



Urban Montessori Charter School

Regular Board Meeting

Date and Time

Thursday March 24, 2022 at 6:15 PM PDT

Location

4551 Steele Street, Oakland, CA 94619. Signage on campus will direct you to the correct room, generally the Sun Room.

The public may comment and participate [via Zoom](#) if they prefer. The public may also email comments to board@urbanmontessori.org to be shared by the Board's Secretary during the meeting. Please make that intention clear in your email.

<https://us02web.zoom.us/j/82592855160?pwd=cG02OTRoUVdrdngwOTI2WFBrOTBzQT09>

Meeting ID: 825 9285 5160; Passcode 510 842 1181

One tap mobile

+16699009128,,82592855160# US (San Jose)

+12532158782,,82592855160# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

Meeting ID: 825 9285 5160

Find your local number: <https://us02web.zoom.us/u/k1Y3eQWvA>

Additional teleconference locations: 1623 Sunhill Ct, Martinez, CA 94553; 3125 School Street, Oakland, CA 94602; 5701 Oak Grove Ave, Oakland, CA 94618; 3921 Enos Ave Oakland, 94619; 3385 Herrier Street Oakland, CA 94602; 2927 75th Avenue Oakland, CA 94605

This meeting will be audio recorded. The public can find documents related to this agenda either linked directly on the agenda or under "Other files" after selecting the meeting in BoardOnTrack prior to viewing the agenda. Downloading the "packet" may not include all of the "Other files" that are still otherwise available to the public.

Members: Jan Faraguna, Kara Fortuna, Christina Greenberg, Greg Klein, Davis Leung, Sarah Morrill, Maru Salazar, Donald Williams

Urban Montessori Charter School welcomes your participation at Board meetings. The purpose of a public meeting of the Board of Directors (“Board”) is to conduct the affairs of the organization in public. Your participation assures us of continuing community interest in our school and assists the Board in making the best decisions for our school. To assist you in the ease of speaking/participating in our meetings, guidelines are provided at the bottom of this agenda. All materials for all board and committee meetings, including audio recordings of Regular Board Meetings, are available on our [BoardOnTrack public portal](#) and also through the [UMCS School Calendar](#).

Agenda

| | Purpose | Presenter | Time |
|--|---------|----------------|----------------|
| I. Opening Items | | | 6:15 PM |
| A. Call the Meeting to Order | | Davis Leung | 1 m |
| This meeting is being audio-recorded. | | | |
| B. Record Attendance | | Greg Klein | 1 m |
| C. Review of Action/Discussion Items | Discuss | Davis Leung | 1 m |
| With input from the board, the Chair may decide, based upon a number of factors, to reorder the action/discussion items to best suit the needs of the meeting. No additional action/discussion items will be added at this time. | | | |
| D. Board and Community Appreciations | | Davis Leung | 10 m |
| Members of the Board and UMCS community may provide appreciations and affirmations during this time. | | | |
| E. Board Member Comment | | Davis Leung | 5 m |
| Any board member wishing to speak to an issue regarding UMCS that does not pertain to an agenda item may do so at this time. No further discussion or action will take place following each board member’s comments. | | | |
| F. Presentations from the Floor | | Davis Leung | 10 m |
| PRESENTATIONS ON NON-AGENDA ITEMS – Any person wishing to speak to any item not on the agenda will be granted three minutes to make a presentation. Speakers requiring translation shall have double time. Comments should refer to matters within the jurisdiction of this committee. | | | |
| <i>“What if [we] listened to others so deeply that they felt loved, accepted, and safe in [our] presence, no matter what they had to say?” -- Steve Shapiro, Author</i> | | | |

II. Head of School Report

6:43 PM

The Head of School and their designees will present topics of interest to the Board and the general public.

| | Purpose | Presenter | Time |
|---------------------------------|----------------|------------------|-------------|
| A. Head of School Report | Discuss | Krishna Feeney | 25 m |

Report topics this meeting **may** include:

1. Recent and upcoming events
2. Recent and upcoming Professional Learning
3. Instructional Updates
4. Enrollment and Application Updates
5. Staffing Updates
6. [2021-2022 LCAP](#) review to inform [2022-2023 LCAP](#) Development

III. Finance Committee **7:08 PM**

| | | | |
|---|---------|------------|-----|
| A. Discussion Item - Committee Report, including year to date financial report | Discuss | Greg Klein | 5 m |
|---|---------|------------|-----|

Most recent year-to-date financial report through February 28, 2022 is available here attached to the agenda or in the "Other files" section of this meeting.

IV. Academic Oversight Committee **7:13 PM**

| | | | |
|--|---------|--------------|------|
| A. Discussion Item - Committee Report | Discuss | Jan Faraguna | 15 m |
|--|---------|--------------|------|

V. Family Advisory Council **7:28 PM**

| | | | |
|--|---------|--------------|-----|
| A. Discussion Item - Committee Report | Discuss | Maru Salazar | 5 m |
|--|---------|--------------|-----|

VI. Executive & Governance Committee **7:33 PM**

| | | | |
|--|---------|---------------------|------|
| A. Discussion Item: Committee Updates, including candidates for board service, Form 700, and training | Discuss | Christina Greenberg | 10 m |
|--|---------|---------------------|------|

- [Form 700](#) ([about](#) Form 700)
- Board member recruitment
- Leader evaluation process updates
- Board Clearance process
- Charter material revision process updates

| | | | |
|--|------|------------|-----|
| B. Board and committee officers and members | Vote | Greg Klein | 5 m |
|--|------|------------|-----|

As needed, the Board may take action to change its officers, as well as committee membership and leadership.

VII. Other Business **7:48 PM**

| | | | |
|--|---------|------------|------|
| A. Oakland and California Updates | Discuss | Greg Klein | 10 m |
|--|---------|------------|------|

Updates and current events related to Oakland USD, Alameda County Office of Education, and California, and potential implications for UMCS.

| | Purpose | Presenter | Time |
|---|-----------------|------------------|----------------|
| B. Approve Minutes from February 24, 2022 Regular Meeting | Approve Minutes | Greg Klein | 1 m |
| C. California Commission on Teacher Credentialing Declaration of Need for Fully Qualified Educators | Vote | Krishna Feeney | 5 m |
| D. Action Item - Vote on General Consent Report General Consent Report for March 24, 2022 <ol style="list-style-type: none"> 1. UMCS School Calendar 2022-2023 -- First Day August 15th, 2022 2. UMCS English Learner Policy [updated] 3. UMCS Public Records Act Policy [updated] 4. UMCS Student Discipline Policy [updated] 5. UMCS COVID Safety Plan [updated] 6. 2020-2021 Tax Return [on this agenda] <p>[items may be linked directly here in the agenda or under "Other files" of this meeting on BoardOnTrack.]</p> | Vote | Davis Leung | 3 m |
| E. Collect New Business items for Future Meetings | Discuss | Davis Leung | 5 m |
| VIII. Closed Session | | | 8:12 PM |
| A. Closed Session Items | Discuss | Davis Leung | 30 m |
| <ol style="list-style-type: none"> 1. Public Employee Performance Evaluation - Head of School <p>"Closed Session" is always agendized ahead of time as a "Discuss" item. If any votes are taken during any Closed Session, those are reported out publicly upon return to Open Session.</p> | | | |
| IX. Return to Open Session | | | 8:42 PM |
| A. Report out of any closed session action(s) | Vote | Davis Leung | 1 m |
| <p>"Return to Open Session" is always agendized ahead of time as a "Vote" item. It is not meant to indicate the the Board <i>shall</i> take an action at this time. If any votes are taken during any Closed Session, those are reported out publicly at this time on the agenda.</p> | | | |
| X. Closing Items | | | 8:43 PM |
| A. Adjourn Meeting | FYI | Davis Leung | 1 m |

THE ORDER OF BUSINESS MAY BE CHANGED WITHOUT NOTICE Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice.

REASONABLE LIMITATIONS MAY BE PLACED ON PUBLIC TESTIMONY The Governing Board's presiding officer reserves the right to impose reasonable time limits on public testimony to ensure that the agenda is completed.

SPECIAL PRESENTATIONS MAY BE MADE Notice is hereby given that, consistent with the requirements of the Bagley-Keene Open Meeting Act, special presentations not mentioned in the agenda may be made at this meeting. However, any such presentation will be for information only.

REASONABLE ACCOMMODATION WILL BE PROVIDED FOR ANY INDIVIDUAL WITH A DISABILITY Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in this meeting of the Governing Board may request assistance by contacting UMCS at 4551 Steele Street, Oakland, CA 94619 or info@urbanmontessori.org.

FOR MORE INFORMATION For more information concerning this agenda or for materials relating to this meeting, please contact UMCS at 4551 Steele Street, Oakland, CA 94619 or board@urbanmontessori.org. All materials are available via the Governance Section of our website: <http://www.urbanmontessori.org/governance> or directly via our [BoardOnTrack public portal](#).

Cover Sheet

Head of School Report

| | |
|--------------------------|---------------------------------|
| Section: | II. Head of School Report |
| Item: | A. Head of School Report |
| Purpose: | Discuss |
| Submitted by: | |
| Related Material: | HOS March 2022 Board Report.pdf |

HoS Report

March 24, 2022



Urban Montessori
CHARTER SCHOOL

Recent and Upcoming Events:

(This Year's Calendar!)



Upcoming Events

- Free COVID testing available on-site every Friday 3-3:30pm
- Classroom Placement Meeting for K and 3rd grade families: March 29, 6pm
- Spring Break: April 1 - 8
- UMCS Plant and Bake Sale: April 23, 10am
- UMCS Move-a-Thon: May 14



Instructional Updates



Instructional Updates

- Completed 3 of 6 sessions with NCMPS around ELD training
- Coaching meetings diving into NWEA scores by class and making plans to collect more student data
- Levels are looking over our transition checklists in preparation for student placements for next year



A glimpse into classrooms











Enrollment Season!



Enrollment 22/23

- Offers have been Made!
- Info Events for families who have received offers or who are on the waitlist



Staffing Updates



Looking to Next Year

- Formal Intent to Return Survey sent to all Staff to inform hiring and Issue Contracts for next year!
- New Position Posted: Director of Expanded Learning

LCAP Review and Development

2020-2023



2020/2021 Reflection

- Each year we review and reflect on our LCAP goals, successes and areas of growth
- This Process helps inform creation of the next year's LCAP!



2022/2023 Development

- While our Goals remain stable for 3 year cycles, we continually engage our community in order to develop our yearly spending plan
- Guiding Questions:
 - How can we invest in support of our LCAP Goals?

Questions?

Cover Sheet

Discussion Item - Committee Report, including year to date financial report

| | |
|----------------------------------|--|
| Section: | III. Finance Committee |
| Item: financial report | A. Discussion Item - Committee Report, including year to date |
| Purpose: | Discuss |
| Submitted by: | |
| Related Material: | UMCS_-_Feb_Financials_FC_Presentation.pdf UMCS_-_February_2022_Cash_Flow_FC_Meeting.pdf UMCS_-_February_2022_Financials_FC_Meeting.pdf |

