

PINER-OLIVET UNION SCHOOL DISTRICT

REGULAR MEETING - GOVERNING BOARD

Wednesday, May 11, 2022

Meeting Opening 4:30 p.m. Closed Session 4:32 p.m.

Public Session 6:00 p.m. Adjournment 9:00 p.m.

This meeting will be held virtually via Zoom. The public may observe and address the meeting by going to:

Join Zoom Meeting

https://pousd-org.zoom.us/i/89303207043

Meeting ID: 893 0320 7043

One tap mobile

+12532158782,,89303207043# US (Tacoma) +13462487799,,89303207043# US (Houston)

AGENDA

A copy of the agenda, complete with backup materials, may be reviewed in the District Office, 3450 Coffey Lane, Santa Rosa, beginning the Monday prior to the Wednesday Board Meeting. Office hours are from 8:00 a.m. to 4:00 p.m. Monday through Friday or as otherwise posted. Agendas are posted at the District Office, and on our web site at www.pousd.org.

ADA Compliance: In compliance with Government Code § 54954.2(a), the Piner-Olivet Union School District, will, on request, make this agenda available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Acts of 1990 (42 U.S.C. § 12132), and the federal rules and regulations adopted in implementation thereof. Individuals who need this agenda in an alternative format or who need a disability-related modification or accommodation in order to participate in the meeting should contact Cathy Manno, Executive Secretary to the Superintendent, Piner-Olivet Union School District, 3450 Coffey Lane, Santa Rosa, CA 95403 (707) 522-3000 or email cmanno@pousd.org at least two days before the meeting date.

www.pousd.org

- 1. CALL TO ORDER
- 2. ROLL CALL
- 3. PUBLIC COMMENT ON CLOSED SESSION AGENDA
- 4. ADJOURNMENT TO CLOSED SESSION
- 5. CLOSED SESSION

Adjournment to Closed Session during this meeting to consider and/or take action upon any of the following items:

5.1 With respect to every item of business to be discussed in closed session pursuant to

Gov. Code Section 54957:

5.1.1 PUBLIC EMPLOYMENT DISCIPLINE/DISMISSAL/RELEASE

(No additional information required)

5.1.2 PUBLIC EMPLOYMENT EMPLOYMENT/APPOINTMENT

Title: Teacher, Principal

5.1.3 PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Superintendent

5.2 With respect to every item of business to be discussed in closed session pursuant to Gov. Code Section 54959.6:

5.2.1 CONFERENCE WITH LABOR NEGOTIATOR

Name of Agency Negotiator: Dr. Steve Charbonneau

Name of organization representing employees: Piner-Olivet Educators' Association, CTA Affiliate

5.2.2 CONFERENCE WITH LABOR NEGOTIATOR

Name of Agency Negotiator: Dr. Steve Charbonneau

Name of organization representing employees: Piner-Olivet Classified Association, CSEA Affiliate.

5.2.3 CONFERENCE WITH LABOR NEGOTIATOR

Name of Agency Negotiator: Dr. Steve Charbonneau

Name of organization representing employees: Confidential, Supervisory, Administrative Staff

- 6. RECONVENE TO PUBLIC MEETING
- 7. REPORT OF CLOSED SESSION ACTION, IF ANY
- 8. FLAG SALUTE (Suspended during virtual meetings)
- 9. AGENDA MODIFICATION

10.COMMUNICATIONS, PETITIONS AND DELEGATIONS

Any person wishing to be heard by the Board shall first be recognized by the president. Members of the public may have up to three minutes per speaker and up to 15 minutes per item, when more than one individual is addressing the same topic. The Board will not comment on items unless they are agendized, however the board reserves the right to clarify or correct any misinformation stated. Each individual speaker may only address the board one (1) time per un-agendized or agendized item. The Board may remove disruptive individuals and/or order the room cleared for persistent disruption or statements that threaten the safety of any person(s) at the meeting. When the room is ordered cleared due to a disturbance, further Board proceedings shall concern only matters appearing on the agenda. Anyone desiring an item to be placed on the prepared agenda shall notify the Secretary ten (10) working days prior to the meeting.

11. COMMENTS FROM THE GOVERNING BOARD

12. RECOGNITION OF EXCELLENCE

Holly Miller - Retirement - Presented by Dr. Anna Moore
Deborah Berry - Retirement - Presented by Heather Graham
Lynn Matteoli - Presented by Heather Graham
Donna LeCave - Retirement - Presented by Olga Venegas
Lynn Garlock- Retirement - Presented by Kathy Harris
Will Hart - Retirement - Presented by Kathy Harris
Kathy Harris - Retirement - Presented by Tracy Henry

13. SUPERINTENDENT'S REPORT

13.1 Announcements

14. ASSOCIATION REPORTS

14.1 POEA

14.2 POCA

15. BOARD POLICIES

None

16. DISCUSSION/INFORMATION ITEMS

16.1 Enrollment Study - Presented by Rob Murray, Kings Consulting (Attachment 1) (Pgs. 4-30)

16.2 Celebration of Student Academic Growth 2021-22 - Presented by Dr. Tina Rasori

17. ACTION ITEMS

17.1 Approval of Authorization as a School-Connected Organization for Olivet Families

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Olivet Families Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (*Action 1*) (*Pgs.31-72*)

17.2 Approval of Authorization as a School-Connected Organization for Schaefer Families

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Schaefer Families Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (*Action 2*) (*Pgs. 73-113*)

17.3 Approval of Authorization as a School-Connected Organization for Jack London Families

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Jack London Families Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (Action 3) (Pgs. 114-138)

17.4 Approval of Authorization as a School-Connected Organization for Piner-Olivet Charter Parent Club

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Piner-Olivet Charter Parent Club Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (*Action 4*) (*Pgs. 139-168*)

17.5 Approval of Authorization as a School-Connected Organization for Northwest Prep Parent-Teacher-Student Organization (PTSO)

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Northwest Prep Parent-Teacher-Student Organization (PTSO) Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (Action 5) (Pgs. 169-210)

17.6 Approval of Authorization as a School-Connected Organization for Piner-Olivet Educational Foundation

The Board of Trustees will review, discuss, and consider approval of the 2022-2023 Piner-Olivet Educational Foundation Application as a School-Connected Organization. A representative from the organization will be present to answer any questions. (*Action 6*) (*Pgs. 211-241*)

17.7 Approval of the Extended Learning Opportunities Program Plans for Jack London Elementary School, Olivet Elementary Charter School, and Schaefer Charter School.

The Board of Trustees will review, discuss, and consider approval of the Extended Learning Opportunities Program Plans for Jack London Elementary School, Olivet Elementary Charter School, and Schaefer Charter School (Action 7) (Pgs. 242-253)

18. CONSENT ITEMS

All matters listed under "consent items" are considered by the Board to be routine and will be enacted upon in one motion. The public has a right to comment on any consent item. At the request of any member of the Board, during "agenda modifications" any item on the consent agenda shall be removed and given individual consideration for action as a regular agenda item. Members of the public may request the Board to place a "consent item" on the regular agenda during "agenda modifications."

- 18.1 Approval of Minutes of Regular Board Meeting of April 13, 2022 (Consent 1) (Pgs. 254-257)
- 18.2 Approval of Personnel Action Report (Consent 2) (Pg. 258)
- 18.3 Approval of Vendor Warrants (Consent 3) (Pgs. 259-267)
- 18.4 Approval of Routine Budget Updates (Consent 4) (Pgs. 268-290)
- 18.5 Approval of Bond Change Order Site Olivet Elementary Charter School, (Proposal # 1-7-23096), POUSD Various Sites Marquee Signs (Proposal # 1-7-23012) Site NWP Charter (Proposal # 1-7-23022) (Consent 5) (Pgs. 291-309)
- 18.6 Approval of Developer Fee (Consent 6) (Pgs. 310-318)
- 18.7 Approval of Swimming Field Trip for Piner-Olivet Charter School 7th & 8th Grades Field Trip to Wikiup Tennis & Swim Club on May 16, 20122. (Consent 7) (Pgs. 319-320)
- 18.8 Approval of SMAA Interagency Agreement 2022 (Consent 8) (Pgs. 321-381)
- 18.9 Approval of Confidential Salary Schedule (Consent 9) (Pg. 382)
- 18.10 Approval of Swimming Field Trip for Piner-Olivet Charter School 7th & 8th Grades Field Trip to Wikiup Tennis & Swim Club on September 9, 2022 (Consent 10) (Pgs. 383-384)
- 18.11 Approval of Contract Agreement between SRCS and POUSD for Vended Meal Services from June 3, 2022 through August 10, 2022 (Consent 9) (Pgs. 385-389)

