4,800,222. | 27 | 6,999,223. |
| ä | 28 | Net assets with donor restrictions | | | 163,000. | 28 | 0. |
| Ĕ | | Organizations that do not follow FASB ASC 98 | 58, che | ck here L | | | |
| ρ | | and complete lines 29 through 33. | | | | 00 | |
| şţ | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Net Assets or Fund Balances | 31 32 | Retained earnings, endowment, accumulated inc | | | 4,963,222. | 31 | 6,999,223. |
| ž | 33 | Total net assets or fund balances | | | 9,682,164. | 33 | 17,339,388. |
| | - 55 | | | | J, 002, 101. | _ 55 | Form 990 (2020) |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|---------|-----|-----|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,54 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17 | ,50 | 8,7 | 86. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | ,03 | 6,0 | 01. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4 | ,96 | 3,2 | 22. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 6 | ,99 | 9,2 | 23. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | | | | | 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 X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | Х | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Aud | dit | | | |
| | Act and OMB Circular A-133? | | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | lit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Employer identification number Name of the organization NAVIGATOR SCHOOLS 27-4238843 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (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.)

| Sec | ction A. Public Support | | | | | | |
|------|---|----------|-----------------|----------|----------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ļ | | | | | |
| | or expended on its behalf | ļ | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | - |
| Ū | 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, | | | | | | |
| | I | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | etion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 4 | (a) 2010 | (b) 2017 | (6) 2010 | (u) 2019 | (e) 2020 | (i) Total |
| 8 | Gross income from interest, | | | | | | _ |
| 0 | dividends, payments received on | | | | | | |
| | | ļ | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | 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 | ' | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | | | | • | ` ' ' ' | |
| 50 | organization, check this box and stor | | | | | | P |
| | ction C. Computation of Publi | | | (0) | | | 24 |
| | Public support percentage for 2020 (I | | | | | 14 | <u>%</u> |
| | Public support percentage from 2019 | | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2020. If the d | | | | | | |
| - | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2019. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | • | • | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | _ | • | * | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 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 | 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 | | | | | | |
| | | | | | Scho | edule A (Form 990 | or 990-EZ) 2020 |

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------------|-----------------------|------------------------|--------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | _ | | _ |
| J | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| 7 6 | 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | <u> </u> | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 108 | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | 1 | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | 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 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, |
| | | | | | | | > |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2020 (l | ine 8, column (f), d | ivided by line 13, o | olumn (f)) | | 15 | % |
| 16 | Public support percentage from 2019 | Schedule A, Part | III, line 15 | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colur | nn (f), divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2020. 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 as | | | | | | > |
| Ł | 33 1/3% support tests - 2019. If the | | | | | | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | > |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| Par | t IV Supporting Organizations _(continued) | | | |
|------|---|----------|-----|----|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion 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 line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst | truction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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 line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | Orga | nizations | | | |
|-------|---|--------|--|--------------------------------|--|--|
| 1 | 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. | | | | | |
| Sect | on 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 | | | | |
| Secti | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| а | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | on C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally i | ntegra | ated Type III supporting organ | nization (see | | |
| | instructions). | 0 | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | , | | |

Schedule A (Form 990 or 990-EZ) 2020

| Fai | Type in Non-Functionally integrated 509 | a)(3) Supporting Orga | ilizations (continued) | 1 |
|----------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exer | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
| _1_ | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| _3_ | Excess distributions carryover, if any, to 2020 | | | · · |
| <u>a</u> | From 2015 | | | |
| b | From 2016 | Y | | |
| С | From 2017 | | | |
| d | From 2018 | | | |
| е | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i_ | Carryover from 2015 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| е | Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

NAVIGATOR SCHOOLS

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

27-4238843

2020

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

NAVIGATOR SCHOOLS

27-4238843

| 1427 1 0. | AIOR SCHOOLS | 41 | -4230043 |
|------------|---|----------------------------|--|
| 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 | CHARTER SCHOOL GROWTH FUND 10901 W 120TH AVENUE #450 BROOMFIELD, CA 80021 | \$ 450,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | SILICON SCHOOLS FUND 827 BROADWAY, STE 300 OAKLAND, CA 94607 | \$300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712 | \$ 20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | THE LOUIS CALDER FOUNDATION 999 18TH STREET, SUITE 2350S DENVER, CO 80202 | \$120,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | NEW SCHOOLS VENTURE FUND 1616 FRANKLIN ST OAKLAND, CA 94612 | \$ 25,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | HASTINGS GROWTH FUND THROUGH 250 E. 1ST ST #1000 LOS ANGELES, CA 90012 | \$\$ | Person X Payroll |