Urban Montessori Finance Committee Update

BRYCE FLEMING AND JOSH CLARK
MARCH 17, 2022



Contents



1. **2021-22 Financial Update**
 - A. Current Forecast

2. **Exhibits**
 - A. Current 21-22 Forecast
 - B. Cash Flow
 - C. SB-579

2021-22 February Forecast Update

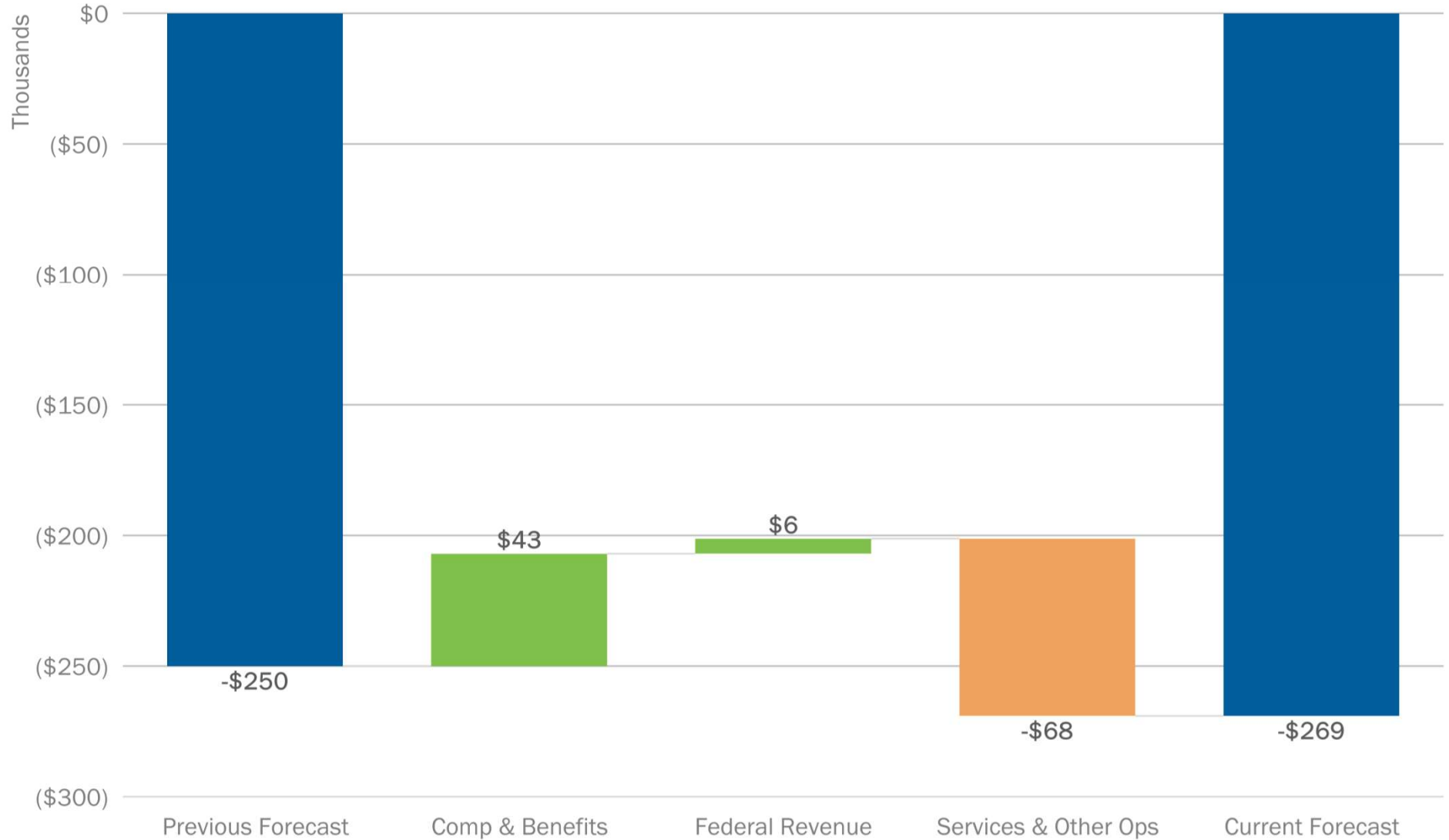
Actuals through 2/28/2021



2021-22 Forecast Update



Increase in expense for special education, savings from staff on leave



Budget Comparison



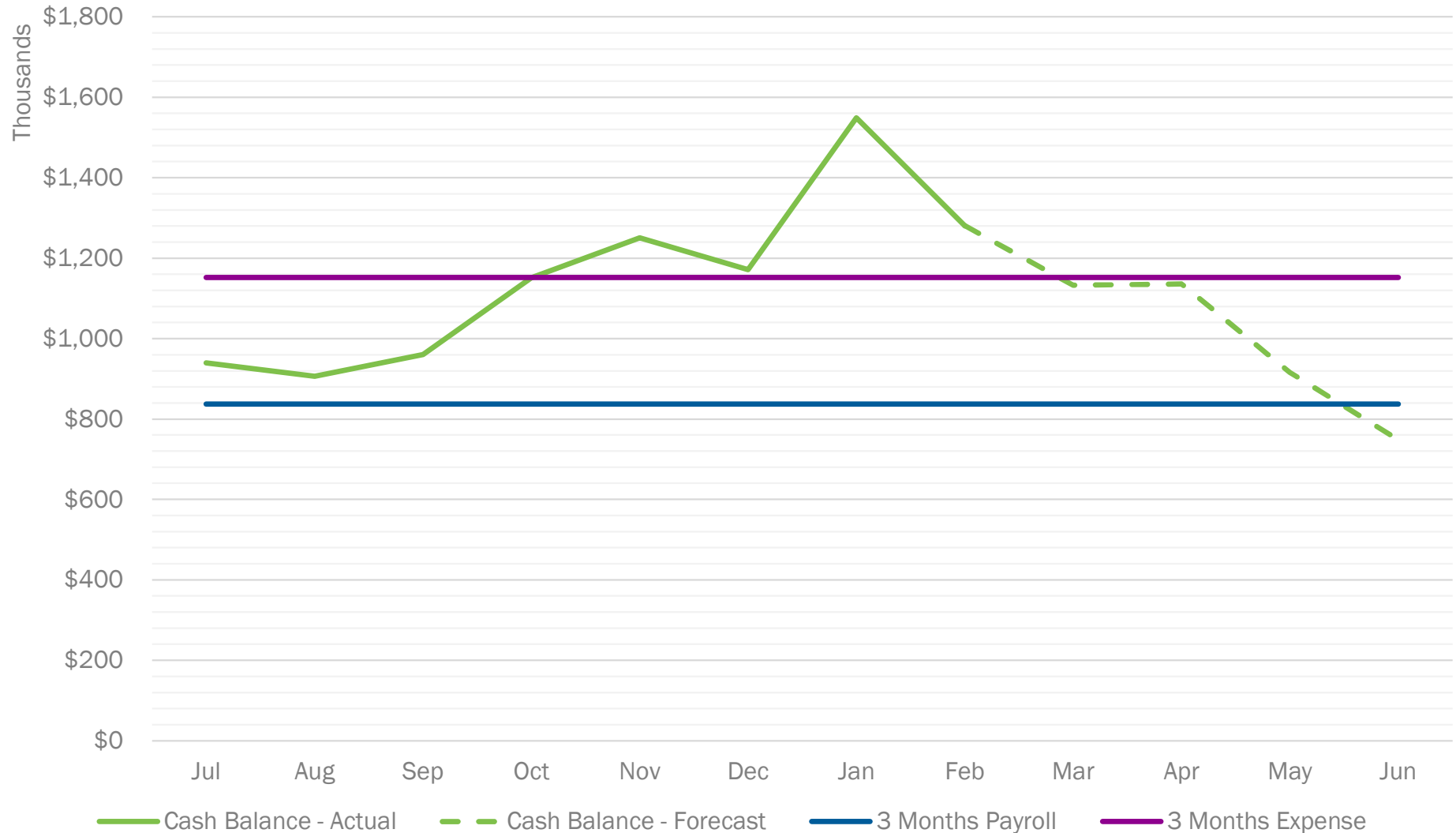
Decrease in operating income driven by special education costs

| | | 2021-22 | 2021-22 | Variance |
|---|------------------------------|-------------------|------------------|-----------------|
| | | Previous Forecast | Current Forecast | |
| Revenue | LCFF Entitlement | 2,967,924 | 2,967,924 | - |
| | Federal Revenue | 289,711 | 295,467 | 5,756 |
| | Other State Revenues | 803,087 | 803,087 | - |
| | Local Revenues | 62,659 | 62,659 | - |
| | Fundraising and Grants | 208,072 | 208,072 | - |
| | Total Revenue | 4,331,454 | 4,337,210 | 5,756 |
| Expenses | Compensation and Benefits | 3,391,139 | 3,348,063 | 43,076 |
| | Books and Supplies | 175,863 | 175,863 | - |
| | Services and Other Operating | 1,005,541 | 1,073,394 | (67,853) |
| | Depreciation | 8,986 | 8,986 | - |
| | Other Outflows | - | - | - |
| | Total Expenses | 4,581,530 | 4,606,307 | (24,777) |
| Operating Income | | (250,076) | (269,097) | (19,021) |
| | Beginning Balance (Audited) | 1,422,465 | 1,422,465 | - |
| | Operating Income | (250,076) | (269,097) | (19,021) |
| Ending Fund Balance (incl. Depreciation) | | 1,172,388 | 1,153,368 | (19,021) |
| Ending Fund Balance as % of Expenses | | 25.6% | 25.0% | -0.6% |



2021-22 Monthly Cash Flow Projection

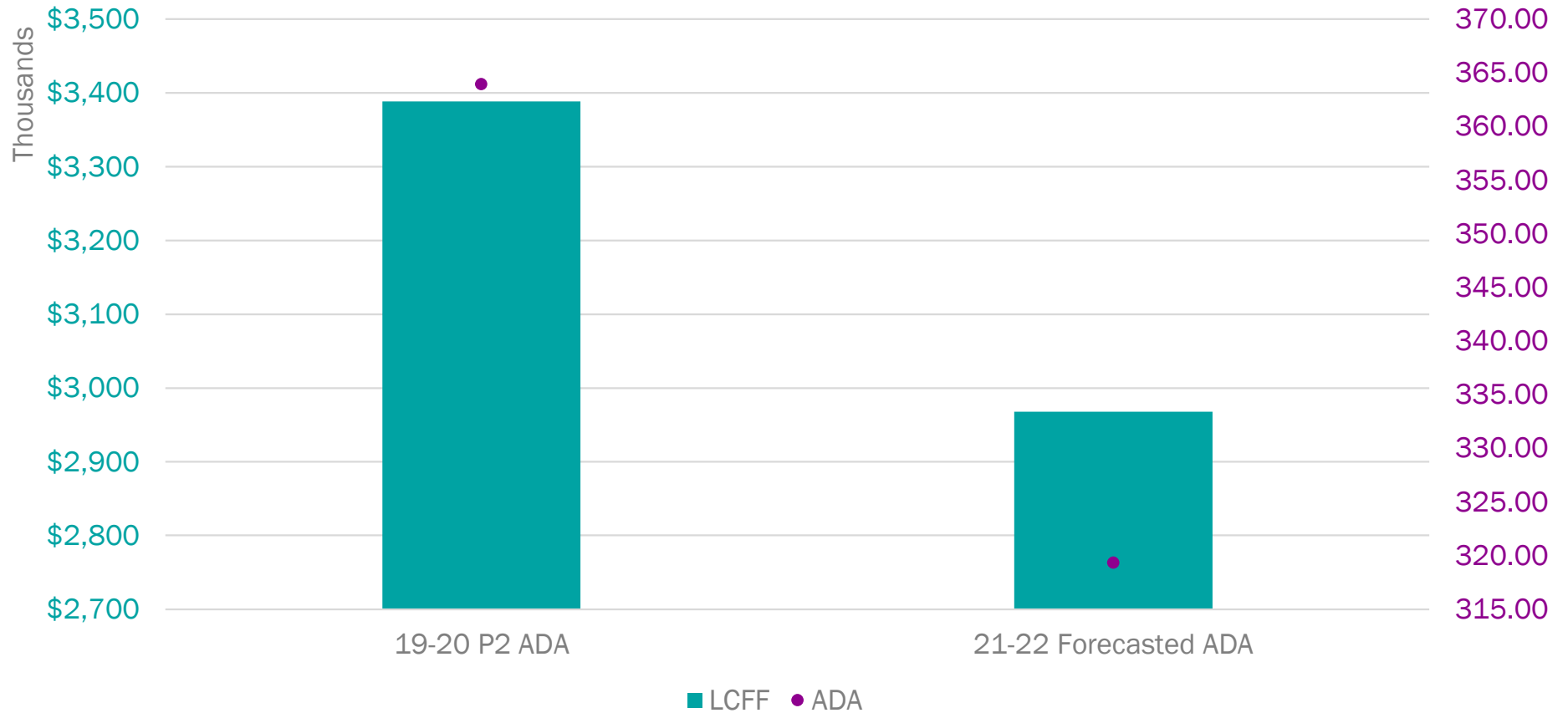
Cash dips below 3 months payroll at the end of the year