19. ROUND TABLE COMMENTS FROM THE GOVERNING BOARD

- 20. DATES AND FUTURE AGENDA ITEMS
- 20.1 Next Regular Board Meeting June 8, 2022
- 20.2 Next Special Board Meeting June 22, 2022
- 21. PUBLIC COMMENT ON CLOSED SESSION AGENDA
- 22. RECESS TO CLOSED SESSION (If Necessary)
- 23. RECONVENE TO PUBLIC MEETING
- 24. REPORT OF CLOSED SESSION ACTION NOT ON THE ACTION AGENDA
- 25. ADJOURNMENT



Demographic Analysis & Enrollment Projections

May 11, 2022

Presented by King Consulting

Agenda

- Purpose of the Study
- Demographic Analysis and Enrollment Projections
 - District and Community Demographics
 - Student Generation Rates and Residential Development
 - Enrollment Projections
- Next Steps

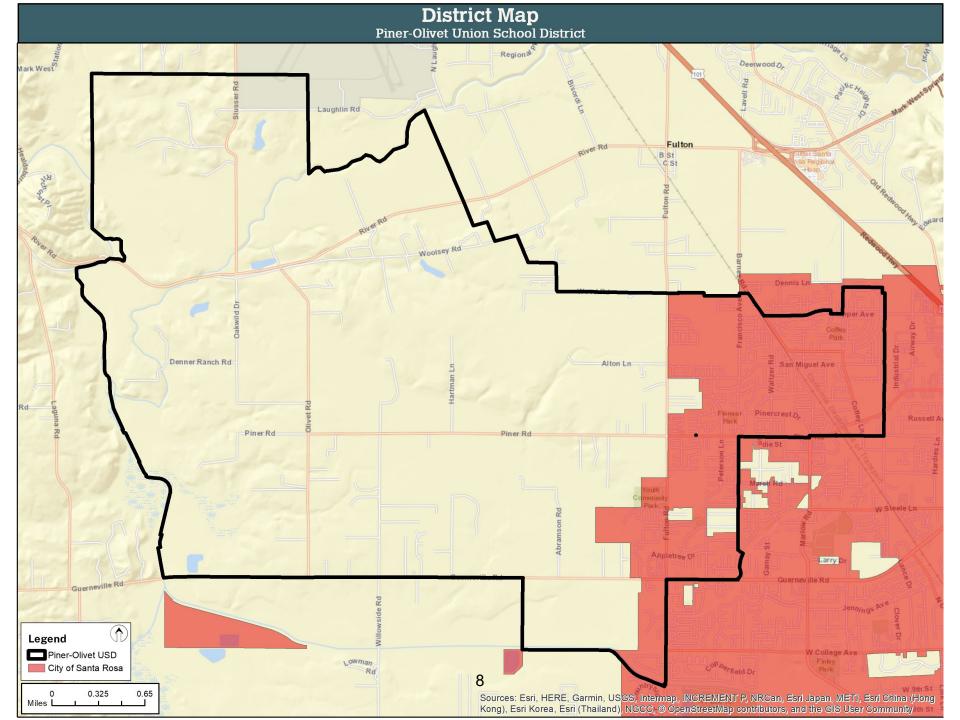
Demographic Analysis and Enrollment Projections Summary



Piner-Olivet USD Overview



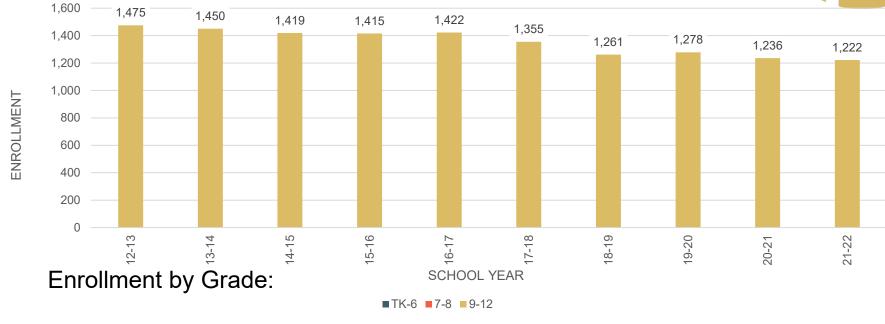
- District enrollment peaked in 2008-09 and has decreased almost every year since.
- Local and regional demographics continue to indicate fewer school age children available to enroll.
- The upcoming expansion of Transitional Kindergarten will help to offset what would otherwise be a more pronounced enrollment decrease.
- The District can **evaluate enrollment trends** to find opportunities to attract and/or retain additional students beyond current projections.

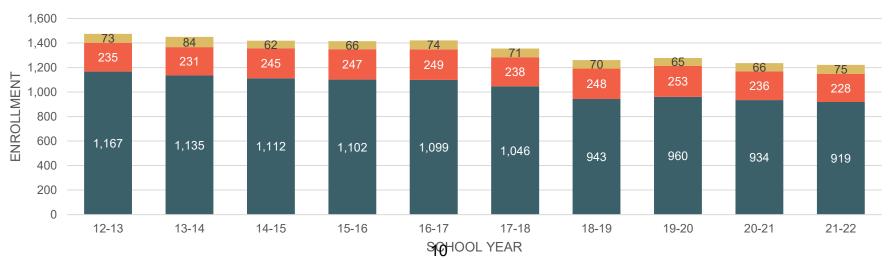


District and Community Demographics



Historical Enrollment Trends

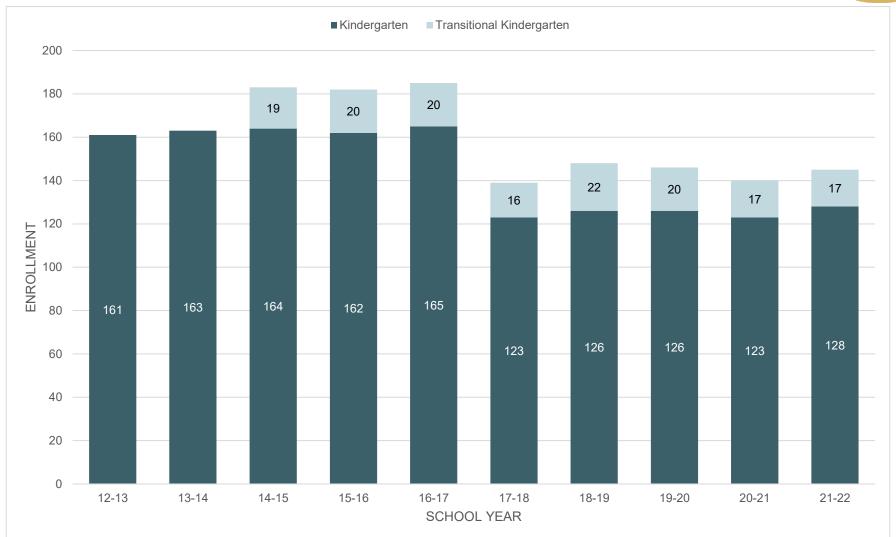




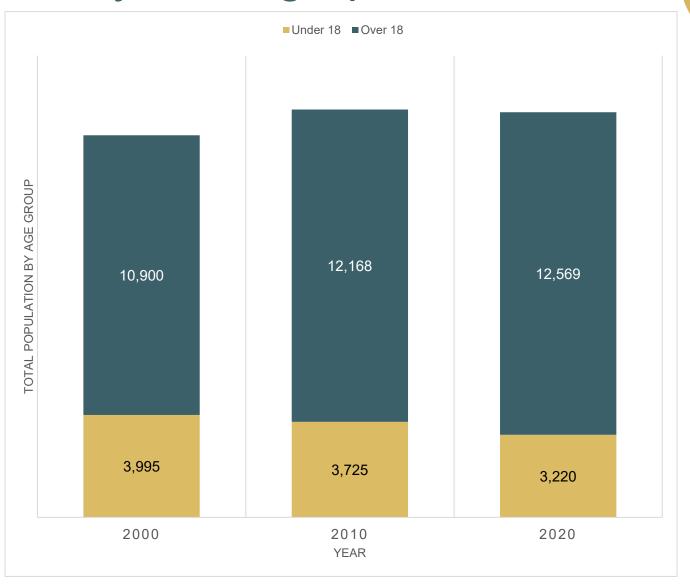
Kindergarten and TK Trends



8



Community Demographics



Student Generation Rates and Residential Development



Student Generation Rates, New Construction



- Student generation rates calculate the impact of residential development.
- Recent construction is surveyed to see how many POUSD students were generated.

| Grade | Single-Family Detached SGR |
|------------|----------------------------|
| TK-6 | 0.110 |
| 7-8 | 0.011 |
| Total TK-8 | 0.121 |