Name of organization

Employer identification number

NAVIGATOR SCHOOLS

27-4238843

| 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 |
| 7 | SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040 | \$ 40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for |

Name of organization Employer identification number

NAVIGATOR SCHOOLS

27-4238843

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional 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** NAVIGATOR SCHOOLS 27-4238843 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (d) Description of how gift is held (c) Use of gift Part I (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 Open to Public Inspection

Name of the organization

NAVIGATOR SCHOOLS

Employer identification number 27-4238843

| Pai | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | Similar Funds | s or Accounts. Complete if the |
|-----|--|-------------------------|----------------------|--|
| | organization answered Yes on Form 990, Part IV, line | (a) Donor advi | sed 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 w | | held in donor advi | sed funds |
| | are the organization's property, subject to the organization's e | - | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| _ | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | • | | |
| Pai | rt II Conservation Easements. Complete if the organic | anization answered " | es" on Form 990 | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recreati | | | of a historically important land area |
| | Protection of natural habitat | | \neg | of a certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contr | ibution in the form | of a conservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | | | | 2a |
| b | | | | |
| С | Number of conservation easements on a certified historic structure | | | |
| d | Number of conservation easements included in (c) acquired af | | | l l |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | | |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | _ |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspe | ection, handling of | |
| | violations, and enforcement of the conservation easements it h | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, | and enforcing cor | nservation easements during the year |
| | — | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ing of violations, and | enforcing conserv | ation easements during the year |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | n easements in its rev | enue and expense | e statement and |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organizatior | n's financial staten | nents that describes the |
| | organization's accounting for conservation easements. | <u> </u> | | |
| Pai | rt III Organizations Maintaining Collections of | | easures, or O | itner Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | • | | |
| | of art, historical treasures, or other similar assets held for publ | | | • |
| | service, provide in Part XIII the text of the footnote to its finance | | | |
| b | | · · | | |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, | or research in fur | therance of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| _ | | | | |
| 2 | If the organization received or held works of art, historical treas | | | al gain, provide |
| | the following amounts required to be reported under FASB AS | | | . . |
| | Revenue included on Form 990, Part VIII, line 1 | | | |
| | Assets included in Form 990, Part X | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | | Schedule D (Form 990) 2020 |

032051 12-01-20

| Pai | t III Organizations Maintaining Coll | ections of Art, | Historical Tre | easures, or | Other Sim | ilar Asset | (continued) | |
|------|---|------------------------|----------------------|----------------|-----------------|----------------|---------------------------|----------|
| 3 | Using the organization's acquisition, accession, | and other records, o | check any of the | following that | make significa | ant use of its | , | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exc | change progra | m | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's colle | ctions and explain h | ow they further th | ne organizatio | n's exempt pu | ırpose in Part | XIII. | |
| 5 | During the year, did the organization solicit or re | eceive donations of a | art, historical trea | sures, or othe | r similar asset | S | | |
| | to be sold to raise funds rather than to be maint | | | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arrange | ments. Complete | if the organization | n 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 intermedian | y for contribution | s or other ass | ets not includ | ed | _ | _ |
| | on Form 990, Part X? | | | | | , | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII and | | | | | | | |
| | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | 🗀 | 1d | | |
| е | Distributions during the year | | | , | <u> </u> | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount on Form | n 990, Part X, line 21 | , for escrow or co | ustodial accou | unt liability? | L | Yes | _ No |
| | If "Yes," explain the arrangement in Part XIII. Cr | | | | | | | |
| Pai | TV Endowment Funds. Complete if the | ne organization answ | ered "Yes" on Fo | orm 990, Part | IV, line 10. | | 1 | |
| | <u>(</u> | a) Current year | (b) Prior year | (c) Two year | s back (d) Th | ree years back | (e) Four years | back_ |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | · | | | |
| | and programs | | | · | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the current | t year end balance (li | ine 1g, column (a |)) held as: | | | | |
| а | Board designated or quasi-endowment | 9 | % | | | | | |
| b | Permanent endowment | % | | | | | | |
| С | Term endowment | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | | | | | | | |
| 3a | Are there endowment funds not in the possession | on of the organization | n that are held a | nd administere | ed for the orga | anization | | |
| | by: | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | <u> </u> |
| | (ii) Related organizations | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | 3b | <u> </u> |
| 4 | Describe in Part XIII the intended uses of the or | | nent funds. | | | | | |
| Pai | t VI Land, Buildings, and Equipmer | | | | | _ | | |
| | Complete if the organization answered " | | | | | | | |
| | Description of property | (a) Cost or other | | t or other | (c) Accum | | (d) Book valu | ie |
| | | basis (investmer | ii) Dasis | (other) | deprecia | LIOII | | |
| | Land | | | | | | | |
| | Buildings | | 2.4 | 5,431. | 1 / 0 | ,446. | 96,9 | <u> </u> |
| C | Leasehold improvements | | | 4,666. | | ,208. | 308,4 | |
| | Equipment | | | 9,747. | 340 | , 400. | 3,809,7 | |
| | Other | | | | | | $\frac{3,809,7}{4,215,1}$ | |
| rota | l. Add lines 1a through 1e. (Column (d) must equa | ai ⊢orm 990. Part X. i | coiumn (B). Iine 1 | UC.) | | 🚩 📗 | -,41J,1 | J U • |