SB579 Financial Impact

UMCS would choose FY20 ADA – FY21 not an option



Approximately \$420k from hold harmless

**Urban Montessori
Monthly Cash Forecast
As of Feb FY2022**

| | 2021-22 | | | | | | | | | | | | Forecast | Remaining Balance |
|--|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| | Actuals & Forecast | | | | | | | | | | | | | |
| | Jul Actuals | Aug Actuals | Sep Actuals | Oct Actuals | Nov Actuals | Dec Actuals | Jan Actuals | Feb Actuals | Mar Forecast | Apr Forecast | May Forecast | Jun Forecast | | |
| Beginning Cash | 497,711 | 939,911 | 906,134 | 960,454 | 1,151,526 | 1,250,691 | 1,171,814 | 1,548,672 | 1,280,453 | 1,132,769 | 1,135,638 | 916,173 | | |
| REVENUE | | | | | | | | | | | | | | |
| LCFF Entitlement | - | 143,799 | 79,830 | 485,595 | 314,277 | 228,985 | 357,657 | 143,693 | 262,247 | 304,144 | 139,434 | 139,434 | 2,967,924 | 368,828 |
| Federal Revenue | - | - | - | 12,813 | 1,964 | - | 28,750 | 1,967 | 38,754 | 31,404 | 18,786 | 38,754 | 295,467 | 122,275 |
| Other State Revenue | 12,972 | 12,972 | 23,349 | 23,349 | 73,587 | 44,089 | 212,098 | - | 25,364 | 24,599 | 43,950 | 53,764 | 803,087 | 252,994 |
| Other Local Revenue | - | 1,596 | - | 13,260 | 20,492 | 3,879 | 2,184 | 10,000 | (50,118) | 594 | 594 | 60,178 | 62,659 | - |
| Fundraising & Grants | 6,000 | - | 6,610 | 2,258 | 2,395 | 12,125 | 116,135 | 4,257 | 14,573 | 14,573 | 14,573 | 14,573 | 208,072 | - |
| TOTAL REVENUE | 18,972 | 158,367 | 109,789 | 537,275 | 412,715 | 289,078 | 716,824 | 159,917 | 290,820 | 375,314 | 217,338 | 306,704 | 4,337,210 | 744,097 |
| EXPENSES | | | | | | | | | | | | | | |
| Certificated Salaries | 39,916 | 162,760 | 193,071 | 188,799 | 186,549 | 179,912 | 181,651 | 173,406 | 195,689 | 201,041 | 252,900 | 238,816 | 2,194,509 | - |
| Classified Salaries | 18,270 | 39,767 | 33,366 | 36,898 | 33,313 | 28,835 | 35,398 | 36,047 | 38,111 | 38,111 | 38,111 | 47,111 | 423,339 | - |
| Employee Benefits | 56,613 | 56,722 | 73,995 | 42,587 | 32,789 | 30,971 | 37,166 | 149,744 | 68,555 | 62,742 | 71,511 | 46,821 | 730,215 | - |
| Books & Supplies | 7,995 | 17,178 | 9,028 | 17,457 | 14,354 | 12,892 | 11,861 | 3,625 | 22,180 | 15,816 | 15,816 | 14,923 | 175,863 | 12,739 |
| Services & Other Operating Expenses | 89,896 | 49,550 | 92,975 | 81,312 | 87,701 | 52,275 | 77,259 | 84,379 | 140,867 | 56,590 | 60,319 | 128,832 | 1,073,394 | 71,439 |
| Capital Outlay & Depreciation | - | - | - | - | - | 4,482 | 747 | 747 | 752 | 752 | 752 | 752 | 8,986 | - |
| Other Outflows | 3,264 | 107 | - | 12,929 | - | 20,848 | - | (4,885) | (32,263) | - | - | - | - | - |
| TOTAL EXPENSES | 215,954 | 326,084 | 402,435 | 379,982 | 354,706 | 330,216 | 344,083 | 443,062 | 433,891 | 375,052 | 439,410 | 477,256 | 4,606,307 | 84,177 |
| Operating Cash Inflow (Outflow) | (196,982) | (167,716) | (292,646) | 157,293 | 58,010 | (41,138) | 372,742 | (283,145) | (143,072) | 262 | (222,073) | (170,553) | (269,097) | 659,920 |
| Revenues - Prior Year Accruals | 681,094 | 84,857 | 381,686 | 21,470 | - | - | 3,755 | - | 35,578 | - | - | - | - | - |
| Accounts Receivable - Current Year | 450 | (450) | 700 | 200 | - | (800) | 600 | 200 | 250 | - | - | - | - | - |
| Other Assets | - | 48,429 | - | - | - | - | - | - | - | - | - | - | - | - |
| Fixed Assets | - | - | - | - | - | 4,482 | 747 | 747 | 752 | 752 | 752 | 752 | - | - |
| Expenses - Prior Year Accruals | (36,136) | (875) | (43,258) | - | (1,575) | (1,575) | (1,575) | (27,106) | (8,423) | - | - | - | - | - |
| Accounts Payable - Current Year | 17,871 | (25,492) | 1,355 | 5,533 | 37,718 | (43,772) | (13,249) | 35,791 | (34,624) | - | - | - | - | - |
| Summerholdback for Teachers | (52,521) | 4,277 | 6,484 | 6,575 | 5,013 | 3,926 | 5,641 | 5,294 | 1,855 | 1,855 | 1,855 | 1,855 | - | - |
| Other Liabilities | 28,423 | 23,193 | - | - | - | - | 8,196 | - | - | - | - | - | - | - |
| Ending Cash | 939,911 | 906,134 | 960,454 | 1,151,526 | 1,250,691 | 1,171,814 | 1,548,672 | 1,280,453 | 1,132,769 | 1,135,638 | 916,173 | 748,228 | | |

**Urban Montessori
Income Statement
As of Feb FY2022**

| | Actual | | | YTD | Budget | | | | | | | |
|---|-----------------|----------------|------------------|------------------|------------------|--------------------|-------------------|------------------|--|---|----------------------------|--------------------------|
| | Dec | Jan | Feb | | Actual YTD | Approved Budget v1 | Previous Forecast | Current Forecast | Previous Forecast vs. Current Forecast | Approved Budget v1 vs. Current Forecast | Current Forecast Remaining | % Current Forecast Spent |
| SUMMARY | | | | | | | | | | | | |
| Revenue | | | | | | | | | | | | |
| LCFF Entitlement | 228,985 | 357,657 | 143,693 | 1,753,836 | 3,527,480 | 2,967,924 | 2,967,924 | - | (559,556) | 1,214,088 | 59% | |
| Federal Revenue | - | 28,750 | 1,967 | 45,494 | 223,082 | 289,711 | 295,467 | 5,756 | 72,385 | 249,973 | 15% | |
| Other State Revenues | 44,089 | 212,098 | - | 402,416 | 596,661 | 803,087 | 803,087 | - | 206,426 | 400,671 | 50% | |
| Local Revenues | 3,879 | 2,184 | 10,000 | 51,411 | 62,659 | 62,659 | 62,659 | - | - | 11,248 | 82% | |
| Fundraising and Grants | 12,125 | 116,135 | 4,257 | 149,780 | 178,000 | 208,072 | 208,072 | - | 30,072 | 58,292 | 72% | |
| Total Revenue | 289,078 | 716,824 | 159,917 | 2,402,938 | 4,587,883 | 4,331,454 | 4,337,210 | 5,756 | (250,673) | 1,934,272 | 55% | |
| Expenses | | | | | | | | | | | | |
| Compensation and Benefits | 239,718 | 254,216 | 359,196 | 2,048,544 | 3,332,231 | 3,391,139 | 3,348,063 | 43,076 | (15,832) | 1,299,519 | 61% | |
| Books and Supplies | 12,892 | 11,861 | 3,625 | 94,389 | 215,137 | 175,863 | 175,863 | - | 39,274 | 81,474 | 54% | |
| Services and Other Operating Expenditures | 52,275 | 77,259 | 84,379 | 615,347 | 951,645 | 1,005,541 | 1,073,394 | (67,853) | (121,749) | 458,048 | 57% | |
| Depreciation | 4,482 | 747 | 747 | 5,976 | 14,944 | 8,986 | 8,986 | - | 5,958 | 3,010 | 67% | |
| Other Outflows | 20,848 | 0 | (4,885) | 32,263 | - | - | - | - | - | (32,263) | | |
| Total Expenses | 330,216 | 344,083 | 443,062 | 2,796,520 | 4,513,958 | 4,581,530 | 4,606,307 | (24,777) | (92,349) | 1,809,787 | 61% | |
| Operating Income | (41,138) | 372,742 | (283,145) | (393,582) | 73,925 | (250,076) | (269,097) | (19,021) | (343,022) | 124,485 | | |
| Fund Balance | | | | | | | | | | | | |
| Beginning Balance (Audited) | | | | | 1,316,161 | 1,422,465 | 1,422,465 | | | | | |
| Operating Income | | | | | 73,925 | (250,076) | (269,097) | | | | | |
| Ending Fund Balance | | | | | 1,390,085 | 1,172,388 | 1,153,368 | | | | | |
| Fund Balance as a % of Expenses | | | | | 31% | 26% | 25% | | | | | |

**Urban Montessori
Income Statement
As of Feb FY2022**

| | Actual | | | YTD | Budget | | | | | | | |
|---------------------------|--------|-----|-----|------------|--------------------|-------------------|------------------|-----------------------|------------------------|----------------------------|--------------------------|--|
| | Dec | Jan | Feb | Actual YTD | Approved Budget v1 | Previous Forecast | Current Forecast | Previous Forecast vs. | Approved Budget v1 vs. | Current Forecast Remaining | % Current Forecast Spent | |
| | | | | | | | | Current Forecast | Current Forecast | | | |
| KEY ASSUMPTIONS | | | | | | | | | | | | |
| Enrollment Summary | | | | | | | | | | | | |
| K-3 | | | | | 250 | 198 | 198 | - | | (52) | | |
| 4-6 | | | | | 111 | 115 | 115 | - | | 4 | | |
| 7-8 | | | | | 39 | 36 | 36 | - | | (3) | | |
| Total Enrolled | | | | | 400 | 349 | 349 | - | | (51) | | |
| ADA % | | | | | | | | | | | | |
| K-3 | | | | | 94.0% | 91.5% | 91.5% | 0.0% | | -2.5% | | |
| 4-6 | | | | | 94.0% | 91.5% | 91.5% | 0.0% | | -2.5% | | |
| 7-8 | | | | | 94.0% | 91.5% | 91.5% | 0.0% | | -2.5% | | |
| Average ADA % | | | | | 94.0% | 91.5% | 91.5% | 0.0% | | -2.5% | | |
| ADA | | | | | | | | | | | | |
| K-3 | | | | | 235.00 | 181.17 | 181.17 | - | | (53.83) | | |
| 4-6 | | | | | 104.34 | 105.23 | 105.23 | - | | 0.88 | | |
| 7-8 | | | | | 36.66 | 32.94 | 32.94 | - | | (3.72) | | |
| Total ADA | | | | | 376.00 | 319.34 | 319.34 | - | | (56.67) | | |