Residential Development

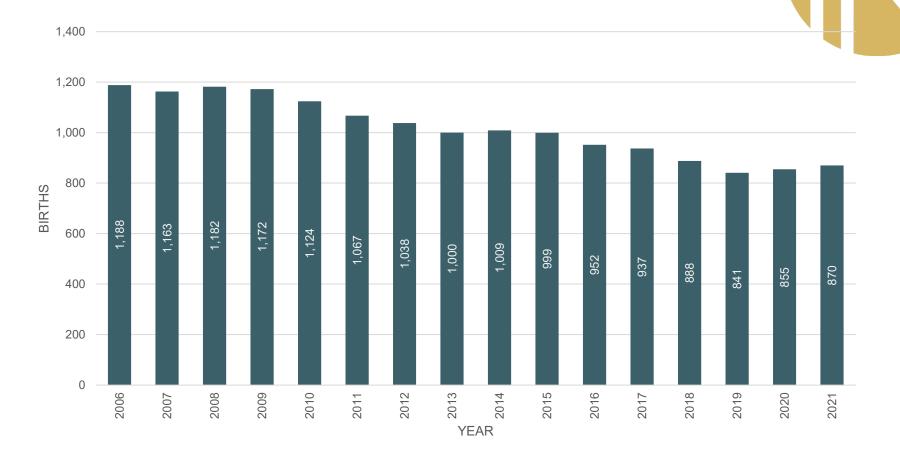


| Name | Туре | Units Remaining |
|---------------------------|------------------------|-----------------|
| Aria Place/Wildflower Sub | Single-Family Detached | 30 |
| Courtney Estates | Single-Family Detached | 50 |
| Courtney Estates | Multi-Family | 10 |
| North Village II | Multi-Family | 120 |
| Total | | 210 |

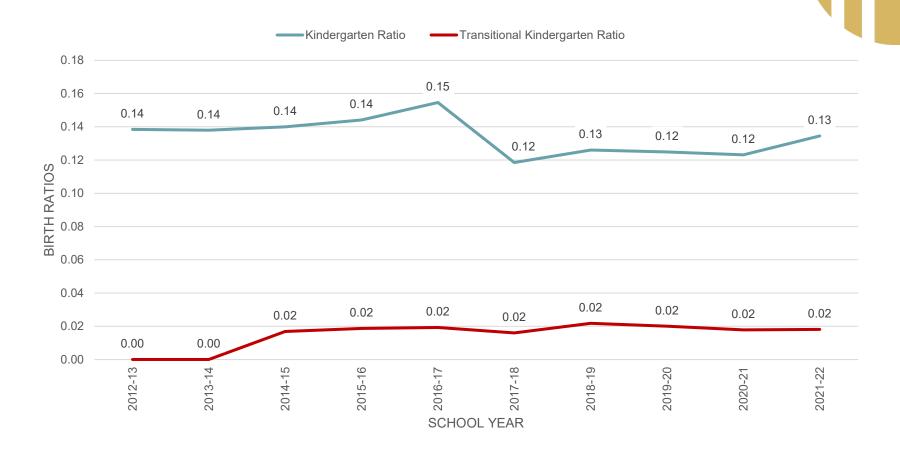
Enrollment Projections



Local Births



Ratio of Births to Kindergarten/TK



However, the TK program is about to ghange significantly.

Full Year Transitional Kindergarten



| Ph | ase | 1 | | | | | | | | | |
|----|-----|---|---|---|---|---|---|---|---|---|---|
| S | 0 | Ν | D | J | F | M | Α | M | J | J | Α |
| | • | • | • | • | | | | | | | |
| P | M | M | T | Ť | | | | | | | |
| | | | | | | | | | | | |

2022-23

September 2 - February 2
Birthdays

Phase 2
SONDJFMAMJJA

2023-24

September 2 - April 2
Birthdays

September 2 - June 2
Birthdays

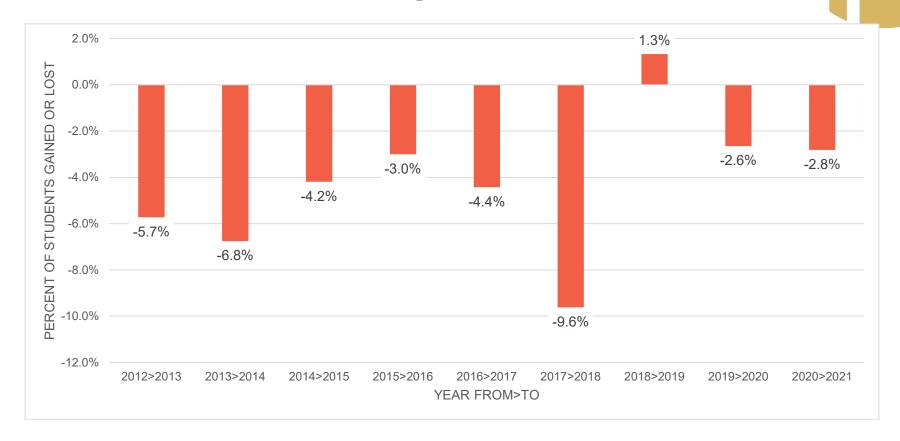
All Months
Birthdays

There are various options for the District to consider with where and how it will serve these students. This initial projection assumes all TK students will continue to be housed at Olivet Charter.

Details on expansion of TK

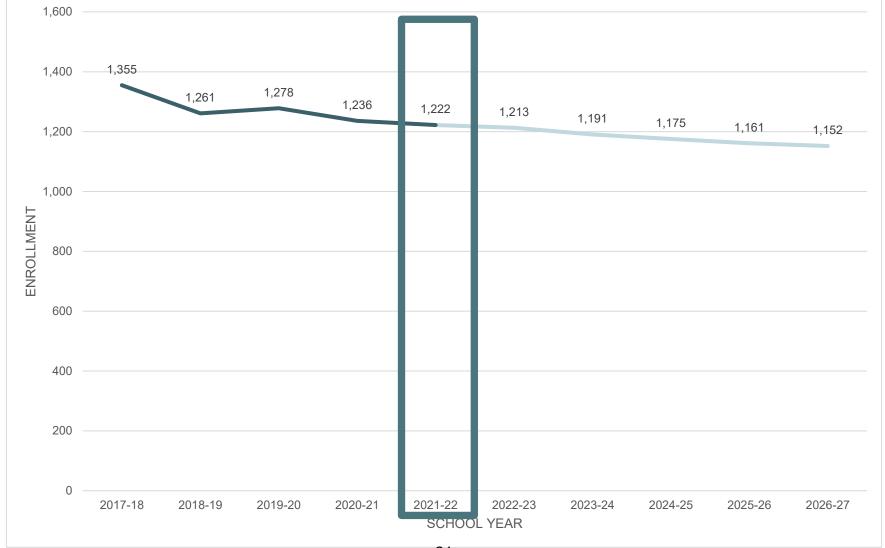
- Effective new grade level to serve all 4 year-old students in California
- Beginning in 2022-23
- District will be required to serve TK students, but students are not required to enroll
- Districts can enroll younger students than the requirement in 2022-23 through 2024-25 (but these students do not generate ADA)

Grade-to-Grade Migration



POUSD has a consistently high rate of negative migration from 5th to 6th grade.

17



21

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|------------|-------|-------|-------|-------|-------|
| TK | 20 | 17 | 17 | 29 | 38 | 50 | 68 | 69 |
| K | 126 | 123 | 128 | 119 | 113 | 107 | 109 | 111 |
| 1 | 129 | 123 | 131 | 132 | 123 | 116 | 110 | 112 |
| 2 | 125 | 128 | 124 | 132 | 133 | 123 | 117 | 111 |
| 3 | 153 | 126 | 124 | 123 | 131 | 131 | 122 | 116 |
| 4 | 154 | 148 | 117 | 119 | 118 | 125 | 126 | 117 |
| 5 | 150 | 146 | 149 | 116 | 118 | 117 | 124 | 125 |
| 6 | 103 | 123 | 129 | 128 | 100 | 102 | 101 | 107 |
| 7 | 118 | 114 | 120 | 119 | 119 | 103 | 105 | 104 |
| 8 | 135 | 122 | 108 | 119 | 118 | 118 | 102 | 104 |
| 9 | 18 | 16 | 26 | 20 | 20 | 20 | 20 | 18 |
| 10 | 16 | 17 | 16 | 26 | 19 | 20 | 20 | 20 |
| 11 | 16 | 18 | 17 | 16 | 26 | 20 | 20 | 20 |
| 12 | 15 | 15 | 16 | 15 | 15 | 23 | 17 | 18 |
| | | | | | | | | |
| TK-6 | 960 | 934 | 919 | 898 | 874 | 871 | 877 | 868 |
| 7-8 | 253 | 236 | 228 | 238 | 237 | 221 | 207 | 208 |
| 9-12 | 65 | 66 | <i>7</i> 5 | 77 | 80 | 83 | 77 | 76 |
| Total | 1,278 | 1,236 | 1,222 | 1,213 | 1,191 | 1,175 | 1,161 | 1,152 |