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 NAVIGATOR SO | CHOOLS | 27 | -4238843 Page |
|--|----------------------------|---|------------------------|
| 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 en | d-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. | | | |
| | Farm 000 Dart IV line | 11a Car Farra 000 Part V line 10 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| | (b) DOOK value | (c) Wethod of Valuation. Cost of en | u-or-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" | | 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 | 1 f \ | <u> </u> | |
| Part X Other Liabilities. | | | 1 |
| 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) DEFERRED RENT | | | 528,665 |
| (3) | | | |
| (4) | | | |

528,665. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(5) (6) (7) (8)

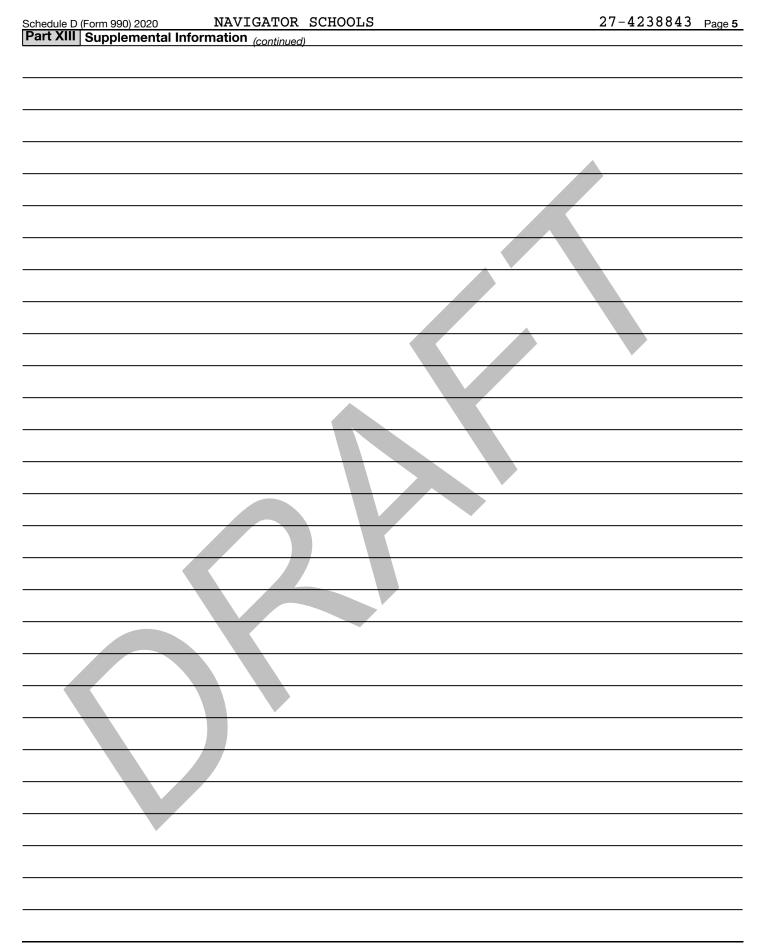
| Pai | art XI Reconciliation of Revenue per Audited Financial S | Statements With Revenue per I | Return. | 9 |
|-----|--|-------------------------------|---------|-------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV | /, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | . 1 | 19,544,787. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | | | | |
| е | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 19,544,787. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | 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 | 19,544,787. |
| Pa | art XII Reconciliation of Expenses per Audited Financial | Statements With Expenses pe | r Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV | V, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | . 1 | 17,508,786. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | a Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | Y |
| С | Other losses | | | |
| d | | | | _ |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 17,508,786. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir | | . 5 | 17,508,786. |