Urban Montessori
Income Statement
As of Feb FY2022

| | | Actual | | | YTD | Budget | | | | | | |
|--|---|----------------|----------------|----------------|------------------|--------------------|-------------------|------------------|-------------------------------|--------------------------------|----------------------------|--------------------------|
| | | Dec | Jan | Feb | Actual YTD | Approved Budget v1 | Previous Forecast | Current Forecast | Previous Forecast vs. Current | Approved Budget v1 vs. Current | Current Forecast Remaining | % Current Forecast Spent |
| REVENUE | | | | | | | | | | | | |
| LCFF Entitlement | | | | | | | | | | | | |
| 8011 | Charter Schools General Purpose Entitlement - State Aid | 143,693 | 143,693 | 143,693 | 878,125 | 1,734,516 | 1,336,441 | 1,336,441 | - | (398,075) | 458,316 | 66% |
| 8012 | Education Protection Account Entitlement | - | 213,964 | - | 427,928 | 724,019 | 726,488 | 726,488 | - | 2,469 | 298,560 | 59% |
| 8096 | Charter Schools in Lieu of Property Taxes | 85,292 | - | - | 447,783 | 1,068,945 | 904,995 | 904,995 | - | (163,950) | 457,212 | 49% |
| SUBTOTAL - LCFF Entitlement | | 228,985 | 357,657 | 143,693 | 1,753,836 | 3,527,480 | 2,967,924 | 2,967,924 | - | (559,556) | 1,214,088 | 59% |
| Federal Revenue | | | | | | | | | | | | |
| 8181 | Special Education - Entitlement | - | - | - | - | 49,250 | 49,250 | 55,006 | 5,756 | 5,756 | 55,006 | 0% |
| 8220 | Child Nutrition Programs | - | - | - | - | 44,708 | 39,008 | 39,008 | - | (5,700) | 39,008 | 0% |
| 8291 | Title I | - | 19,005 | - | 29,314 | 41,403 | 41,403 | 41,403 | - | - | 12,089 | 71% |
| 8292 | Title II | - | - | 1,967 | 3,931 | 8,137 | 8,137 | 8,137 | - | - | 4,206 | 48% |
| 8294 | Title IV | - | - | - | 2,500 | 10,000 | 10,000 | 10,000 | - | - | 7,500 | 25% |
| 8297 | PY Federal - Not Accrued | - | 2,500 | - | 2,500 | - | 2,500 | 2,500 | - | 2,500 | - | 100% |
| 8299 | All Other Federal Revenue | - | 7,245 | - | 7,249 | 69,584 | 139,413 | 139,413 | - | 69,829 | 132,164 | 5% |
| SUBTOTAL - Federal Revenue | | - | 28,750 | 1,967 | 45,494 | 223,082 | 289,711 | 295,467 | 5,756 | 72,385 | 249,973 | 15% |
| Other State Revenue | | | | | | | | | | | | |
| 8381 | Special Education - Entitlement (State) | 23,349 | 23,349 | - | 142,689 | 241,945 | 252,508 | 252,508 | - | 10,562 | 109,819 | 57% |
| 8382 | Special Education Reimbursement (State) | 14,266 | 12,801 | - | 27,067 | 33,600 | 58,331 | 58,331 | - | 24,731 | 31,264 | 46% |
| 8520 | Child Nutrition - State | - | - | - | - | 2,190 | 1,911 | 1,911 | - | (279) | 1,911 | 0% |
| 8550 | Mandated Cost Reimbursements | 6,474 | - | - | 6,474 | 6,474 | 6,474 | 6,474 | - | - | 0 | 100% |
| 8560 | State Lottery Revenue | - | 27,800 | - | 27,800 | 78,151 | 76,045 | 76,045 | - | (2,105) | 48,245 | 37% |
| 8590 | All Other State Revenue | - | 148,148 | - | 198,386 | 234,301 | 407,818 | 407,818 | - | 173,517 | 209,432 | 49% |
| SUBTOTAL - Other State Revenue | | 44,089 | 212,098 | - | 402,416 | 596,661 | 803,087 | 803,087 | - | 206,426 | 400,671 | 50% |
| Local Revenue | | | | | | | | | | | | |
| 8634 | Food Service Sales | - | - | - | 699 | 3,075 | 3,075 | 3,075 | - | - | 2,376 | 23% |
| 8702 | Oakland Measure G1 | - | - | - | - | 59,584 | 59,584 | 59,584 | - | - | 59,584 | 0% |
| 8999 | Uncategorized Revenue | 3,879 | 2,184 | 10,000 | 50,712 | - | - | - | - | - | (50,712) | |
| SUBTOTAL - Local Revenue | | 3,879 | 2,184 | 10,000 | 51,411 | 62,659 | 62,659 | 62,659 | - | - | 11,248 | 82% |
| Fundraising and Grants | | | | | | | | | | | | |
| 8801 | Walkathon | - | - | - | - | 25,000 | 25,000 | 25,000 | - | - | 25,000 | 0% |
| 8802 | Private Grants | 4,000 | 112,000 | - | 122,198 | 100,000 | 122,200 | 122,200 | - | 22,200 | 2 | 100% |
| 8803 | All In for Learning | - | - | - | 793 | 25,000 | 25,000 | 25,000 | - | - | 24,207 | 3% |
| 8811 | Fall Campaign | - | - | - | - | 15,000 | 10,340 | 6,083 | (4,257) | (8,917) | 6,083 | 0% |
| 8812 | Other Fundraising (Movie Night, Apparel, etc) | 8,125 | 4,135 | 4,257 | 26,789 | 10,000 | 22,532 | 26,789 | 4,257 | 16,789 | (0) | 100% |
| 8814 | Field Trips Donations | - | - | - | - | 3,000 | 3,000 | 3,000 | - | - | 3,000 | 0% |
| SUBTOTAL - Fundraising and Grants | | 12,125 | 116,135 | 4,257 | 149,780 | 178,000 | 208,072 | 208,072 | - | 30,072 | 58,292 | 72% |
| TOTAL REVENUE | | 289,078 | 716,824 | 159,917 | 2,402,938 | 4,587,883 | 4,331,454 | 4,337,210 | 5,756 | (250,673) | 1,934,272 | 55% |

**Urban Montessori
Income Statement
As of Feb FY2022**

| | Actual | | | YTD | Budget | | | | | | | |
|--|---|----------------|----------------|----------------|--------------------|-------------------|------------------|-------------------------------|--------------------------------|----------------------------|--------------------------|------------|
| | Dec | Jan | Feb | Actual YTD | Approved Budget v1 | Previous Forecast | Current Forecast | Previous Forecast vs. Current | Approved Budget v1 vs. Current | Current Forecast Remaining | % Current Forecast Spent | |
| EXPENSES | | | | | | | | | | | | |
| Compensation & Benefits | | | | | | | | | | | | |
| Certificated Salaries | | | | | | | | | | | | |
| 1100 | Lead Teacher Salaries | 79,562 | 83,562 | 72,966 | 566,409 | 924,287 | 948,186 | 937,127 | 11,059 | (12,840) | 370,719 | 60% |
| 1148 | Special Ed Teacher Salaries | 30,251 | 32,951 | 31,951 | 220,563 | 403,725 | 282,305 | 266,487 | 15,818 | 137,238 | 45,924 | 83% |
| 1150 | Support Teacher Salaries | 49,788 | 44,826 | 48,178 | 356,602 | 497,566 | 692,158 | 687,576 | 4,582 | (190,011) | 330,975 | 52% |
| 1170 | Measure G1 Stipends | - | - | - | - | 58,000 | 59,584 | 59,584 | - | (1,584) | 59,584 | 0% |
| 1300 | Certificated Supervisor & Administrator Salaries | 20,311 | 20,311 | 20,311 | 162,490 | 243,735 | 243,735 | 243,735 | - | - | 81,245 | 67% |
| | SUBTOTAL - Certificated Salaries | 179,912 | 181,651 | 173,406 | 1,306,063 | 2,127,312 | 2,225,968 | 2,194,509 | 31,459 | (67,197) | 888,446 | 60% |
| Classified Salaries | | | | | | | | | | | | |
| 2100 | Distance Learning Support Staff | - | 5,491 | 5,491 | 37,002 | 142,197 | 50,914 | 50,914 | - | 91,283 | 13,913 | 73% |
| 2102 | Student Support Staff | 12,015 | 13,549 | 14,782 | 92,839 | 127,557 | 171,400 | 164,375 | 7,025 | (36,818) | 71,536 | 56% |
| 2400 | Classified Clerical & Office Salaries | 14,257 | 13,969 | 13,505 | 111,872 | 164,320 | 174,610 | 174,610 | - | (10,290) | 62,738 | 64% |
| 2900 | Classified Substitutes | 2,563 | 2,388 | 2,268 | 20,181 | 33,440 | 33,440 | 33,440 | - | - | 13,259 | 60% |
| | SUBTOTAL - Classified Salaries | 28,835 | 35,398 | 36,047 | 261,895 | 467,514 | 430,364 | 423,339 | 7,025 | 44,175 | 161,444 | 62% |
| Employee Benefits | | | | | | | | | | | | |
| 3100 | STRS | 27,477 | 27,981 | 27,802 | 204,541 | 343,211 | 331,223 | 329,352 | 1,871 | 13,859 | 124,810 | 62% |
| 3300 | OASDI-Medicare-Alternative | 5,672 | 5,991 | 5,716 | 43,557 | 72,741 | 81,839 | 79,581 | 2,258 | (6,840) | 36,024 | 55% |
| 3400 | Health & Welfare Benefits | (4,710) | (3,322) | 112,228 | 199,858 | 279,103 | 277,352 | 277,352 | - | 1,750 | 77,494 | 72% |
| 3500 | Unemployment Insurance | (0) | 3,983 | 1,465 | 7,308 | 11,212 | 12,516 | 12,516 | - | (1,304) | 5,208 | 58% |
| 3600 | Workers Comp Insurance | 2,532 | 2,533 | 2,533 | 25,322 | 31,138 | 31,876 | 31,414 | 462 | (276) | 6,092 | 81% |
| | SUBTOTAL - Employee Benefits | 30,971 | 37,166 | 149,744 | 480,587 | 737,405 | 734,807 | 730,215 | 4,591 | 7,190 | 249,628 | 66% |
| Books & Supplies | | | | | | | | | | | | |
| 4100 | Approved Textbooks & Core Curricula Materials | - | - | 2,422 | 2,422 | 9,686 | 9,686 | 9,686 | - | - | 7,264 | 25% |
| 4200 | Books & Other Reference Materials | - | - | - | 17 | 1,030 | 1,030 | 1,030 | - | - | 1,013 | 2% |
| 4320 | Educational Software | - | - | - | 2,556 | 8,501 | 8,501 | 8,501 | - | - | 5,945 | 30% |
| 4325 | Instructional Materials & Supplies | 240 | 1,210 | 210 | 15,996 | 10,109 | 17,000 | 17,000 | - | (6,891) | 1,004 | 94% |
| 4326 | Art & Music Supplies | - | 220 | 262 | 482 | 5,150 | 5,150 | 5,150 | - | - | 4,668 | 9% |
| 4330 | Office Supplies | 11 | 625 | 168 | 3,536 | 4,120 | 4,120 | 4,120 | - | - | 584 | 86% |
| 4335 | PE Supplies | 5 | 726 | - | 1,034 | 1,030 | 1,034 | 1,034 | - | (4) | - | 100% |
| 4340 | SpEd Materials & Supplies | 11 | 18 | 226 | 883 | 2,611 | 2,611 | 2,611 | - | - | 1,728 | 34% |
| 4400 | One-Time Funding Expense | - | - | - | - | 55,000 | 10,000 | 10,000 | - | 45,000 | 10,000 | 0% |
| 4410 | Classroom Furniture, Equipment & Supplies | - | - | 20 | 11,860 | 2,060 | 15,554 | 15,554 | - | (13,494) | 3,694 | 76% |
| 4420 | Computers: individual items less than \$5k | 1,255 | 205 | - | 5,010 | 20,000 | 16,506 | 16,506 | - | 3,494 | 11,496 | 30% |
| 4430 | Non Classroom Related Furniture, Equipment & Supplies | 44 | - | 17 | 984 | 2,060 | 2,060 | 2,060 | - | - | 1,076 | 48% |
| 4710 | Student Food Services | 11,326 | 8,636 | 300 | 44,595 | 87,600 | 76,431 | 76,431 | - | 11,169 | 31,836 | 58% |
| 4720 | Other Food | - | 222 | - | 5,014 | 6,180 | 6,180 | 6,180 | - | - | 1,166 | 81% |
| | SUBTOTAL - Books and Supplies | 12,892 | 11,861 | 3,625 | 94,389 | 215,137 | 175,863 | 175,863 | - | 39,274 | 81,474 | 54% |
| Services & Other Operating Expenses | | | | | | | | | | | | |
| 5215 | Travel - Mileage, Parking, Tolls | 18 | - | - | 1,614 | 515 | 1,614 | 1,614 | - | (1,099) | - | 100% |
| 5305 | Dues & Membership - Professional | - | - | 142 | 18,777 | 6,180 | 18,635 | 18,777 | (142) | (12,597) | - | 100% |
| 5450 | Insurance - Other | 5,913 | 5,913 | 5,913 | 56,772 | 70,962 | 70,962 | 70,962 | - | - | 14,190 | 80% |
| 5515 | Janitorial, Gardening Services & Supplies | 6,072 | 8,435 | 6,260 | 56,210 | 92,700 | 92,700 | 92,700 | - | - | 36,490 | 61% |
| 5520 | Security | 456 | 230 | 287 | 19,370 | 1,236 | 20,000 | 20,000 | - | (18,764) | 630 | 97% |
| 5535 | Utilities - All Utilities | 6,557 | 4,991 | 1,131 | 29,549 | 51,500 | 51,500 | 51,500 | - | - | 21,951 | 57% |
| 5605 | Equipment Leases | 851 | 1,212 | - | 5,281 | 14,444 | 14,444 | 14,444 | - | - | 9,163 | 37% |
| 5610 | Rent | - | - | - | 66,821 | 146,708 | 146,708 | 146,708 | - | - | 79,888 | 46% |
| 5615 | Repairs and Maintenance - Building | 254 | - | 166 | 1,954 | - | 2,500 | 2,500 | - | (2,500) | 546 | 78% |