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|------------|-------|-------|-------|-------|-------|
| TK | 20 | 17 | 17 | 29 | 38 | 50 | 68 | 69 |
| K | 126 | 123 | 128 | 119 | 113 | 107 | 109 | 111 |
| 1 | 129 | 123 | 131 | 132 | 123 | 116 | 110 | 112 |
| 2 | 125 | 128 | 124 | 132 | 133 | 123 | 117 | 111 |
| 3 | 153 | 126 | 124 | 123 | 131 | 131 | 122 | 116 |
| 4 | 154 | 148 | 117 | 119 | 118 | 125 | 126 | 117 |
| 5 | 150 | 146 | 149 | 116 | 118 | 117 | 124 | 125 |
| 6 | 103 | 123 | 129 | 128 | 100 | 102 | 101 | 107 |
| 7 | 118 | 114 | 120 | 119 | 119 | 103 | 105 | 104 |
| 8 | 135 | 122 | 108 | 119 | 118 | 118 | 102 | 104 |
| 9 | 18 | 16 | 26 | 20 | 20 | 20 | 20 | 18 |
| 10 | 16 | 17 | 16 | 26 | 19 | 20 | 20 | 20 |
| 11 | 16 | 18 | 17 | 17 | 26 | 20 | 20 | 20 |
| 12 | 15 | 15 | 16 | 15 | 15 | 23 | 17 | 18 |
| | | | | | | | | |
| TK-6 | 960 | 934 | 919 | 898 | 874 | 871 | 877 | 868 |
| 7-8 | 253 | 236 | 228 | 238 | 237 | 221 | 207 | 208 |
| 9-12 | 65 | 66 | <i>7</i> 5 | 78 | 80 | 83 | 77 | 76 |
| Total | 1,278 | 1,236 | 1,222 | 1,214 | 1,191 | 1,175 | 1,161 | 1,152 |

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|------------|-----------|-------|-------|-------|-------|
| TK | 20 | 17 | 17 | 29 | 38 | 50 | 68 | 69 |
| K | 126 | 123 | 128 | 119 | 113 | 107 | 109 | 111 |
| 1 | 129 | 123 | 131 | 132 | 123 | 116 | 110 | 112 |
| 2 | 125 | 128 | 124 | 132 | 133 | 123 | 117 | 111 |
| 3 | 153 | 126 | 124 | 123 | 131 | 131 | 122 | 116 |
| 4 | 154 | 148 | 117 | 119 | 118 | 125 | 126 | 117 |
| 5 | 150 | 146 | 149 | 116 | 118 | 117 | 124 | 125 |
| 6 | 103 | 123 | 129 | 128 | 100 | 102 | 101 | 107 |
| 7 | 118 | 114 | 120 | 119 | 119 | 103 | 105 | 104 |
| 8 | 135 | 122 | 108 | 119 | 118 | 118 | 102 | 104 |
| 9 | 18 | 16 | 26 | 20 | 20 | 20 | 20 | 18 |
| 10 | 16 | 17 | 16 | 26 | 19 | 20 | 20 | 20 |
| 11 | 16 | 18 | 17 | 17 | 26 | 20 | 20 | 20 |
| 12 | 15 | 15 | 16 | 15 | 15 | 23 | 17 | 18 |
| | | | | | | | | |
| TK-6 | 960 | 934 | 919 | 898 | 874 | 871 | 877 | 868 |
| 7-8 | 253 | 236 | 228 | 238 | 237 | 221 | 207 | 208 |
| 9-12 | 65 | 66 | <i>7</i> 5 | <i>78</i> | 80 | 83 | 77 | 76 |
| Total | 1,278 | 1,236 | 1,222 | 1,214 | 1,191 | 1,175 | 1,161 | 1,152 |

School Enrollment Projections

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| K | 33 | 34 | 31 | 32 | 30 | 29 | 29 | 30 |
| 1 | 35 | 33 | 38 | 34 | 34 | 32 | 30 | 31 |
| 2 | 35 | 36 | 34 | 39 | 35 | 35 | 33 | 31 |
| 3 | 46 | 35 | 35 | 34 | 39 | 34 | 34 | 32 |
| 4 | 44 | 46 | 30 | 34 | 33 | 37 | 32 | 33 |
| 5 | 49 | 42 | 50 | 33 | 38 | 36 | 40 | 35 |
| 6 | 33 | 37 | 42 | 49 | 31 | 36 | 34 | 38 |
| Total | 275 | 263 | 260 | 255 | 240 | 239 | 232 | 230 |

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|-------|---------------|-------|-------|-------|-------|
| TK | 20 | 17 | 17 | 29 | 38 | 50 | 68 | 69 |
| K | 48 | 42 | 43 | 40 | 37 | 36 | 35 | 37 |
| 1 | 46 | 46 | 48 | 47 | 42 | 39 | 38 | 37 |
| 2 | 45 | 45 | 39 | 47 | 47 | 41 | 38 | 37 |
| 3 | 50 | 45 | 44 | 40 | 47 | 47 | 41 | 38 |
| 4 | 48 | 43 | 35 | 41 | 37 | 43 | 43 | 38 |
| 5 | 43 | 45 | 39 | 35 | 39 | 34 | 40 | 40 |
| 6 | 37 | 33 | 30 | 30 | 25 | 29 | 24 | 29 |
| Total | 337 | 316 | 295 | 309 25 | 312 | 319 | 327 | 325 |

School Enrollment Projections

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| K | 45 | 47 | 47 | 44 | 42 | 39 | 41 | 40 |
| 1 | 48 | 44 | 45 | 47 | 43 | 41 | 38 | 40 |
| 2 | 45 | 47 | 45 | 44 | 47 | 43 | 42 | 38 |
| 3 | 57 | 46 | 37 | 45 | 44 | 47 | 42 | 41 |
| 4 | 62 | 59 | 46 | 39 | 45 | 45 | 48 | 42 |
| 5 | 58 | 59 | 52 | 46 | 37 | 44 | 43 | 46 |
| 6 | 33 | 53 | 54 | 48 | 41 | 33 | 39 | 39 |
| Total | 348 | 355 | 326 | 313 | 299 | 292 | 293 | 286 |

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 7 | 100 | 100 | 107 | 105 | 105 | 92 | 93 | 93 |
| 8 | 109 | 101 | 91 | 103 | 101 | 101 | 89 | 90 |
| Total | 209 | 201 | 198 | 208 | 206 | 193 | 182 | 183 |

School Enrollment Projections

| Grade | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 | 24-25 | 25-26 | 26-27 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| K | | | 7 | 4 | 4 | 4 | 4 | 4 |
| 1 | | | 0 | 4 | 4 | 4 | 4 | 4 |
| 2 | | | 6 | 1 | 4 | 4 | 4 | 4 |
| 3 | | | 8 | 3 | 1 | 4 | 4 | 4 |
| 4 | | | 6 | 4 | 3 | 1 | 4 | 4 |
| 5 | | | 8 | 3 | 4 | 3 | 1 | 4 |
| 6 | | | 3 | 2 | 3 | 4 | 3 | 1 |
| 7 | 18 | 14 | 13 | 14 | 14 | 11 | 11 | 11 |
| 8 | 26 | 21 | 17 | 15 | 16 | 16 | 13 | 13 |
| 9 | 18 | 16 | 26 | 20 | 20 | 20 | 20 | 18 |
| 10 | 16 | 17 | 16 | 26 | 19 | 20 | 20 | 20 |
| 11 | 16 | 18 | 17 | 16 | 26 | 20 | 20 | 20 |
| 12 | 15 | 15 | 16 | 15 | 15 | 23 | 17 | 18 |
| Total | 109 | 101 | 143 | 127 | 133 | 134 | 125 | 125 |

Next Steps



Next Steps



Thank You



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Agenda Item Summary

Action Item: **17.1** Approval of Authorization as a School-Connected Organization for Olivet Families

Regular Meeting of: May 11, 2022 Item: Action Report Format:Oral
Attachment: Correspondence Board Policy

Presented by: Dr. Charbonneau, Superintendent

Background

This is an annual report required by BP and AR 1230.

Issue(s)

Plan/Discussion/Detail

Olivet Families will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

Fiscal Impact

Options

Recommendation

Approve.

2022-2023 OLIVET FAMILIES REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

SCHOOL-CONNECTED ORGANIZATION CHECK OFF LIST

Requests for authorization as a school-connected organization shall contain: (Please complete this form and check off each item before turning into the Superintendent. Thank you!) 1. Desired use for any money remaining at the end of the year if the organization is not continued for authorized to continue in the future (Attachment #1) 2. The name of the organization: Olivet Families PTO 3. The date of the application: May 2, 2022 4. Copy of the By-laws (to include #9). (Attachment #2) 1 5. Membership quotas or qualifications. Described: Membership is open to all interested persons within the Olivet School Community. There is no membership quota. 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3) 7. A brief description of the organization's purpose. Olivet Families promotes the wellbeing of children in home, school & community. It exists to promote & facilitate parent, student & teacher interaction for the benefit of Olivet Students. № 8. A list of specific annual objectives and planned activities. (Attachment #4) 9. The name of the bank where the groups' account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5) 10. THe site where the organization will be based, school site or district office. Olivet Elementary Charter School 1825 Willowside Rd. Santa Rosa, CA 95401 11. Evidence of liability insurance as required by law. (Attachment #6) 12. Evidence of having properly filed appropriate IRS forms. (Attachment #7) 13. Annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocations, and the fund balance at year-end. (Attachment #8) 14. The signature of the sie administrator who supports the request for authorization (See signature line below) Site Administrator Signature UM/www. Date 5.02. 2022

ATTACHMENT #1

Olivet Elementary Charter School

Olivet Families PTO

Request for Authorization - AR 1230 (a)

2022/2023

Desired use of any money remaining at the end of the school year if the organization is not continued or authorized to continue in the future.