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:

NAVIGATOR IS A NON-PROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. NAVIGATOR IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT PURPOSES. THE SCHOOL FILES AN EXEMPT SCHOOL RETURN AND APPLICABLE RELATED BUSINESS INCOME TAX RETURN IN THE US FEDERAL JURISDICTION AND WITH THE

CALIFORNIA FRANCHISE TAX BOARD.



SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

QUQU
Open to Public Inspection

NAVIGATOR SCHOOLS Employer identification number 27-4238843

| Pa | rt I | | | |
|----|---|-----|-----|----|
| | | | YES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, | | | |
| | bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | | Х |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet | | | |
| | homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the | | | |
| | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the | | | |
| | registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general | | | |
| | community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3 | Х | |
| | SEE PART II | | | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| а | 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 | | Х |
| С | 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 | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | N/A- THE SCHOOL DOES NOT PROVIDE SCHOLARSHIPS OR OTHER | | | |
| | FINANCIAL ASSISTANCE. | | | |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | X |
| b | Admissions policies? | 5b | | X |
| | Employment of faculty or administrative staff? | 5c | | X |
| d | Scholarships or other financial assistance? | 5d | | Х |
| | Educational policies? | 5e | | X |
| | Use of facilities? | 5f | | Х |
| g | Athletic programs? | 5g | | X |
| h | Other extracurricular activities? | 5h | | Х |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | х | |
| | Has the organization's right to such aid ever been revoked or suspended? | 6b | | Х |
| J | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | 35 | | |
| 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 | |
| | 4.00 of nev. Floc. 70-00, 1970-2 O.D. 007, covering racial nondiscrimination? II NO, explain on Part II | _ / | 47 | |

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

Schedule E (Form 990 or 990-EZ) 2020

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZUOpen to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Discretionary spending account

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

Name of the organization

NAVIGATOR SCHOOLS

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
Travel for companions
Payments for business use of personal residence
Tax indemnification and gross-up payments

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: X 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 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.

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?

b Any related organization?

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

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

a The organization?
b Any related organization?
f "Yes" on line 6a or 6b, describe in Part III.
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
f

not described on lines 5 and 6? If "Yes," describe in Part III

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

X

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 | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|----------------------------|-------------|--|-------------------------------------|---|-------------------------|------------------------------------|--------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Delients | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) KEVIN SVED | (i) | 173,002. | 0. | 0. | 28,612. | 6,532. | 208,146. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JAMES DENT | (i) | 150,842. | 0. | 0. | 25,947. | 14,060. | 190,849. | 0. |
| CHIEF ACADEMIC OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SHARON WALLER | (i) | 136,516. | 0. | 0. | 22,929. | 5,813. | 165,258. | 0. |
| DIRRCTOR OF STUDENT SERVIC | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | | | | | | | | |
| | (i) (ii) | | | | | | | |
| | | | | | | | | |
| | (i) (ii) | | | | | | | |
| | 1(11) | | | I | | | I | <u> </u> |

Page 2

Schedule J (Form 990) 2020

| 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. |
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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.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NAVIGATOR SCHOOLS

Employer identification number 27-4238843

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

RETURN IS AVAILABLE, THE RETURN IS SUBMITTED TO THE PRESIDENT, TREASURER

AND EXECUTIVE DIRECTOR FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO

THE IRS.

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

EACH MONTH DURING MEETINGS, THE BOARD MEMBERS REVIEW THE MOST RECENT

FINANCIAL STATEMENTS INCLUDING A CASH DISBURSEMENT LOG, AND POTENTIAL

TRANSACTIONS CAUSING A CONFLICT OF INTEREST WOULD BE IDENTIFIED.