**Urban Montessori
Income Statement
As of Feb FY2022**

| | Actual | | | YTD | Budget | | | | | | |
|---|----------------|----------------|----------------|------------------|------------------|------------------|------------------|----------------------|-----------------------|--------------------|----------------|
| | Dec | Jan | Feb | Actual YTD | Approved | Previous | Current | Previous | Approved | Current | % Current |
| | | | | | Budget v1 | Forecast | Forecast | Forecast vs. Current | Budget v1 vs. Current | Forecast Remaining | Forecast Spent |
| 5803 Accounting Fees | 4,725 | 3,522 | - | 17,955 | 22,982 | 22,982 | 22,982 | - | - | 5,027 | 78% |
| 5805 Administrative Fees | - | 354 | - | 354 | 6,577 | 6,577 | 6,577 | - | - | 6,223 | 5% |
| 5809 Banking Fees | - | 25 | 25 | 347 | 618 | 618 | 618 | - | - | 271 | 56% |
| 5812 Business Services | 9,833 | 9,833 | 9,833 | 78,667 | 118,000 | 118,000 | 118,000 | - | - | 39,333 | 67% |
| 5815 Consultants - Instructional | - | - | - | 1,200 | 2,575 | 2,575 | 2,575 | - | - | 1,375 | 47% |
| 5820 Consultants - Non Instructional - Custom 1 | - | 280 | - | 22,780 | 45,000 | 50,000 | 50,000 | - | (5,000) | 27,220 | 46% |
| 5824 District Oversight Fees | - | - | 6,403 | 14,674 | 35,275 | 29,679 | 29,679 | - | 5,596 | 15,006 | 49% |
| 5826 Directors Contingency | - | - | - | - | 45,000 | 45,000 | 45,000 | - | - | 45,000 | 0% |
| 5827 Middle School Program expenses (8816 offset) | - | - | - | - | 1,862 | 1,862 | 1,862 | - | - | 1,862 | 0% |
| 5830 Field Trips Expenses | - | - | - | - | 3,090 | 3,090 | 3,090 | - | - | 3,090 | 0% |
| 5833 Fines and Penalties | - | - | - | 20 | 515 | 515 | 515 | - | - | 495 | 4% |
| 5836 Fingerprinting | - | 146 | 74 | 1,220 | 1,643 | 1,643 | 1,643 | - | - | 423 | 74% |
| 5839 Fundraising Expenses | - | - | 409 | 409 | 11,334 | 11,334 | 11,334 | - | - | 10,926 | 4% |
| 5845 Legal Fees | 220 | 17,780 | 5,812 | 30,006 | 15,450 | 35,000 | 35,000 | - | (19,550) | 4,994 | 86% |
| 5851 Marketing and Student Recruiting | - | 1,400 | - | 9,600 | 3,500 | 9,600 | 9,600 | - | (6,100) | - | 100% |
| 5857 Payroll Fees | 487 | 431 | 673 | 3,720 | 6,551 | 6,551 | 6,551 | - | - | 2,831 | 57% |
| 5860 Printing and Reproduction | - | - | - | 179 | 9,332 | 9,332 | 9,332 | - | - | 9,153 | 2% |
| 5861 Prior Yr Exp (not accrued) | - | (28) | 2,364 | 5,897 | - | 3,561 | 5,897 | (2,336) | (5,897) | - | 100% |
| 5863 Professional Development | 1,350 | 6,700 | 8,100 | 24,500 | 60,000 | 35,000 | 35,000 | - | 25,000 | 10,500 | 70% |
| 5869 Special Education Contract Instructors | 12,800 | 7,570 | 31,580 | 80,928 | 90,000 | 100,000 | 150,000 | (50,000) | (60,000) | 69,072 | 54% |
| 5875 Staff Recruiting | - | 103 | - | 3,205 | 4,120 | 3,205 | 3,205 | - | 915 | - | 100% |
| 5878 Student Assessment | - | - | - | 4,503 | 5,150 | 5,150 | 5,150 | - | - | 647 | 87% |
| 5880 Student Health Services | 42 | 2,420 | 44 | 2,925 | 5,150 | 5,150 | 5,150 | - | - | 2,225 | 57% |
| 5881 Student Information System | 788 | 1,320 | 788 | 30,870 | 25,000 | 31,200 | 31,200 | - | (6,200) | 330 | 99% |
| 5884 Substitutes | - | - | - | 103 | 15,000 | 15,000 | 15,000 | - | - | 14,898 | 1% |
| 5887 Technology Services | 339 | 4,495 | 4,375 | 13,823 | 9,270 | 9,448 | 24,823 | (15,375) | (15,553) | 11,000 | 56% |
| 5910 Communications - Internet / Website Fees | 101 | - | - | 4,603 | 9,780 | 9,780 | 9,780 | - | - | 5,177 | 47% |
| 5915 Postage and Delivery | 107 | 126 | - | 1,170 | 3,296 | 3,296 | 3,296 | - | - | 2,126 | 35% |
| 5920 Communications - Telephone & Fax | 1,363 | - | - | 5,345 | 11,330 | 11,330 | 11,330 | - | - | 5,985 | 47% |
| SUBTOTAL - Services & Other Operating Exp. | 52,275 | 77,259 | 84,379 | 615,347 | 951,645 | 1,005,541 | 1,073,394 | (67,853) | (121,749) | 458,048 | 57% |
| Capital Outlay & Depreciation | | | | | | | | | | | |
| 6900 Depreciation | 4,482 | 747 | 747 | 5,976 | 14,944 | 8,986 | 8,986 | - | 5,958 | 3,010 | 67% |
| SUBTOTAL - Capital Outlay & Depreciation | 4,482 | 747 | 747 | 5,976 | 14,944 | 8,986 | 8,986 | - | 5,958 | 3,010 | 67% |
| Other Outflows | | | | | | | | | | | |
| 7998 Temporary JE Clearing | - | 0 | - | 0 | - | - | - | - | - | (0) | |
| 7999 Uncategorized Expense | 20,848 | - | (4,885) | 32,263 | - | - | - | - | - | (32,263) | |
| SUBTOTAL - Other Outflows | 20,848 | 0 | (4,885) | 32,263 | - | - | - | - | - | (32,263) | |
| TOTAL EXPENSES | 330,216 | 344,083 | 443,062 | 2,796,520 | 4,513,958 | 4,581,530 | 4,606,307 | (24,777) | (92,349) | 1,809,787 | 61% |

Cover Sheet


Discussion Item - Committee Report

| | |
|--------------------------|---------------------------------------|
| Section: | V. Family Advisory Council |
| Item: | A. Discussion Item - Committee Report |
| Purpose: | Discuss |
| Submitted by: | |
| Related Material: | 2022-3-24 FAC Board Report.pptx.pdf |



FAC Report

Regular UMCS Board Meeting
March 24, 2022



FAC Meetings/Events

- Recent:
 - The FAC met on March 17th; topics included upcoming events, future planning for summer and fall events.
- Upcoming:
 - Classroom Transition Orientation for K and 3rd grade families: March 29th
 - Dr. Rogers-Ard final parent session: April 19th, 5:30pm
 - FAC Meeting: April 21st
 - Morning Coffee: April 22th

Fundraising Updates

- Cards for a Cause are being distributed this week
- Upcoming fundraisers
 - Spring Auction: postponed until Fall.
 - Plant & Bake Sale & Clothing Swap: April 23rd
 - Move-a-thon: May 14th

Cover Sheet

Approve Minutes from February 24, 2022 Regular Meeting

Section: VII. Other Business
Item: B. Approve Minutes from February 24, 2022 Regular Meeting
Purpose: Approve Minutes
Submitted by:
Related Material: Minutes for Regular Board Meeting on February 24, 2022

APPROVED



Urban Montessori Charter School

Minutes

Regular Board Meeting

Date and Time

Thursday February 24, 2022 at 6:15 PM

Location

4551 Steele Street, Oakland, CA 94619. Signage on campus will direct you to the correct room, generally the Sun Room.

The public may comment and participate [via Zoom](#) if they prefer. The public may also email comments to board@urbanmontessori.org to be shared by the Board's Secretary during the meeting. Please make that intention clear in your email.

<https://us02web.zoom.us/j/82592855160?pwd=cG02OTRoUVdrdngwOTI2WFBrOTBzQT09>

Meeting ID: 825 9285 5160; Passcode 510 842 1181

One tap mobile

+16699009128,,82592855160# US (San Jose)

+12532158782,,82592855160# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

Meeting ID: 825 9285 5160

Find your local number: <https://us02web.zoom.us/j/82592855160>

Additional teleconference locations: 1623 Sunhill Ct, Martinez, CA 94553; 3125 School Street, Oakland, CA 94602; 5701 Oak Grove Ave, Oakland, CA 94618; 3921 Enos Ave Oakland, 94619; 3385 Herrier Street Oakland, CA 94602

This meeting will be audio recorded. The public can find documents related to this agenda either linked directly on the agenda or under "Other files" after selecting the meeting in BoardOnTrack prior to viewing the agenda. Downloading the "packet" may not include all of the "Other files" that are still otherwise available to the public.

Members: Jan Faraguna, Kara Fortuna, Christina Greenberg, Greg Klein, Davis Leung, Sarah Morrill, Maru Salazar

Urban Montessori Charter School welcomes your participation at Board meetings. The purpose of a public meeting of the Board of Directors (“Board”) is to conduct the affairs of the organization in public. Your participation assures us of continuing community interest in our school and assists the Board in making the best decisions for our school. To assist you in the ease of speaking/participating in our meetings, guidelines are provided at the bottom of this agenda. All materials for all board and committee meetings, including audio recordings of Regular Board Meetings, are available on our [BoardOnTrack public portal](#) and also through the [UMCS School Calendar](#).

Directors Present

C. Greenberg (remote), D. Leung (remote), G. Klein, K. Fortuna (remote), S. Morrill (remote)

Directors Absent

J. Faraguna, M. Salazar

Guests Present

K. Feeney

I. Opening Items

A. Call the Meeting to Order

D. Leung called a meeting of the board of directors of Urban Montessori Charter School to order on Thursday Feb 24, 2022 at 6:20 PM.

B. Record Attendance

C. Review of Action/Discussion Items

No changes needed.

D. Board and Community Appreciations

Greg appreciated Sei Hee for material revision support.

Kara appreciated Sita and Ms. Jess for Kindness Challenge.

Krishna seconded that appreciation. Also appreciated Mr. Bissonnette who steps up and subs across the classrooms to help keep school open, and supporting students.

Sita appreciated the Operations Team for handling COVID Testing protocols on campus.

Greg appreciated the teachers for all their work to prepare for Winter Conferences.

Greg appreciated Sita for her support on Moveathon!

E. Board Member Comment

No comments on items not on tonight's agenda.

F. Presentations from the Floor

No public comments on items not on tonight's agenda.

II. Head of School Report

A. Head of School Report

Krishna shared her Head of School Report.

Winter Conferences start next week, COVID testing continues every Friday. Spring Break is April 1-8.

Instructional updates: Winter NWEA assessments are done. Integrated and designated ELD in Montessori classrooms, and there will be upcoming trainings with National Center for Montessori in the Public Sector over six 90 minute sessions on supporting English Learners.

Ms. Krishna shared some photos from the classrooms.

On Enrollment, we have over 350 applications so far. Applications can still be turned in, but not included in the lottery and are placed at the end of any waitlists.

On staffing, finishing staff check ins in the next weeks. Actively hiring for next school year. Have multiple interviews scheduled with Montessori trained teachers starting next week!

Greg asked how teachers are involved in hiring other teachers. Krishna shared that the team builds panels of current teachers to help interview candidates.

No other questions or public comments.

B. Supplement to the Annual Update to the 2021–22 Local Control and Accountability Plan

G. Klein made a motion to approve the Supplement to the Annual Update to the 2021-2022 LCAP.

D. Leung seconded the motion.

Krishna and Greg shared an overview of the supplement to the LCAP. There were no questions or public comments.