After paying or adequately providing for debts and obligation of the organization, the remaining monies should be spent on a major purchase for the school as a whole, or transferred to Piner-Olivet Educational Foundation.

ATTACHMENT #2

OLIVET FAMILIES BY-LAWS

Article I: Meetings

- Section 1. Olivet Families meetings shall be set by the officers at their first meeting of the fiscal year.
- Section 2. Olivet Families meeting quorum shall consist of not less than seven members, including three officers.
- Section 3. Special meetings may be called by the Olivet Families President or by two (2) other officers. Notification must be posted twenty-four (24) hours prior to the meeting at the school site.

Article II: Officers, Their Duties and Election

- Section 1. The duties of the President shall be to preside over and preserve order at all meetings and enforce the Constitution and By-Laws
- Section 2. The duties of the Vice President shall be to assist the President and to preside in the President's absence.
- Section 3. The duties of the Secretary shall be to keep the minutes and to maintain correspondence.
- Section 4. The duties of the Treasurer shall be to:
 - a. Keep permanent books of accounts, records and receipts of Olivet Families transactions.
 - b. Maintain copies of treasury reports and copies of reconciled bank statement.
 - c. Present a Treasurer's report at every meeting.
 - d. Be responsible for filing the nonprofit State and Federal tax returns, as necessary.
- Section 5. Olivet Families Officers for the ensuing year shall be elected by ballot or voice vote at the last meeting of the fiscal year.
- Section 6. The offices of President and Treasurer will be held for a term of two years, with an option of serving an additional term as voted by a two-thirds (2/3) majority vote.
- Section 7. The Olivet Families officers' term shall coincide with the fiscal year of Olivet Families.
- Section 8. The duties of the Officers shall be:
 - a. To transact necessary business in the intervals between meetings and other business as may be referred to Olivet Families,
 - b. To create special committees,
 - c. To present a report at Olivet Families meetings,
 - d. To select a committee to review the Treasurer's accounts,
 - e. To approve bills within the limits of the budget.
- Section 9. Officers can be removed from their office by a two-thirds (2/3) majority vote, including two (2) officers, if they fail to fulfill their duties as stated in the By-Laws and the Constitution of Olivet Families.

Article III: Business & Finance

- Section 1. Olivet Families shall maintain a bank account at a financial institution with the President and Treasurer as signatories, with two signatures required on all checks written.
- Section 2. Olivet Families may deposit funds from their own hosted activities and spend their net proceeds to benefit their own school and/or students.

Section 3. Minutes of each Olivet Families meeting shall record items of official business, i.e. allocations, budget items, and elections.

Article IV: Amendments

Section 1. The By-Laws may be amended by a two-thirds (2/3) majority of votes cast at any Olivet Families meeting providing notice has been given at the previous Olivet Families meeting, OR thirty (30) days written notice has been given to the membership.

Article V: Fiscal Year and Tax ID Number

- Section 1. The fiscal year for Olivet Families shall begin on July 1 and end on June 30.
- Section 2. The Internal Revenue Service Employer Identification Number for Olivet Families is 68-0424350.
- Section 3. The name of Olivet Families and/or its tax identification number shall only be used and/or cited in the conduct of official business and activities of Olivet Families or its committees.

Article VI: Parliamentary – Authority

Section 1. Any procedural item not covered in the Constitution or By-Laws is to be done in accordance with <u>Robert's Rules of Order.</u>

Olivet Families Officers

2022/2023 School Year

President

Shall preside over & preserve order at all meetings and enforce Constitution & By-laws.

Jessica Crain 1651 Clover Dr Santa Rosa, CA 95401 707-477-7448

Vice President

Shall assist the president and preside in the president's absence.

Katie Nagle-Kopriva 2428 Redpine Ct. Santa Rosa, CA 95403 707-328-0209

Treasurer

Shall keep permanent books of accounts, records and receipts of Olivet Families transactions. Maintain copies of the Treasurer's report at every meeting, be responsible for gilling non profit State & Federal tax returns.

Marjorie Peterson 2166 Rachel Dr Santa Rosa, CA 95401 707-548-0099

Secretary

Shall keep the meeting minutes and maintain correspondence.

Karla Torres 7493 Maximilian PI Rohnert Park, CA 94928 707-583-5039



Olivet Families Planned Events & Activities 2022 - 2023

- Kindergarten welcome
- Back to School BBQ
- Fall Book Fair
- Fall Fundraiser
- Fall Clean Up
- Harvest Fair Event
- Holiday Shop
- Winter Wonderland Treats
- Oral Reading Event Books & Treats
- Spring Clean Up
- Spring Dinner & Auction Fundraiser
- Movie Night Fall & Spring
- Outdoor Adventure Day
- Spring Book Fair
- End of Year BBQ
- Popsicle Days
- Teacher Appreciation
- Yearbook

Olivet Families Banking Information

2022/2023 School Year

Account

Summit State Bank Account Ending *******4703

Authorized Signors

Dr. Anna Moore, Principal Jessica Crain, President Marjorie Peterson, Treasurer

CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

| Education S | OLDER NAME AND ADDRESS Support Purchasing Group | : | |
|---------------|---|---|--------------------|
| P.O. Box 74 | ation Insurance Management 42946 | | |
| | 75374-2946 | | |
| | ATE HOLDER (NAMED INSUR | ED) NAME AND ADDRESS: | |
| Olivet Fam | | | |
| 1825 Willov | | | |
| | a, CA 95401 | Insure | ed #: CA164243 |
| The Certific | cate Holder is: | | u n. |
| ☐ Individu | Д тапитететтр Д | Limited Liability Company Organiza | ation/Corporation |
| | Non-Profit | | |
| Location of I | Business: 1825 Willowside Rd. Santa Rosa, CA 95401 | Business Description: Parent Tea | acher Organization |
| ITEM 1 | COVERAGE PERIOD: | Effective: 3/29/2022 To: | 3/29/2023 |
| | | At 12:01 A.M. Standard Time at the r shown above. | 3/29/2023 |
| | | CERTIFICATE NUMBER: DO2022 | 2PTA05433 |
| | | PRIOR CERTIFICATE NUMBER: | DO2021PTA05299 |
| ITEM 2 | INSURER: | | |
| | Gotham Insurance Compan Master Policy Number: DO | | |
| ITEM 3 | PRODUCER NAME AND A | | |
| | AIM Association Insurance P.O. Box 742946 Dallas, TX 75374-2946 | | |
| ITEM 4 | Surplus Lines License #161 SCHEDULE OF CHARGES | | |
| II FIAI A | | | A |
| | Directors And Officers Liabil | ity Premium | \$ 34.00 |
| | Policy Fees Surplus Lines Tax | | \$ 37.53 |
| | | | \$ 3.47 |
| | Stamping Fee Grand Total | | \$ 75.00 |
| | Granu Total | | \$ 75.00 |
| ITEM 5 | SCHEDULE OF COVERA | AGE AND LIMITS OF INSURANCE*: | |
| | | RS LIABILITY (D&O) INSURANCE | |
| | Directors And Officers (D&O |)) Aggregate Limit | \$1,000,000 |
| | Directors And Officers (D&O Directors And Officers (D&O |)) Retention)) Prior or Pending Litigation Date | \$0 None |
| | Directors / Tild Citions (Dac |) Thore or Ferraing Enganori Date | INOTIC |