ADDITIONALLY, BOARD MEMBERS TAKE INTO CONSIDERATION THE POLICY WHEN

DECISIONS MAY IMPACT ANOTHER BOARD MEMBER.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS BASED ON COMPARISONS TO SIMILAR POSITIONS WITHIN THE GILROY UNIFIED SCHOOL DISTRICT AND AT OTHER NEARBY CHARTER SCHOOLS. THIS INFORMATION IS REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE BOARD, AND DELIBERATIONS OF THIS DECISION ARE DOCUMENTED IN THE MINUTES FROM THE BOARD MEETINGS.

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

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

Schedule O (Form 990 or 990-EZ) 2020

| Name of the organization NAVIGATOR SCHOOLS | Employer identification number 27-4238843 |
|--|---|
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE MO | NTHLY BOARD |
| MEETINGS AS THEY ARE COMPLETED THROUGHOUT THE YEAR. ALL OT | HER NAVIGATOR |
| DOCUMENTS, POLICIES, ETC. ARE AVAILABLE UPON WRITTEN REQUE | ST TO THE |
| DIRECTOR OF OPERATIONS. | |
| | |
| FORM 990, PART XII, LINE 2C | |
| THE PROCESS HAS NOT CHANGE FROM PRIOR YEAR. | |
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TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

| Calendar Ye | ar 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/20 | 20 , and ending (mm/dd/yyyy) | 06/30/2021 . |
|--|--|--|---------------------------------------|
| | ganization name | Califor | nia corporation number |
| | | | |
| NAVIG | ATOR SCHOOLS | | 334747 |
| Additional info | rmation. See instructions. | FEIN | |
| | | | 7-4238843 |
| | (suite or room) | P | PMB no. |
| | AN BENITO ST, SUITE 230 | 10 | No. 1 |
| City | TMDD | | ZIP code |
| HOLLIS | I | | 5023 Foreign postal code |
| Foreign countr | y name Foreign province/state/co | unty | oreign postar code |
| A First ret | Voo 🗓 No I | Did the organization have any changes | o to ito guidolineo |
| A First retB Amende | urn Yes [★] No 1 ed return | not reported to the FTB? See instructi | |
| | | If exempt under R&TC Section 23701 | |
| | formation return? | engaged in political activities? See ins | |
| • | | Is the organization exempt under R&T | |
| Enter dat | e: (mm/dd/yyyy) | If "Yes," enter the gross receipts from | • — — |
| | | Is the organization a limited liability co | |
| | | Did the organization file Form 100 or I | |
| (4) X | Other 990 series | report taxable income? | • Yes X No |
| G Is this a | group filing? See instructions • Yes X No N | Is the organization under audit by the | IRS or has the |
| H Is this o | organization in a group exemption | IRS audited in a prior year? | |
| If "Yes, | what is the parent's name? | Is federal Form 1023/1024 pending? | Yes X No |
| | | Date filed with IRS | |
| Dort | Outside Death and a second of the file file from Outside Outside Control | | |
| Part I | Complete Part I unless not required to file this form. See General Inform | | • 1 106,068 ₀₀ |
| | Gross sales or receipts from other sources. From Side 2, Part II, Ii Gross dues and assessments from members and affiliates | | |
| | | STMT 1 | |
| | 4 Total gross receipts for filing requirement test. Add line 1 through | | 3 13,430,113,00 |
| Receipts | This line must be completed. If the result is less than \$50,000, so | | • 4 19,544,787 ₀₀ |
| and | 5 Cost of goods sold | | 00 |
| Revenues | 6 Cost or other basis, and sales expenses of assets sold | | 00 |
| | 7 Total costs. Add line 5 and line 6 | | 7 00 |
| | 8 Total gross income. Subtract line 7 from line 4 | | |
| F | O Table of the Adams of the Ada | | 17 500 706 00 |
| Expenses | 10 Excess of receipts over expenses and disbursements. Subtract line | 9 from line 8 | • 10 2,036,001 00 |
| | 11 Total payments | | • 11 00 |
| | | | |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 | | • 13 00 |
| Filing Fee | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 fro | | |
| | 15 Penalties and Interest. See General Information J | | 15 00 |
| | 16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that I have examined this return, including accomp | the result carrying schedules and statements, and to the f | 16 00 00 00 00 00 00 00 |
| Sign | It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based | on all information of which preparer has any kn | owledge. |
| Here | Signature | IXECUTIVE DIRE | Telephone |
| - | of officer | Date Check if | ● PTIN |
| | Preparer's ► LILI HUANG, CPA | 05/03/22 crieck ii self-empl | loyed ▶ |
| Paid | Firm's name | 037 037 22 | • Firm's FEIN |
| Preparer's | (or yours, CI.TETONI.ARSONALIEN LILP | | 41-0746749 |
| Use Only | employed) 2210 EAST ROUTE 66 | | Telephone |
| | and address GLENDORA, CA 91740 | | (626) 857-7300 |
| | May the FTB discuss this return with the preparer shown above? See ins | structions | ● X Yes No |