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

Roll Call

| | |
|--------------|---------|
| S. Morrill | Aye |
| K. Fortuna | Abstain |
| J. Faraguna | Absent |
| G. Klein | Aye |
| C. Greenberg | Aye |
| D. Leung | Aye |
| M. Salazar | Absent |

III. Finance Committee

A. Discussion Item - Committee Report, including year to date financial report

Greg shared the committee's report. End of June forecasted fund balance remains above 25%. Our current year projected deficit has increased a bit, mainly due to additional stipends for staff and increased costs of Special Education. Cash on-hand remains strong through the forecast. Overall, we remain in a strong fiscal

position. Committee also reviewed the second interim financials, which is on the agenda later for approval by the board. For state-wide updates, Greg shared about a "hold harmless" bill, which if it became law would improve our current-year forecasted one-time deficit. There is another bill that would base school revenue more on enrolled students and less on the attendance of students. The committee also discussed the Expanded Learning Opportunity Program that would increase the amount of necessary instructional hours per year and increase "intersession" days. Committee discussed selecting of an auditor to audit this year's books next fall. Lastly, Greg and Krishna shared about the "Montessori Training Center". This is a "dream" idea for ongoing training for our staff and making it cost effective in the long run by partnering with other Bay Area Montessori schools. The spirit is to train and retain our staff and to build the Montessori programs in the Bay Area. Staff are very supportive of this idea. Further information to come and there are opportunities to seek philanthropic support to cover some of the start-up costs.

Kara shared her support of the Training Center idea. Donald asked clarified about including other Montessori schools and Krishna responded that the idea is to share costs across multiple Montessori schools, as happens with training centers elsewhere. Sarah shared her support of exploring the idea and asked about revenue and costs. Krishna responded that the model is still being built, but ultimately there is a pathway where it becomes revenue neutral after its startup phase. Davis shared that we already spend money on this work, and it could be that we could end up saving money in the long run.

No other questions or public comments.

IV. Academic Oversight Committee

A. Discussion Item - Committee Report

Kara shared the committee's report. Panorama and NWEA data were not yet ready. February attendance seemed better at that time.

Kara shared slides on Winter MAP that were prepared since the committee's last meeting. [Included in the Board Packet.]

Davis wondered about the on-going impacts of COVID.

Greg asked Krishna about what comes next with teachers, who responded that teachers have time coming up to look at their own data in their classrooms, plan and inform instructional moves to support students. Sita commented that the data compares to students testing at home.

Looking to student Panorama survey data in March.

No other questions or public comments.

V. Family Advisory Council

A. Discussion Item - Committee Report

Kara shared the FAC report. Parents discussed changes to the state-wide mask mandate, and future classroom support. Had the third session of Dr. Rogers-Ard's workshops. Upcoming is workshop #4, monthly FAC meetings, and morning coffee tomorrow. Fundraising, Cards for a Cause raised over \$1000, and upcoming is a bake sale and plant sale. Greg shared initial planning about the May Moveathon.

No other discussion or public comments.

VI. Executive & Governance Committee

A. Discussion Item: Committee Updates, including candidates for board service, Form 700, and training

Christina shared the committee's report. Discussed board recruitment, LCAP supplement, and the HoS evaluation process. Greg reminded board members to complete their Form 700.

Krishna shared about needing to start planning over the next few months for a board chair transition.

No other discussion or public comments.

B. Vote on two-year Board Membership term for Donald Williams

G. Klein made a motion to approve Donald Williams for a two-year term on the Board starting March 1, 2022.

D. Leung seconded the motion.

No other discussion or public comments.

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

Roll Call

| | |
|--------------|---------|
| S. Morrill | Aye |
| K. Fortuna | Abstain |
| M. Salazar | Absent |
| C. Greenberg | Aye |
| D. Leung | Aye |
| J. Faraguna | Absent |
| G. Klein | Aye |

C. Board and committee officers and members

D. Leung made a motion to make Donald Williams a member of the Academic Committee starting March 1.

S. Morrill seconded the motion.

No other discussion or public comment.

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

Roll Call

| | |
|--------------|---------|
| C. Greenberg | Aye |
| K. Fortuna | Abstain |
| G. Klein | Aye |
| D. Leung | Aye |
| S. Morrill | Aye |
| J. Faraguna | Absent |
| M. Salazar | Absent |

VII. Other Business

A. Oakland and California Updates

Greg shared about multiple schools, like us, going through the material revision process with the County related to enrollment and the county approved their updated district maps. California is considering a dyslexia screening bill. Greg next shared about OUSD's many recent special board meetings, school closures, and

the passionate public comment, many actions and walk-outs, and local leaders involved in seeking to stop school closures. Sarah asked about UMCS families and staff processing and impacted by these decisions, and Krishna responded that the school has created ways for folks to ask for help, or ask questions. Krishna also shared that we already do dyslexia screening.

There was no other discussion or public comment.

B. Approve Minutes from January 27, 2022 Regular Meeting

D. Leung made a motion to approve the minutes from Regular Board Meeting on 01-27-22.

C. Greenberg seconded the motion.

No questions or public comments.

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

Roll Call

| | |
|--------------|---------|
| C. Greenberg | Aye |
| K. Fortuna | Abstain |
| D. Leung | Aye |
| G. Klein | Aye |
| J. Faraguna | Absent |
| S. Morrill | Aye |
| M. Salazar | Absent |

C. Approve Minutes from February 10, 2022 Special Meeting

G. Klein made a motion to approve the minutes from Special Board Meeting on 02-10-22.

D. Leung seconded the motion.

No questions or public comments.

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

Roll Call

| | |
|--------------|---------|
| C. Greenberg | Aye |
| D. Leung | Aye |
| M. Salazar | Absent |
| G. Klein | Aye |
| J. Faraguna | Absent |
| S. Morrill | Aye |
| K. Fortuna | Abstain |

D. Action Item - Vote on General Consent Report

G. Klein made a motion to approve the General Consent Report with documents included in the Board Packet (not the safety plan version linked on the agenda itself).

C. Greenberg seconded the motion.

No discussion or public comments.

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

Roll Call

| | |
|--------------|---------|
| G. Klein | Aye |
| D. Leung | Aye |
| C. Greenberg | Aye |
| K. Fortuna | Abstain |
| J. Faraguna | Absent |
| M. Salazar | Absent |
| S. Morrill | Aye |

E.

Collect New Business items for Future Meetings

None at this time.

VIII. Closed Session

A. Closed Session Items

At 7:36pm, Greg announced the Board going into closed session on two topics

1. Public Employee Performance Evaluation - Head of School
2. Conference with Legal Counsel--Anticipated Litigation
Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: one potential case.

There were no public comments on these items.

IX. Return to Open Session

A. Report out of any closed session action(s)

The board returned at 8:06pm. No actions were taken.

X. Closing Items

A. Adjourn Meeting

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 8:06 PM.

Respectfully Submitted,
G. Klein

Documents used during the meeting

- Donald R Williams Jr CV.pdf

THE ORDER OF BUSINESS MAY BE CHANGED WITHOUT NOTICE Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice.

REASONABLE LIMITATIONS MAY BE PLACED ON PUBLIC TESTIMONY The Governing Board's presiding officer reserves the right to impose reasonable time limits on public testimony to ensure that the agenda is completed.

SPECIAL PRESENTATIONS MAY BE MADE Notice is hereby given that, consistent with the requirements of the Bagley-Keene Open Meeting Act, special presentations not mentioned in the agenda may be made at this meeting. However, any such presentation will be for information only.

REASONABLE ACCOMMODATION WILL BE PROVIDED FOR ANY INDIVIDUAL WITH A DISABILITY Pursuant to the Rehabilitation Act of 1973 and the Americans with

Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in this meeting of the Governing Board may request assistance by contacting UMCS at 4551 Steele Street, Oakland, CA 94619 or info@urbanmontessori.org.

FOR MORE INFORMATION For more information concerning this agenda or for materials relating to this meeting, please contact UMCS at 4551 Steele Street, Oakland, CA 94619 or board@urbanmontessori.org. All materials are available via the Governance Section of our website: <http://www.urbanmontessori.org/governance> or directly via our [BoardOnTrack public portal](#).

Cover Sheet

California Commission on Teacher Credentialing

| | |
|--------------------------|---|
| Section: | VII. Other Business |
| Item: | C. California Commission on Teacher Credentialing |
| Purpose: | Vote |
| Submitted by: | |
| Related Material: | cl500.pdf |



State of California
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS

Original Declaration of Need for year: _____

Revised Declaration of Need for year: _____

FOR SERVICE IN A SCHOOL DISTRICT OR DISTRICT/COUNTY AUTHORIZED CHARTER SCHOOL

Name of District or Charter: _____ District CDS Code: _____

Name of County: _____ County CDS Code: _____

By submitting this annual declaration, the district is certifying the following:

- A diligent search, as defined below, to recruit a fully prepared teacher for the assignment(s) was made
- If a suitable fully prepared teacher is not available to the school district, the district will make a reasonable effort to recruit based on the priority stated below

The governing board/body of the school district or charter school specified above adopted a declaration at a regularly scheduled public meeting held on ___/___/___ certifying that there is an insufficient number of certificated persons who meet the district's specified employment criteria for the position(s) listed on the attached form. The attached form was part of the agenda, and the declaration did NOT appear as part of a consent calendar.

► **Enclose a copy of the board agenda item**

With my signature below, I verify that the item was acted upon favorably by the board. The declaration shall remain in force until June 30, _____.

Submitted by (Superintendent, Board Secretary, or Designee):

| | | |
|------------------------|-------------------------|--------------|
| <i>Name</i> | <i>Signature</i> | <i>Title</i> |
| <i>Fax Number</i> | <i>Telephone Number</i> | <i>Date</i> |
| <i>Mailing Address</i> | | |
| <i>EMail Address</i> | | |

FOR SERVICE IN A COUNTY OFFICE OF EDUCATION, STATE AGENCY, CHARTER SCHOOL OR NONPUBLIC SCHOOL AGENCY

Name of County _____ County CDS Code _____

Name of State Agency _____

Name of NPS/NPA _____ County of Location _____

The Superintendent of the County Office of Education or the Director of the State Agency or the Director of the NPS/NPA specified above adopted a declaration on ___/___/___, at least 72 hours following his or her public announcement that such a declaration would be made, certifying that there is an insufficient number of certificated persons who meet the county's, agency's or school's specified employment criteria for the position(s) listed on the attached form.

The declaration shall remain in force until June 30, _____.

► **Enclose a copy of the public announcement**

Submitted by Superintendent, Director, or Designee:

| | | |
|-----------------|------------------|-------|
| Name | Signature | Title |
| | (510) 842-1181 | |
| Fax Number | Telephone Number | Date |
| | | |
| Mailing Address | | |
| | | |
| EMail Address | | |
| | | |

► *This declaration must be on file with the Commission on Teacher Credentialing before any emergency permits will be issued for service with the employing agency*

AREAS OF ANTICIPATED NEED FOR FULLY QUALIFIED EDUCATORS

Based on the previous year's actual needs and projections of enrollment, please indicate the number of emergency permits the employing agency estimates it will need in each of the identified areas during the valid period of this Declaration of Need for Fully Qualified Educators. This declaration shall be valid only for the type(s) and subjects(s) identified below.

This declaration must be revised by the employing agency when the total number of emergency permits applied for exceeds the estimate by ten percent. Board approval is required for a revision.

| Type of Emergency Permit | Estimated Number Needed |
|--|--------------------------------|
| CLAD/English Learner Authorization (applicant already holds teaching credential) | _____ |
| Bilingual Authorization (applicant already holds teaching credential) | _____ |
| List target language(s) for bilingual authorization: _____ | |
| Resource Specialist | _____ |
| Teacher Librarian Services | _____ |

LIMITED ASSIGNMENT PERMITS

Limited Assignment Permits may only be issued to applicants holding a valid California teaching credential based on a baccalaureate degree and a professional preparation program including student teaching.

Based on the previous year’s actual needs and projections of enrollment, please indicate the number of Limited Assignment Permits the employing agency estimates it will need in the following areas. Additionally, for the Single Subject Limited Assignment Permits estimated, please include the authorization(s) which will be requested:

| TYPE OF LIMITED ASSIGNMENT PERMIT | ESTIMATED NUMBER NEEDED |
|-----------------------------------|-------------------------|
| Multiple Subject | |
| Single Subject | |
| Special Education | |
| TOTAL | |

| AUTHORIZATION(S) FOR SINGLE SUBJECT LIMITED ASSIGNMENT PERMITS (A separate page may be used if needed) | ESTIMATED NUMBER NEEDED |
|--|-------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

EFFORTS TO RECRUIT CERTIFIED PERSONNEL

The employing agency declares that it has implemented in policy and practices a process for conducting a diligent search that includes, but is not limited to, distributing job announcements, contacting college and university placement centers, advertising in local newspapers, exploring incentives included in the Teaching as a Priority Block Grant (refer to www.cde.ca.gov for details), participating in state and regional recruitment centers and participating in job fairs in California.