| ITEM 6 | SCHEDU | LE OF (| COVERAGE AND LIMITS OF INSURANCE*: |
|--------|-----------------|----------|--|
| | EMPLOY | MENT-F | RELATED PRACTICES LIABILITY (EPL) INSURANCE |
| | Employme | ent-Rela | nted Practices Liability (EPL) Aggregate Limit Not Covered |
| | Employme | ent-Rela | ted Practices Liability (EPL) Deductible Not Covered |
| | Employme | ent-Rela | ted Practices Liability (EPL) Retroactive Date Not Covered |
| TEM 7 | MASTER | POLICY | FORMS & ENDORSEMENT SCHEDULE |
| | Form # | | Description |
| | MLDO DS 00 | 03 21 | PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY DECLARATIONS |
| | IL 00 01 | 05 19 | SIGNATURE PAGE |
| | IL 00 12 | 07 11 | SCHEDULE OF FORMS AND ENDORSEMENTS |
| | IL PS 0019 | 10 12 | SERVICE OF SUITS - GOTHAM INSURANCE COMPANY |
| | PN 04 99 TX GOT | 11 19 | IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS |
| | PN 04 99 | 06 20 | NOTICE TO POLICYHOLDER - TEXAS |
| | IL P 001 | 01 04 | U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) |
| | | | ADVISORY NOTICE TO POLICYHOLDERS |
| | ML 00 01 | 0119 | LIABILITY COVERAGE PARTS COMMON POLICY TERMS AND CONDITIONS |
| | ML 00 02 | 0119 | PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM. |
| | MLDO 0001 | 03 21 | DIRECTORS AND OFFICERS AMENDATORY ENDORSEMENT |
| | IL 30 68 | 03 21 | MINIMUM EARNED PREMIUM |
| | ML 10 10 | 01 19 | CONDITIONS AMENDED – TERRITORY (U.S., U.S. TERRITORIES AND |
| | | | POSSESSIONS, PUERTO RICO AND CANADA) |
| | ML 10 11 | 01 19 | NUCLEAR ENERGY LIABILITY EXCLUSION |
| | MLDO 0002 | 03 21 | FUNGI OR BACTERIA EXCLUSION |
| | MLDO 0003 | 03 21 | FAILURE TO MAINTAIN INSURANCE EXCLUSION |
| | ML 20 06 | 01 19 | DEFINITION OF DAMAGES AMENDED – PUNITIVE DAMAGES EXCLUDED (D&O) |
| | ML 10 19 | 01 19 | PRIOR WRONGFUL ACTS EXCLUSION |
| | IL 09 85 | 01 15 | DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT |
| | ML 10 23 | 01 19 | CAP ON LOSSSES FROM CERTIFIED ACTS OF TERRORISM |
| | ML 10 27 | 01 19 | EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED |
| | | | STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| | ML 10 13 | 01 19 | ADDITIONAL EXTENDED REPORTING PERIOD ELECTED |
| | | 07 20 | POLICY CONDITIONS ADDED |
| | | 03 21 | LIMITS OF INSURANCE AMENDED |
| | | 11 09 | EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE FORM |
| | | 09 07 | LIABILITY TO VOLUNTEERS |
| | IL N 001 | 09 03 | FRAUD STATEMENT |

ITEM 8 FORMS SPECIFIC TO CERTIFICATE HOLDER SHOWN ON THIS CERTIFICATE:

06 20 HOW TO REPORT A CLAIM

PN 04 99 72

Form # Description
ML 10 19 01 19 PRIOR WRONGFUL ACTS EXCLUSION

^{*}Any payments made under EPL Item #6 (if covered), reduces the D&O Aggregate Limit under Item #5.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR WRONGFUL ACTS EXCLUSION

This endorsement only applies to and modifies insurance provided under the checked Coverage Forms. It does not apply to Coverage Forms that are not checked.

| X Private Company Directors And Officers Liability Coverage Form |
|--|
| Employment-related Practices Liability Coverage Form |
| Fiduciary Liability Coverage Form |
| SCHEDULE |
| Prior Acts Date: 3/29/2022 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to the **Exclusions** of each Coverage Form(s) checked above:

Prior Acts Exclusion

Based upon, arising out of or attributable to any "wrongful act" or "interrelated wrongful acts" that occurred before the Prior Acts Date shown in the Schedule of this endorsement.

If Private Company Directors And Officers Liability Coverage Form is checked, this exclusion is applicable to all insuring agreements.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01, 2020, and ending 06-30, 2021

OMB No. 1545-1878

| Department of the | Treasury | ▶ Do no | t send to the IRS. Keep for ye | our records. | | 2020 |
|---------------------------------------|---------------|--|---------------------------------------|------------------------|------------------------|----------------------|
| Internal Revenue S | ervice | ▶ Go to www.ii | rs.gov/Form8879EO for the la | test information. | | |
| Name of exemp | t organiza | tion or person subject to tax | | Тахрау | er identification nu | mber |
| OLIVET F | 'AMIL | ES | | 6 | 8-0424350 | |
| Name and title of | of officer o | r person subject to tax | | | | |
| MAREN MCC | LOUD | TREASURER | | | | |
| Part I | Type o | f Return and Return Info | ormation (Whole Dollars Only | v) | | |
| | | rn for which you are using this F | | | f any from the return | n If you |
| check the box o | n line 1a, | 2a, 3a, 4a, 5a, 6a, or 7a below, | and the amount on that line fo | r the return being | filed with this form w | as blank then |
| leave line 1b, 2b | o, 3b, 4b. | 5b, 6b, or 7b, whichever is app | licable blank (do not enter -0- | A But if you enter | ed _0_ on the return | then enter O en |
| the applicable lin | ne below. | Do not complete more than one | line in Part I | ,. Dat, ii you cintere | sa -o- on the tetam | , then enter -0- on |
| 1a Form 990 cl | | | (Form 990, Part VIII, column (/ | A) line 12) | 1b | |
| 2a Form 990-E | | | any (Form 990-EZ, line 9) | v, iiio 12) | | 9,732 |
| 3a Form 1120- | POL che | k here D b Total tax (Fo | rm 1120-POL, line 22) | | | 37132 |
| 4a Form 990-P | | ere D b Tax based on in | vestment income (Form 990-I | DE Dort\/ line E\ | | |
| 5a Form 8868 | | | 868, line 3c) | | | |
| | | | T. Dom III. Ear. 4) | | 5b | |
| 7a Form 4720 | chack har | b Total tax (Form 990- | Part III, line 4) | | 6b _ | |
| Approximation of Observed Western day | | tion and Signature Auth | Part III, line 1) | 5 011 | | |
| Under penaltica | of porium | tion and Signature Auth | orization of Officer or | Person Subje | ct to Tax | |
| (name of organiz | or perjury | I declare that I am an office | | | | |
| (name of organiz | - | | , (EIN) | | and that I have exam | nined a copy |
| true coment and | ronic retu | n and accompanying schedules | and statements, and, to the be | est of my knowledg | je and belief, they ar | re |
| true, correct, and | 1 complete | . I further declare that the amou | nt in Part I above is the amoun | t shown on the cop | py of the electronic r | eturn. |
| i consent to allow | v my inter | mediate service provider, transm | itter, or electronic return origina | ator (ERO) to send | the return to the IRS | 3 and |
| to receive from th | ne IRS (a | an acknowledgement of receipt | or reason for rejection of the tr | ansmission, (b) the | e reason for any del | ay in |
| processing the re | aturn or re | fund, and (c) the date of any re | fund. If applicable, I authorize t | he U.S. Treasury a | and its designated Fi | nancial |
| Agent to initiate a | ın electroi | ic funds withdrawal (direct debit | t) entry to the financial institution | n account indicated | d in the tax preparat | ion |
| software for payr | nent of th | e federal taxes owed on this retu | rn, and the financial institution t | to debit the entry to | o this account. To re | voke |
| a payment, I mus | st contact | the U.S. Treasury Financial Ager | nt at 1-888-353-4537 no later t | han 2 business da | ys prior to the paym | ent |
| (settlement) date. | . I also au | horize the financial institutions in | volved in the processing of the | e electronic payme | nt of taxes to receive |) |
| confidential inforr | mation ne | cessary to answer inquiries and i | resolve issues related to the par | yment. I have selec | cted a personal | |
| identification num | nber (PIN) | as my signature for the electron | ic return and, if applicable, the | consent to electron | nic funds withdrawal | • |
| | | | | | | |
| PIN: check one | | | | | | |
| X I authoriz | <u>:e BLO</u> | CK ADVISORS | | to enter my | y PIN 95401 as | s my signature |
| | | ERO fir | m name | | Enter five number | |
| | | | | | do not enter all a | Path and Literatures |
| on the tax | x year 202 | 0 electronically filed return. If I h | ave indicated within this return | that a copy of the | | |
| state age | ncy(ies) r | gulating charities as part of the | IRS Fed/State program, I also a | authorize the afore | mentioned FRO to e | enter my |
| | | disclosure consent screen. | | | | and my |
| | | son subject to tax with respect to | the organization. I will enter n | nv PIN as my signa | ature on the tay year | 2020 |
| electronic | ally filed | eturn. If I have indicated within t | his return that a copy of the return | urn is heing filed w | with a state according | 2020 |
| regulating | charities | as part of the IRS Fed/State pro | gram. I will enter my PIN on the | orris being illed w | ra consent agency(le | :5) |
| 3 | , | as part of all of the following pro | gram, I wan enter my I no on the | e returns disclosur | e consent screen. | |
| Signature of office | er or pers | in subject to tay | Males | 4 | 10/ | 2-12-21 |
| | | tion and Authentication | my wer | | Date > 10/ | [1166] |
| | | r six-digit electronic filing identifi | ination | | | |
| | | your five-digit self-selected PIN. | | | 606776 | 77000 |
| idinibel (El liv) lei | lowed by | your live-digit self-selected File. | | | | 77090 |
| certify that the all | novo num | rio coto, io mu DIM subish is sus | | | | enter all zeros |
| bet I am automittic | 2006 HUIH | eric entry is my PIN, which is my | signature on the 2020 electron | ically filed return in | idicated above. I cor | nfirm |
| naliam submittir | ig this ret | irn in accordance with the require | rements of Pub. 4163, Moderni | ized e-File (MeF) I | nformation for Author | rized |
| RS e-file Provide | | ness Heturns. | | | 4.00- 4 | |
| ERO's signature I | P | /////m | 2 | Date ▶ | 1-25-200 | 2/ |
| | <u></u> | 7 | | | _ | |
| | | ERO Must R | etain This Form - See | Instructions | | |
| | | Do Not Submit This Fo | orm to the IRS Unless | Requested To | Do So | |