NAVIGATOR SCHOOLS

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.

| 028951 | 12-22-2 |
|--------|---------|

| | | | | | | | | | | | _ | | | |
|------------|---------|--------|--|-----------|--------------------------|----------|---------|---------------------|------------------|----------|--------|----------|---------|-------------|
| | | | Gross sales or receipts from all | | | | | | | | 1 | | | 00 |
| | | 2 | Interest | | | | | | | | 2 | | 5,6 | 83 00 |
| | | 3 | Dividends | | | | | | | | 3 | | | 00 |
| Recei | pts | 4 | | | | | | | | _ | 4 | | | 00 |
| from | | 5 | Gross royalties | | | | | | | | 5 | | | 00 |
| Other | | 6 | Gross amount received from sa | le of as | sets (See Instructions) | | | | | • L | 6 | | | 00 |
| Sourc | es | 7 | Other income | | | | | SEE STA | TEMENT | 2. • | 7 | | 100,3 | 85 00 |
| | | 8 | Total gross sales or receipts fro | om othe | r sources. Add line 1 t | hrough | line 7. | Enter here and o | n Side 1, Part I | , line 1 | 8 | | 106,0 | 68 00 |
| | | 9 | Contributions, gifts, grants, and | l similar | amounts paid | | | | | • | 9 | | | 00 |
| | | 10 | Disbursements to or for member | ers | | | | | | • | 10 | | | 00 |
| | | 11 | Disbursements to or for member Compensation of officers, direct | tors, an | d trustees | | | SEE STA | TEMENT | 3 • | 11 | | 338,5 | 90 00 |
| | | 12 | Other salaries and wages | | | | | | | • | 12 | | 9,772,1 | 36 00 |
| Exper | ises | 13 | Interest | | | | | | | | 13 | | 8,4 | 61 00 |
| and | | 14 | Taxes | | | | | | | | 14 | | 412,1 | 83 00 |
| Disbu | rse- | 15 | Rents | | | | | | | | 15 | | 840,7 | 57 00 |
| ments | s | 16 | Depreciation and depletion (See | instruc | tions) | | | | | • | 16 | | 86,5 | 31 00 |
| | | 17 | Depreciation and depletion (See Other expenses and disburseme | ents | , | | | SEE STA | TEMENT | 4 • | 17 | | 6,050,1 | |
| | | 18 | Total expenses and disburseme | ents. Ad | d line 9 through line 1 | 7. Enter | here a | nd on Side 1, Pa | rt I, line 9 | | 18 | 1' | 7,508,7 | 86 00 |
| Sch | edul | e L | Balance Sheet | | Beginning of | taxabl | e year | | | End o | f taxa | ble y | ear | |
| Asset | s | | | | (a) | | | (b) | (0 | ;) | | | (d) | |
| 1 0 | ash | | | | | | 4, | 814,448 | | | | • | 8,006 | <u>,178</u> |
| 2 N | let acc | ounts | receivable | | | | | | | | | • | | |
| 3 N | let not | es red | ceivable | | | | | | | | | • | | |
| | | | | | | | | | | | | • | | |
| | | | state government obligations | | | | | | | | | • | | |
| 6 lı | nvestn | nents | in other bonds | | | | | | | | | • | | |
| 7 lı | nvestn | nents | in stock | | | | | | | | | • | | |
| 8 N | /lortga | ge loa | ans | | | | 4 | | | | | • | | |
| | | | ments | | | | | | | | _ | • | | |
| 10 a | Depr | eciab | le assets | | 1,094,239 | | | | | 89,84 | | | | |
| b | Less | accu | mulated depreciation | 1(| 388,121 | | | 706,118 | (47 | 4,654 |) | | 4,215 | <u>,190</u> |
| 11 L | and | | STMT 5 | | | | | | | | | • | | |
| | | | | | | | | 161,598 | | | | • | 5,118 | |
| 13 T | otal a | ssets | | | | | 9, | 682,164 | | | | | 17,339 | <u>,388</u> |
| | | | et worth | | | | | 600 060 | | | | | 1 055 | 44.5 |
| | | | yable | | | | 2, | 628,967 | | | | • | 1,855 | ,417 |
| | | | s, gifts, or grants payable | | | - | | | | | | • | | |
| | | | otes payable | | | - | | | | | | • | | |
| 17 N | /lortga | ges p | ayable es STMT 6 | | | - | | 000 075 | | | | • | 0 404 | 740 |
| | | | | | | - | ۷, | 089,975 | | | | | 8,484 | ,/40 |
| | | | or principal fund | | | | | | | | | • | | |
| | | | tal surplus. Attach reconciliation | | | - | | 963,222 | | | | • | 6,999 | 223 |
| | | | nings or income fundies and net worth | | | | | 682,164 | | | | <u> </u> | 17,339 | |
| | edul | | | ner ho | nks with income ner r | eturn | | 002,101 | | | | | 11,333 | ,500 |
| | | | Do not complete this sche | | | | e 13, c | olumn (d), is les | s than \$50,000. | | | | | |
| 1 N | let inc | ome r | per books | | 2,036, | | | ncome recorded | | | | | | |
| | | | me tax | | • | | 1 | not included in th | | , | | • | | |
| | | | pital losses over capital gains | | • | | 1 | Deductions in this | | | | | | |
| | | | ecorded on books this year | | • | | 1 | igainst book inco | | Ü | | • | | |
| | | | corded on books this year not | | | | 1 | Fotal. Add line 7 | | | | | | |
| | | | this return | | • | | 1 | Net income per re | | | | | | |
| | | | ne 1 through line 5 | | 2,036, | 001 | 7 | Subtract line 9 fro | | | | | 2,036 | ,001 |
| | | | | | | | | | | | | | | |