If a suitable fully prepared teacher is not available to the school district, the district made reasonable efforts to recruit an individual for the assignment, in the following order:

- A candidate who qualifies and agrees to participate in an approved internship program in the region of the school district
- An individual who is scheduled to complete initial preparation requirements within six months

EFFORTS TO CERTIFY, ASSIGN, AND DEVELOP FULLY QUALIFIED PERSONNEL

Has your agency established a District Intern program? Yes No

If no, explain. _____

Does your agency participate in a Commission-approved college or university internship program? Yes No

If yes, how many interns do you expect to have this year? _____

If yes, list each college or university with which you participate in an internship program.

If no, explain why you do not participate in an internship program.

Cover Sheet

Action Item - Vote on General Consent Report

Section: VII. Other Business
Item: D. Action Item - Vote on General Consent Report
Purpose: Vote
Submitted by:
Related Material:
Urban Montessori Charter School_2020 Tax Return (DRAFT).pdf

CLIFTONLARSONALLEN LLP
2210 EAST ROUTE 66
GLENORA, CA 91740

URBAN MONTESSORI
5328 BRANN STREET
OAKLAND, CA 94619



DRAFT

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT



CliftonLarsonAllen LLP
CLAconnect.com

Urban Montessori
5328 Brann Street
Oakland, CA 94619

Urban Montessori:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

DRAFT



CliftonLarsonAllen LLP
CLAconnect.com

URBAN MONTESSORI
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED JUNE 30, 2021

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

URBAN MONTESSORI

27-4217597

Name and title of officer or person subject to tax

**KRISHNA FEENEY
HEAD OF SCHOOL**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>5,242,250.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 17597
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95405217597

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MARLEN GOMEZ Date ▶ 03/07/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization URBAN MONTESSORI | | D Employer identification number 27-4217597 |
| | Doing business as | | E Telephone number 510-842-1181 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 5328 BRANN STREET | | G Gross receipts \$ 5,242,250. |
| | City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94619 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| F Name and address of principal officer: KRISHNA FEENEY SAME AS C ABOVE | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| J Website: ▶ WWW.URBANMONTESSORI.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2012 | M State of legal domicile: CA |

Part I Summary

| | | | |
|---|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO DEVELOP SELF-DIRECTED AND ENGAGED LEARNERS WHO ARE ACADEMICALLY, SOCIALLY AND EMOTIONALLY | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 57 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 16 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 4,206,735. | Current Year 5,224,363. |
| | 9 Program service revenue (Part VIII, line 2g) | 31,615. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 26,782. | 17,887. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,265,132. | 5,242,250. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,094,681. | 3,154,844. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,004. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,163,890. | 956,820. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,258,571. | 4,111,664. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 6,561. | 1,130,586. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,468,587. | End of Year 1,941,513. |
| | 21 Total liabilities (Part X, line 26) | 1,176,709. | 519,049. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 291,878. | 1,422,464. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|---|--------------------------|---|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | KRISHNA FEENEY, HEAD OF SCHOOL Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name MARLEN GOMEZ | Preparer's signature MARLEN GOMEZ | Date 03/07/22 | Check if self-employed <input type="checkbox"/> | PTIN P01306775 |
| | Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749 | Phone no. (626) 857-7300 | | |
| | Firm's address ▶ 2210 EAST ROUTE 66 GLENDORA, CA 91740 | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO DEVELOP SELF-DIRECTED AND ENGAGED LEARNERS WHO ARE ACADEMICALLY, SOCIALLY AND EMOTIONALLY PREPARED TO SUCCEED IN ANY HIGH SCHOOL. NURTURING THE INNOVATORS OF TOMORROW TO CREATIVELY MEET THE CHALLENGES OF TODAY'S WORLD WITH CONFIDENCE, COMPASSION AND GRACE, URBAN

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,589,459. including grants of \$) (Revenue \$) PUBLIC CHARTER SCHOOL SERVING K THROUGH 8TH GRADE. DURING THE YEAR ENDED JUNE 30, 2021 THE ORGANIZATION SERVED APPROXIMATELY 376 STUDENTS.

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

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

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

4e Total program service expenses 3,589,459.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 57 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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 |
|-----------|--|-----|----|
| 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. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
KRISHNA FREENEY - 510-842-1181
5328 BRANN STREET, OAKLAND, CA 94619

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KRISHNA FEENEY HEAD OF SCHOOL | 40.00 | | | X | | | | 115,750. | 0. | 19,240. |
| (2) DAVIS LEUNG CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) LOREN BENTLEY TAMMERO FAC REP/ VICE CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) GREG KLEIN SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) STACEY WANG TREASURE | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (6) HAE-SIN THOMAS MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (7) CHRISTINA GREENBERG MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (8) JAN FARAGUNA MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (9) OLIVIA COUCH FAC REP/ MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 115,750. | 0. | 19,240. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 115,750. | 0. | 19,240. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 4,984,704. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 239,659. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | | 5,224,363. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | (ii) Personal | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | | | | |
| | d | Net gain or (loss) | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | 8b | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a REFUNDS/REBATES | | 90099 | 16,521. | | 16,521. | |
| | b REIMBURSEMENTS | | 90099 | 1,227. | | 1,227. | |
| | c ALL OTHER REVENUE | | 90099 | 139. | | 139. | |
| | d | All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | 17,887. | | | |
| 12 Total revenue. See instructions | | | 5,242,250. | 0. | 0. | 17,887. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 143,023. | 140,162. | 2,861. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,392,098. | 2,349,650. | 42,448. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 273,175. | 267,213. | 5,962. | |
| 9 Other employee benefits | 263,229. | 257,516. | 5,713. | |
| 10 Payroll taxes | 83,319. | 82,318. | 1,001. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 43,773. | | 43,773. | |
| b Legal | 10,096. | | 10,096. | |
| c Accounting | 136,313. | 34,200. | 102,113. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 73,253. | 64,607. | 8,646. | |
| 12 Advertising and promotion | 1,745. | 805. | 940. | |
| 13 Office expenses | 138,965. | 130,230. | 8,735. | |
| 14 Information technology | 57,576. | 57,576. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 221,381. | 38,825. | 182,556. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 35,274. | 35,274. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,242. | | 5,242. | |
| 23 Insurance | 64,168. | | 64,168. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a INSTRUCTIONAL MATERIALS | 117,199. | 117,199. | | |
| b MISCELLANEOUS EXPENSES | 31,574. | 10,724. | 20,850. | |
| c STUDENT FUNDRAISER EXPE | 11,004. | | | 11,004. |
| d FOOD AND SUPPLIES | 2,354. | | 2,354. | |
| e All other expenses | 6,903. | 3,160. | 3,743. | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,111,664. | 3,589,459. | 511,201. | 11,004. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 589,932. | 1 | 539,162. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 836,703. | 4 | 1,314,331. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 21,102. | 9 | 48,429. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 44,833. | | |
| | b Less: accumulated depreciation | 10b 5,242. | 20,850. | 10c 39,591. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,468,587. | 16 | 1,941,513. | |
| Liabilities | 17 Accounts payable and accrued expenses | 447,695. | 17 | 429,893. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 89,156. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 729,014. | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,176,709. | 26 | 519,049. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 291,878. | 27 | 1,422,464. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 291,878. | 32 | 1,422,464. |
| | 33 Total liabilities and net assets/fund balances | 1,468,587. | 33 | 1,941,513. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,242,250. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,111,664. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,130,586. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 291,878. |
| 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 | 1,422,464. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

Form 990 (2020)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 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 and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in 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 | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

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

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e 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: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

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

Lined area for supplemental information with a large 'DRAFT' watermark.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

URBAN MONTESSORI

Employer identification number

27-4217597

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

| | |
|---|---|
| Name of organization URBAN MONTESSORI | Employer identification number 27-4217597 |
|---|---|

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 | ROGERS FOUNDATION FUND 10 CLAY STREET STE. 200 OAKLAND , CA 94610 | \$ 125,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | QUEST FOUNDATION PO BOX 339 DANVILLE , CA 94526 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | PAUL COX 521 VALLE VISTA AVE. OAKLAND , CA 94610 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization URBAN MONTESSORI | Employer identification number 27-4217597 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization URBAN MONTESSORI | Employer identification number 27-4217597 |
|---|---|

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

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization URBAN MONTESSORI **Employer identification number** 27-4217597

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 44,833. | 5,242. | 39,591. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 39,591. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

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

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

| | | | | |
|---|---|----|---|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,242,250. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 5,242,250. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 5,242,250. |

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

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

| | | | | |
|---|--|----|---|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 4,111,664. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 4,111,664. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 4,111,664. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

URBAN MONTESSORI

Employer identification number

27-4217597

Part I

| | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy 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 | X | |
| THE CHARTER MAKES ITS NONDISCRIMINATORY POLICY KNOWN THROUGH ITS WEBSITE AND ON THE STUDENT APPLICATIONS. THE CHARTER DRAWS ITS STUDENTS FROM THE LOCAL COMMUNITY AND CURRENTLY ENROLLS STUDENTS FROM VARIOUS RACIAL MINORITY GROUPS. | | |
| 4 Does the organization maintain the following? | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .. | | X |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | X | |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | |
| URBAN MONTESSORI DOES NOT PROVIDE SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE. | | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? | | X |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | X | |
| b Has the organization's right to such aid ever been revoked or suspended? | | X |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | X | |

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

Schedule E (Form 990 or 990-EZ) 2020

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

AS A PUBLIC CHARTER SCHOOL, URBAN MONTESSORI RECEIVES A PER ADA FEE FROM THE CALIFORNIA DEPARTMENT OF EDUCATION FOR EVERY PUPIL ATTENDING THE SCHOOL. ADDITIONALLY, URBAN MONTESSORI IS ELIGIBLE FOR LOCAL, STATE, FEDERAL PROGRAMS AND CALIFORNIA LOTTERY FUNDS.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

URBAN MONTESSORI

Employer identification number

27-4217597

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREPARED TO SUCCEED IN ANY HIGH SCHOOL. NURTURING THE INNOVATORS OF
TOMORROW TO CREATIVELY MEET THE CHALLENGES OF TODAY'S WORLD WITH
CONFIDENCE, COMPASSION AND GRACE, URBAN MONTESSORI CULTIVATES
INDIVIDUAL CURIOSITIES AND STRENGTHS, WHILE HOLDING CHILDREN TO A HIGH
STANDARD OF EXCELLENCE. AT URBAN MONTESSORI, CHILDREN DEEPEN THEIR
UNDERSTANDING OF WHAT IT MEANS TO LIVE RESPONSIBLY IN A DIVERSE URBAN
COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MONTESSORI CULTIVATES INDIVIDUAL CURIOSITIES AND STRENGTHS, WHILE
HOLDING CHILDREN TO A HIGH STANDARD OF EXCELLENCE. AT URBAN MONTESSORI,
CHILDREN DEEPEN THEIR UNDERSTANDING OF WHAT IT MEANS TO LIVE
RESPONSIBLY IN A DIVERSE URBAN COMMUNITY.

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

THERE ARE NO COMMITTEES THAN CAN 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, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR
REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN
SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO
SUBMITTING TO THE IRS.

| | |
|---|---|
| Name of the organization URBAN MONTESSORI | Employer identification number 27-4217597 |
|---|---|

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

EACH DIRECTOR, PRINCIPAL OFFICER, EXECUTIVE DIRECTOR, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT ATTESTING TO THE FACT THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT-OF-INTEREST POLICY, HAVE AGREED TO COMPLY WITH THE POLICY AND UNDERSTAND THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAXEXEMPT PURPOSES.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATED DISCIPLINARY AND CORRECTIVE ACTION.

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

HUMAN RESOURCES PERFORMS MARKET RESEARCH BASED ON INDUSTRY AND SIZE WHEN DETERMINING COMPENSATION FOR OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION. THE BOARD REVIEWS AND APPROVES THE COMPENSATION AMOUNTS.