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Form 990-EZ (2020)

| Α | For th | e 2020 calenda | r year, or tax year beginning $JULY 01$, 2020, and ending | JIINE 30 | , 20 21 |
|------------|------------|------------------|--|------------------|----------------------------|
| | | fapplicable: | C Name of organization | | yer identification number |
| | Address | s change | OLIVET FAMILIES | | 68-042435 |
| | Name cl | hange | Number and street (or P.O. box if mail is not delivered to street address) Room/ suite | E Telepho | one number |
| | Initial re | turn | - 10,001 | | |
| | Final ret | turn/terminated | | (707) 217-905 | |
| | Amende | d return | F Group | | |
| | | ion pending | City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA CA 95401 | Numbe | |
| | | | Cash X Accrual Other (specify) ▶ H C | Check ▶ X | if the organization is not |
| | | te: ▶ <u>N/A</u> | | | tach Schedule B |
| J | Гах-ех | cempt status (ch | eck only one) X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 | Form 990, 99 | 0-EZ, or 990-PF). |
| | | f organization: | X Corporation Trust Association Other | | |
| L | Add line | es 5b, 6c, and 7 | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or | or if total asse | ts |
| | Part II, | column (B)) are | \$500,000 or more, file Form 990 instead of Form 990-EZ | | ▶ \$ 19,26 |
| P | art I | Revenue, | Expenses, and Changes in Net Assets or Fund Balances (s | see the instru | ctions for Part I) |
| | | Check if the or | ganization used Schedule O to respond to any question in this Part I | | |
| | 1 | Contributions | , gifts, grants, and similar amounts received | | 1 678 |
| | 2 | | ice revenue including government fees and contracts | | 2 |
| | 3 | | dues and assessments | | 3 |
| | 4 | | come | | 4 |
| | | | t from sale of assets other than inventory | | |
| | | | other basis and sales expenses | | Land of |
| | | Gain or (loss) | from sale of assets other than inventory (subtract line 5b from line 5a) | | 5c |
| | 6 | | undraising events: | | |
| <u>a</u> | ٦ | | from gaming (attach Schedule G if greater than | | |
| E | ١. | | ба | | |
| Revenue | " | | from fundraising events (not including \$ of contributions) | ions | |
| 111 | | | ng events reported on line 1) (attach Schedule G if the | | |
| | ١. | | ross income and contributions exceeds \$15,000) 6b | 18,575 | |
| | | | penses from gaming and fundraising events 6c (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | 9,531 | |
| | | | | | |
| | 78 | | inventory, less returns and allowances | | 6d 9,044 |
| | | | | | 10.0 |
| | | | (loss) from sales of inventory (subtract line 7b from line 7a) | | |
| | 8 | Other revenue | (describe in Schedule O) | | 7c |
| | 9 | | Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 8 10 9 9.732 |
| | 10 | Grants and sin | nilar amounts paid (list in Schedule O) | | 9 9,732 |
| | 11 | | o or for members | | 11 |
| S | 12 | | compensation, and employee benefits | | 12 |
| Expenses | 13 | | es and other payments to independent contractors | | 13 |
| xbe | 14 | | nt, utilities, and maintenance | | 14 |
| ш | 15 | | ations, postage, and shipping | | 15 |
| | 16 | | s (describe in Schedule O) | | 16 5,709 |
| | 17 | | s. Add lines 10 through 16 · · · · · · · · · · · · · · · · · · | | 17 5,709 |
| | 18 | | cit) for the year (subtract line 17 from line 9) | | 18 4,023 |
| ets | 19 | | and balances at beginning of year (from line 27, column (A)) (must agree with | | 4,023 |
| Ass | | | gure reported on prior year's return) | | 19 44,901 |
| Net Assets | . 20 | | in net assets or fund balances (explain in Schedule O) | | 20 |
| | 21 | Net assets or fu | and balances at end of year. Combine lines 18 through 20 | b | 21 48,924 |
| For F | aperw | ork Reduction | Act Notice, see the separate instructions. | | Form 990–EZ (2020) |

| | Check if the organization used Sc | | | (A) | 1 | 1 | |
|------------------|---|---|---|------------------------|--|--------------------|---|
| 2 | Cash, savings, and investments | | | (A) Beginn | ning of year | | (B) End of year |
| 3 | Land and buildings | | | | 44,90 | - | 50, |
| 4 | Other assets (describe in Schedule O) | | | | | 20 | |
| 5 | Total assets | | | | 44.001 | 24 | |
| 3 | Total liabilities (describe in Schedule O | ······································ | | | 44,901 | | 50, |
| 7 | Net assets or fund balances (line 27 of | | | | 44,901 | 20 | 50.5 |
| _ | art III Statement of Program S | | | | | 27 | 50, 1 |
| es s n ers | Check if the organization used S at is the organization's primary exempt purp scribe the organization's program service ac measured by expenses. In a clear and concons benefited, and other relevant informations SEE ATTACHMENT | ose? SEE ATTACH complishments for each of ise manner, describe the second | MENT | | | 50 org | equired for section 1(c)(3) and 501(c)(4) ganizations; optional others.) |
| | (Grants \$) If this | amount includes foreign gr | ants, check here . | | ▶ [] | 288 | 1 |
| | (Grants \$) If this | amount includes foreign gr | ants, check here | | ▶ | 298 | 1 |
| - | (Grants \$) If this | amount includes foreign gra | ants shook have | | | 20- | |
| | | | anto, check here | | | 30a | |
| - | Other program services (describe in Sched | ule (O) | | | | | |
| | Other program services (describe in Sched | ule O) | | | the second secon | - | |
| (| Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus | ule O) amount includes foreign gra s 28a through 31a) tees, and Key Employees | ants, check here | n if not cor | ▶ ☐ | 31a 32 ee th | e instructions for Part |
| (<u>1</u> | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) amount includes foreign gra s 28a through 31a) tees, and Key Employees | ants, check here | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |
| 1 | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line at IV List of Officers, Directors, Trus Check if the organization used Schedulers (Check in the organization used Schedulers) | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | e instructions for Part (e) Estimated amount other compensation |
| (<u>1</u> | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |
| <u>(</u> | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |
| 1 | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |
| (<u>1</u> | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |
| 1 | Other program services (describe in Sched (Grants \$) If this a Total program service expenses (add line IV List of Officers, Directors, Trus Check if the organization used Scheduler (a) Name and title | ule O) | ants, check here s (list each one every question in this P (c) Reportabl compensatior (Forms W-2/1099 - | n if not cor art IV | npensated s (d) Health benefit contributions to mployee benefit pl | ee th | (e) Estimated amount other compensation |

| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements in the | | | -3- |
|--------|--|------------|------------------------------|------------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | Yes | Ne |
| | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | 33 | - | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O. See instructions | 34 | | Х |
| 35a | | - | | 23 |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | | 35b | | X |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | Х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | Х |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 12. S | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were | 10.14 | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| ь | If "Yes," complete Schedule L, Part II, and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | 1.6 | | 10 |
| a b | Initiation fees and capital contributions included on line 9 | | | |
| 40a | Gross receipts, included on line 9, for public use of club facilities | | | |
| 700 | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ | | | |
| b | section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess | | | |
| _ | benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | 10000 | | |
| | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40% | | V |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | 40b | 2.30-10.0123 2.30-10.0123 | X |
| | organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | 10 (100 | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c | | | |
| | reimbursed by the organization | | 6.5 | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | WITH BOOKING BY | Х |
| 41 | List the states with which a copy of this return is filed $ ightharpoons$ NONE | | | |
| 42a | The organization's books are in care of ▶ SEE ATTACHMENT Telephone no. ▶ | | | |
| | Located at ▶ ZIP + 4 ▶ | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | Χ |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank | | | |
| _ | and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country | 42c | | X |
| 43 | | | | _ |
| 75 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here | | 1 | > <u>_</u> |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | N/ | N.I |
| 14a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | 774×5-41 | Yes | No |
| | completed instead of Form 990-EZ | | Hardy | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 44a | MARKET BOOK | X |
| đ | completed instead of Form 990-EZ | AAL | | v |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44b | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 44c | | X |
| -0.000 | explanation in Schedule O | 111 | | |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | -+ | v |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 43d | | <u>X</u> |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ. See instructions | 45b | | X |