| CA 199 | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | S' | PATEMENT 1 |
|--|---|-----------------|------------|
| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
| CHARTER SCHOOL GROWTH FUND | 10901 W 120TH AVENUE #450 BROOMFIELD, CA 80021 | | 450,000. |
| SILICON SCHOOLS FUND | 827 BROADWAY, STE 300 OAKLAND, CA 94607 | | 300,000. |
| WALTON FAMILY FOUNDATION | PO BOX 2030 BENTONVILLE, AR 72712 | | 20,000 |
| THE LOUIS CALDER FOUNDATION | 999 18TH STREET, SUITE 2350S DENVER, CO 80202 | | 120,000. |
| NEW SCHOOLS VENTURE FUND | 1616 FRANKLIN ST OAKLAND, CA 94612 | | 25,000. |
| HASTINGS GROWTH FUND THROUGH | 250 E. 1ST ST #1000 LOS ANGELES, CA 90012 | | 158,000 |
| SILICON VALLEY COMMUNITY FOUNDATION | 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040 | | 40,000. |
| TOTAL INCLUDED ON LINE 3 | | | 1,113,000. |
| | | | |
| CA 199 | OTHER INCOME | S | ratement 2 |
| DESCRIPTION | | | AMOUNT |
| ALL OTHER REVENUE | | | 100,385. |
| TOTAL TO FORM 199, PART I | I, LINE 7 | | 100,385. |

| CA 199 COMPENSATION OF OFFICERS, | DIRECTORS AND TRUSTEES STATEMENT 3 |
|---|--|
| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK COMPENSATION |
| KEVIN SVED 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | CHIEF EXECUTIVE OFFICER 215,929. |
| JAMES DENT 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | CHIEF ACADEMIC OFFICER 0. 40.00 |
| MELISSA ALATORRE 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | DIRECTOR OF HUMAN RESOURCE 0. |
| KIRSTEN CARR 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | DIRECTOR OF COMMUNITY OUTR 0.40.00 |
| CRYSTAL O'ROURKE 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | MODEL PROVIDING COORDINATO 0. 40.00 |
| AMI ORTIZ 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | DIRECTOR OF BUSINESS & FIN 122,661. |
| JOHN FLAHERTY 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | CHAIR 0. |
| NORA CRIVELLO 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | SECRETARY 0. |