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

THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

| | |
|---|---|
| Name of the organization URBAN MONTESSORI | Employer identification number 27-4217597 |
|---|---|

DRAFT

TAXABLE YEAR
2020

California Exempt Organization Annual Information Return

028941 12-22-20
FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

| | | | |
|--|--|---|--------------------------|
| Corporation/Organization name URBAN MONTESSORI | | California corporation number 3333063 | |
| Additional information. See instructions. | | FEIN 27-4217597 | |
| Street address (suite or room) 5328 BRANN STREET | | PMB no. | |
| City OAKLAND | | State CA | ZIP code 94619 |
| Foreign country name | | Foreign province/state/county | |
| | | Foreign postal code | |

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

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

| | | | | |
|------------------------------|--|----|-----------|----|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 17,887 | 00 |
| | 2 Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 5,224,363 | 00 |
| | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B | 4 | 5,242,250 | 00 |
| | 5 Cost of goods sold | 5 | | 00 |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | | 00 |
| | 7 Total costs. Add line 5 and line 6 | 7 | | 00 |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 5,242,250 | 00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 4,111,664 | 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 1,130,586 | 00 |
| Filing Fee | 11 Total payments | 11 | | 00 |
| | 12 Use tax. See General Information K | 12 | | 00 |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | | 00 |
| | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | | 00 |
| | 15 Penalties and Interest. See General Information J | 15 | | 00 |
| | 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result | 16 | | 00 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---------------------------------|--|----------------------|-----------------------------------|
| Sign Here | Signature of officer HEAD OF SCHOOL | Date | • Telephone |
| Paid Preparer's Use Only | Preparer's signature MARLEN GOMEZ | Date 03/07/22 | • PTIN P01306775 |
| | Firm's name (or yours, if self-employed) and address CLIFTONLARSONALLEN LLP | | • Firm's FEIN 41-0746749 |
| | 2210 EAST ROUTE 66 | | • Telephone (626) 857-7300 |
| GLENDORA, CA 91740 | | | |

May the FTB discuss this return with the preparer shown above? See instructions Yes No

URBAN MONTESSORI

27-4217597

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 12-22-20

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|-----------|-----------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | | 00 | |
| | 2 | Interest | • | 2 | | 00 | |
| | 3 | Dividends | • | 3 | | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | • | 6 | | 00 | |
| | 7 | Other income | • | 7 | 17,887 | 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 17,887 | 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | | 00 | |
| | 10 | Disbursements to or for members | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees | • | 11 | 143,023 | 00 | |
| | 12 | Other salaries and wages | • | 12 | 2,392,098 | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | 83,319 | 00 |
| | | 15 | Rents | • | 15 | 221,381 | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 5,242 | 00 |
| | | 17 | Other expenses and disbursements | • | 17 | 1,266,601 | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 4,111,664 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|-----------|---------------------|-----------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 589,932 | • | 539,162 |
| 2 Net accounts receivable | | 836,703 | • | 1,314,331 |
| 3 Net notes receivable | | | • | |
| 4 Inventories | | | • | |
| 5 Federal and state government obligations | | | • | |
| 6 Investments in other bonds | | | • | |
| 7 Investments in stock | | | • | |
| 8 Mortgage loans | | | • | |
| 9 Other investments | | | • | |
| 10 a Depreciable assets | 20,850 | | 44,833 | |
| b Less accumulated depreciation | () | 20,850 | (5,242) | 39,591 |
| 11 Land | | | • | |
| 12 Other assets | STMT 5 | 21,102 | • | 48,429 |
| 13 Total assets | | 1,468,587 | | 1,941,513 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 447,695 | • | 429,893 |
| 15 Contributions, gifts, or grants payable | | | • | |
| 16 Bonds and notes payable | | | • | |
| 17 Mortgages payable | | | • | |
| 18 Other liabilities | STMT 6 | 729,014 | | 89,156 |
| 19 Capital stock or principal fund | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 Retained earnings or income fund | | 291,878 | • | 1,422,464 |
| 22 Total liabilities and net worth | | 1,468,587 | | 1,941,513 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|---|---|-----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | • | 1,130,586 |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year | • | |
| 5 | Expenses recorded on books this year not deducted in this return | • | |
| 6 | Total. Add line 1 through line 5 | | 1,130,586 |
| 7 | Income recorded on books this year not included in this return | • | |
| 8 | Deductions in this return not charged against book income this year | • | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | 1,130,586 |

URBAN MONTESSORI

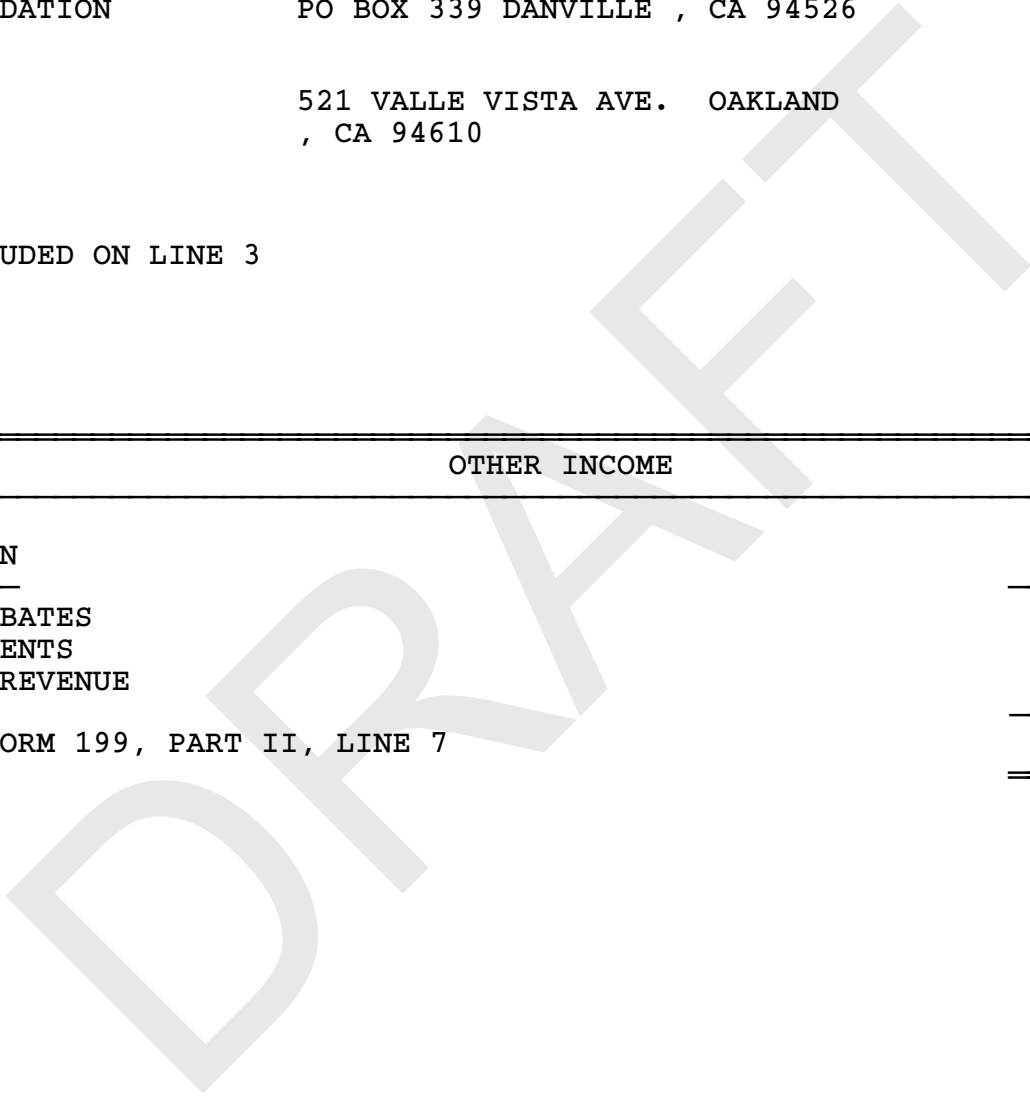
27-4217597

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

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--------------------------|---|--------------|----------|
| ROGERS FOUNDATION FUND | 10 CLAY STREET STE. 200 OAKLAND , CA 94610 | | 125,000. |
| QUEST FOUNDATION | PO BOX 339 DANVILLE , CA 94526 | | 25,000. |
| PAUL COX | 521 VALLE VISTA AVE. OAKLAND , CA 94610 | | 5,000. |
| TOTAL INCLUDED ON LINE 3 | | | 155,000. |

CA 199 OTHER INCOME STATEMENT 2

| DESCRIPTION | AMOUNT |
|------------------------------------|---------|
| REFUNDS/REBATES | 16,521. |
| REIMBURSEMENTS | 1,227. |
| ALL OTHER REVENUE | 139. |
| TOTAL TO FORM 199, PART II, LINE 7 | 17,887. |



URBAN MONTESSORI

27-4217597

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|----------------------|
| KRISHNA FEENEY 5328 BRANN STREET OAKLAND, CA 94619 | HEAD OF SCHOOL 40.00 | 143,023. |
| DAVIS LEUNG 5328 BRANN STREET OAKLAND, CA 94619 | CHAIR 3.00 | 0. |
| LOREN BENTLEY TAMMERO 5328 BRANN STREET OAKLAND, CA 94619 | FAC REP/ VICE CHAIR 3.00 | 0. |
| GREG KLEIN 5328 BRANN STREET OAKLAND, CA 94619 | SECRETARY 3.00 | 0. |
| STACEY WANG 5328 BRANN STREET OAKLAND, CA 94619 | TREASURE 3.00 | 0. |
| HAE-SIN THOMAS 5328 BRANN STREET OAKLAND, CA 94619 | MEMBER 3.00 | 0. |
| CHRISTINA GREENBERG 5328 BRANN STREET OAKLAND, CA 94619 | MEMBER 3.00 | 0. |
| JAN FARAGUNA 5328 BRANN STREET OAKLAND, CA 94619 | MEMBER 3.00 | 0. |
| OLIVIA COUCH 5328 BRANN STREET OAKLAND, CA 94619 | FAC REP/ MEMBER 3.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <hr/> 143,023. <hr/> |

URBAN MONTESSORI

27-4217597

CA 199

OTHER EXPENSES

STATEMENT 4

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-------------------------------------|---------------|
| INSTRUCTIONAL MATERIALS | 117,199. |
| MISCELLANEOUS EXPENSES | 31,574. |
| STUDENT FUNDRAISER EXPE | 11,004. |
| FOOD AND SUPPLIES | 2,354. |
| PENSION PLAN CONTRIBUTIONS | 273,175. |
| OTHER EMPLOYEE BENEFITS | 263,229. |
| MANAGEMENT FEES | 43,773. |
| LEGAL FEES | 10,096. |
| ACCOUNTING FEES | 136,313. |
| OTHER PROFESSIONAL FEES | 73,253. |
| ADVERTISING AND PROMOTION | 1,745. |
| OFFICE EXPENSES | 138,965. |
| INFORMATION TECHNOLOGY | 57,576. |
| CONFERENCES AND CONVENTIONS | 35,274. |
| INSURANCE | 64,168. |
| ALL OTHER EXPENSES | 6,903. |
| TOTAL TO FORM 199, PART II, LINE 17 | 1,266,601. |

CA 199

OTHER ASSETS

STATEMENT 5

| <u>DESCRIPTION</u> | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
|--|---------------------|--------------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | 21,102. | 48,429. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 21,102. | 48,429. |

CA 199

OTHER LIABILITIES

STATEMENT 6

| <u>DESCRIPTION</u> | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
|--|---------------------|--------------------|
| DEFERRED REVENUE | 0. | 89,156. |
| UNSECURED NOTES AND LOANS PAYABLE | 729,014. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 729,014. | 89,156. |

URBAN MONTESSORI

27-4217597

CA 199

FUND BALANCES

STATEMENT 7

DESCRIPTION

BEG. OF YEAR

END OF YEAR

NET ASSETS WITHOUT DONOR RESTRICTIONS

291,878.

1,422,464.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

291,878.

1,422,464.

DRAFT

022
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|---|---|
| Exempt Organization name URBAN MONTESSORI | Identifying number 27-4217597 |
|---|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 | <u>5,242,250</u> |
| 2 Total gross income (Form 199, line 8) | 2 | <u>5,242,250</u> |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | <u>4,111,664</u> |

Part II Settle Your Account Electronically for Taxable Year 2020

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

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

| | |
|------------------------|---|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer: _____ Date: _____ Title: **HEAD OF SCHOOL**

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|-------------------------|---|------|---|---|--|
| ERO Must Sign | ERO's signature MARLEN GOMEZ | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P01306775 |
| | Firm's name (or yours if self-employed) and address CLIFTONLARSONALLEN LLP 2210 EAST ROUTE 66 GLENORA, CA | | | | Firm's FEIN 41-0746749 ZIP code 91740 |

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

| | | | | |
|-----------------------------------|---|------|---|-------------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | Firm's name (or yours if self-employed) and address | | | Firm's FEIN ZIP code |

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020