| NAVIGATOR SCHOOLS | 27-4238843 |
|---|------------|
| VICTOR PAREDES-COLONIA FINANCE COMMITTEE CHAIR 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | 0. |
| JP ANDERSON MEMBER 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | 0. |
| IAN CONNELL MEMBER 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 | 0. |
| CHUCK DAGGS 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 MEMBER 2.00 | 0. |
| SHARA HEDGE 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 MEMBER 2.00 | 0. |
| DENA KOREN 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 MEMBER 2.00 | 0. |
| FIAAU OHMANN 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 MEMBER 2.00 | 0. |
| CAITRIN WRIGHT 650 SAN BENITO ST, SUITE 230 HOLLISTER, CA 95023 MEMBER 2.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | 338,590. |

| CA 199 | OTHER EXPENSE | IS | STATEMENT 4 |
|--|-------------------------------|---|--|
| DESCRIPTION | | | AMOUNT |
| OTHER EXPENSES | | | 1,035,973 |
| INSTRUCTIONAL MATERIALS | | | 183,791 |
| RENT EXPENSE | | | 0. |
| PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS | | | 705,196 |
| MANAGEMENT FEES | | | 1,265,234, 286,063 |
| LEGAL FEES | | | 71,856 |
| ACCOUNTING FEES | | | 53,555 |
| OTHER PROFESSIONAL FEES | | | 568,024 |
| ADVERTISING AND PROMOTION | | | 13,708 |
| OFFICE EXPENSES | | | 455,154 |
| INFORMATION TECHNOLOGY TRAVEL | | | 1,325,505 |
| INSURANCE | | | 41,047. 45,022. |
| INDOMINOL | | | 45,022 |
| TOTAL TO FORM 199, PART II, LIN | E 17 | | 6,050,128 |
| | | | |
| | | | |
| CA 199 | OTHER ASSETS | 3 | STATEMENT 5 |
| | OTHER ASSETS | BEG. OF YEAR | STATEMENT 5 END OF YEAR |
| DESCRIPTION | OTHER ASSETS | BEG. OF YEAR | END OF YEAR |
| DESCRIPTION | | BEG. OF YEAR 4,035,314. | END OF YEAR 4,602,071 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI | | BEG. OF YEAR 4,035,314. 121,521. | END OF YEAR 4,602,071 511,186 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. | END OF YEAR 4,602,071 511,186 4,763 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI | HARGES | BEG. OF YEAR 4,035,314. 121,521. | END OF YEAR 4,602,071 511,186 4,763 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. | END OF YEAR 4,602,071 511,186 4,763 |
| CA 199 DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS TOTAL TO FORM 199, SCHEDULE L, 1 | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. | END OF YEAR 4,602,071, 511,186, 4,763, 5,118,020 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. | END OF YEAR 4,602,071 511,186 4,763 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS TOTAL TO FORM 199, SCHEDULE L, 1 | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. | END OF YEAR 4,602,071 511,186 4,763 5,118,020 STATEMENT 6 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS FOTAL TO FORM 199, SCHEDULE L, 1 CA 199 DESCRIPTION | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. PIES BEG. OF YEAR | END OF YEAR 4,602,071 511,186 4,763 5,118,020 STATEMENT 6 END OF YEAR |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS TOTAL TO FORM 199, SCHEDULE L, I CA 199 DESCRIPTION DEFERRED RENT | HARGES | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. BEG. OF YEAR 0. | END OF YEAR 4,602,071 511,186 4,763 5,118,020 STATEMENT 6 END OF YEAR 528,665 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS FOTAL TO FORM 199, SCHEDULE L, I CA 199 DESCRIPTION DEFERRED RENT DEFERRED REVENUE | HARGES LINE 12 OTHER LIABILIT | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. BEG. OF YEAR 0. 0. | END OF YEAR 4,602,071 511,186 4,763 5,118,020 STATEMENT 6 END OF YEAR 528,665 478,168 |
| DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CI SECURITY DEPOSITS TOTAL TO FORM 199, SCHEDULE L, 1 | HARGES LINE 12 OTHER LIABILIT | BEG. OF YEAR 4,035,314. 121,521. 4,763. 4,161,598. BEG. OF YEAR 0. | END OF YEAR 4,602,071 511,186 4,763 5,118,020 STATEMENT 6 END OF YEAR 528,665 478,168 |

| CA 199 FUN | D BALANCES | | STATEMENT 7 |
|--|------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS | | 4,800,222. | 6,999,223. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 2 | 1 | 4,963,222. | 6,999,223. |