Form 990-EZ (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** OLIVET FAMILIES 68-0424350 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (V) Amount of monetary (vi) Amount of other listed in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) SEE ATTACHMENT (B) (C) (D) (E)

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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

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

| obganistic her | Yes | No |
|----------------|----------------------|--------|
| | 2 | |
| 1 | | X |
| 2 | Book I | X |
| 3a | Programa Programa | X |
| | | |
| 3b | | X |
| 3c | | X |
| 4a | | X |
| 4b | | Х |
| | ji . | |
| 4c | | Х |
| | | |
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| 5a | | X |
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| 6 | | X |
| 7 | | X |
| 8 | | X |
| | | |
| 9a | Por S | X |
| 9b | | X |
| 9c | | X |
| 10a | | X |
| 10b | | X |
| | _ | |

| Par | t IV Supporting Organizations (continued) | | | |
|---------|--|-----------------------|--|-------------|
| 11 | Has the arganization appeared a sife as a satisfied a first of the same side of the same si | Name to a control | Yes | No |
| a | Has the organization accepted a gift or contribution from any of the following persons? | 4015 | | |
| ~ | 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? | CACALL T | | |
| b | | 11a | | X |
| c | | 11b | | X |
| | detail in Part VI. | 11c | 1 (150 m) 100 m | V |
| Sect | tion B. Type I Supporting Organizations | TIC | | X |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | (R) | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | 10 | | 200 |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | . 1 | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | ALC: | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) | | Parks. | |
| | that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI | | | |
| | how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sect | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations | 2 | | |
| | en en type in eapperaing organizations | | 74 | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 12 50 7 | Yes | No |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | DELOCATION | |
| Secti | ion 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 | | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | 100 840 | X |
| _ | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 21 50 00 10 10 004 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | The Name | | ENGLISH CO. |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | 2 | han egan brow | X |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | 9.83 | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | 3251A1A | X |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | 21 |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С 2 | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Text. Anguage lines 22 and 21 hours | _ | | |
| a | Activities Test. Answer lines 2a and 2b below. | , | Yes I | No |
| • | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported | | | |
| | organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those | | | |
| | supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | 2a | Sa 55 Sa | ALCOHOL: |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | 7 | |
| | these activities but for the organization's involvement. | 2b | asset (| Alla t |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | 10 E |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of | | | M12 19 1 |
| | the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | Property. |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its | | 19/1/2 | 4000 |
| | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | on roundly their | A.C. Carlo |

| Part V Type III Non-Functionally Integrated 509(a)(3) Su | pportir | ng Organizations | |
|---|--------------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qua | alifying tru | ust on Nov. 20, 1970 (explain | in Part VI). See instructions. |
| All other Type III non-functionally integrated supporting organizations | must co | mplete Sections A through E. | 7 |
| 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 | 10 | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | 0 왕 | | |
| 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 amoun | t, | | |
| 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 | | A CONTRACTOR OF THE PARTY OF TH | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-function instructions). | | rated Type III supporting orga | anization (see |
| DA 20 990A6 BWF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, | Inc. | School | Ile A (Form 900 or 000 F7) 00 |

| Pa | art V Type III Non-Functionally Integrate | d 509(a)(3) Supporting | Organizations (continu | (he | | |
|-----|--|--|--|--|--|--|
| Sec | ction D - Distributions | = cos(a)(a) aabbartiis | organizations (continu | euj | Current Year | |
| 1 | Amounts paid to supported organizations to accompli | sh exempt purposes | | 11 | Ourrent rear | |
| 2 | | | d | + ' | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | | 3 | | | | |
| 4 | | 4 | | | | |
| 5 | | Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) | | | | |
| 6 | | 5 | | | | |
| 7 | | 6 | | | | |
| 8 | | high the organization is reco- | | 7 | | |
| | (provide details in Part VI). See instructions. | men the organization is respo | nsive | _ | | |
| 9 | | | | 8 | | |
| 10 | | | | 9 | | |
| | Ene o amount divided by line 9 amount | | | 10 | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distribution | (ii) Underdistributions Pre-2020 | | (iil) Distributable Amount for 2020 | |
| 1 | The contract of the contract of the co | | MARKET LANGUAGE AND | | | |
| 2 | and the state of t | | | | and the second of the | |
| | (reasonable cause required-explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | CARTON CAROL STORMS OF THE STORMS | 1227 | | |
| | a From 2015 | | | | | |
| у. | b From 2016 | designation of the | The second secon | | | |
| 7 | c From 2017 | | | 91U/03 | | |
| | d From 2018 | 第二次 1995年 1 | | Pro- | | |
| | e From 2019 | | | | | |
| | f Total of lines 3a through 3e | Profesional Andreas General Wilson, 1991 | | | | |
| | g Applied to underdistributions of prior years | The Service of the Service of Ser | Photo Control of Land Control of Acade | F1536 | Control of the Contro | |
| | h Applied to 2020 distributable amount | | topper week a graph and the company of the | i de la composición dela composición de la composición dela composición de la compos | 用在全线的外线的 | |
| | 1 Carryover from 2015 not applied (see instructions) | Options of a medical substitute of the sections of | | | PARTICIPATION OF PROPERTY | |
| - | THE THE PARTY OF T | The second secon | | | | |
| 4 | | | | our stall | A CONTRACTOR OF THE PARTY OF TH | |
| | Section D, line 7: | | | | | |
| | Applied to underdistributions of prior years | | | | FEMALES AND | |
| | Applied to 2020 distributable amount | A CONTRACTOR OF THE PARTY OF TH | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Remainder. Subtract lines 4a and 4. | | | | | |
| | Remaining underdistributions for years prior to 2020 | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | | |
| i | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | and the second of the second o | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | | |
| i | and 4c. | | AT WALL BY A SHARE OF A SHARE | | 100 | |
| 8 | Breakdown of line 7: | | | ON STATE | | |
| a | Excess from 2016 | | | | | |
| b | Excess from 2017 · · · · · · | | MARKE STATES | JA. | | |
| | Excess from 2018 · · · · · · | | | | | |
| | Excess from 2019 · · · · · | ATT TO SERVICE THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESER | | 8/213 | | |
| | Excess from 2020 · · · · · · | The second secon | | | | |
| | 990A7 BWF 990 Form Software Copyright 1996 - 20 | The second secon | Schedule A (Form | - 798.56 | A CONTRACTOR OF THE PROPERTY O | |

| Part \ | | 19(a)(3) Supporting Or | ganizations (continued | <u>(b</u> | |
|-------------|---|--|--|-----------|--|
| Section | n D - Distributions | | | _ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | 1 | T T |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | is | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required-p | provide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | A second | | 7 | |
| | Distributions to attentive supported organizations to which t | the organization is responsive | | | |
| • | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | 0 |
| | | | | 10 | |
| 10 | Line 8 amount divided by line 9 amount | 1 | 1 | - | |
| Se | ction 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 | | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | 214835 |
| а | From 2015 | | | | |
| b | From 2016 | | "打"的技术。这一只是 | | |
| С | From 2017 | 2011年1日1日 11日 11日 11日 11日 11日 11日 11日 11日 | | | B. C. St. |
| d | From 2018 | | a: Burger | | |
| е | From 2019 | 1976 (April 1988) 1985 (1986) | | 200 | |
| f | Total of lines 3a through 3e | TO THE OWNER AND THE WAS CONTRACTED BY A STREET AND THE STREET AND | | 11 | |
| g | Applied to underdistributions of prior years | | | A-17 | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| h | Applied to 2020 distributable amount | | | alak. | THE RESERVE OF THE PARTY OF THE |
| | Carryover from 2015 not applied (see instructions) | OBSTRUCTURE STATE INTRODUCTION OF THE PERSON | Contract Con | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | |
| 4 | Distributions for 2020 from | | | | |
| 4 | | | | | |
| V-2 | Section D, line 7: \$ | | 所以"自己"等。在1000年100年10日 · 1000年10日 | | AND THE RESERVE OF THE SAME OF |
| a | Applied to underdistributions of prior years | | | lost al | Applied The Control of |
| b | Applied to 2020 distributable amount | | | | Not a finite series of the second property of the last |
| | Remainder. Subtract lines 4a and 4b from line 4. | Company of the Compan | | 364 | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | E-Valley |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | ellarit. | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | K. 100 在100 文章 (2012年) |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2016 | And the second of the second o | | | A STATE OF STREET |
| b | Excess from 2017 · · · · · · | | | | A CONTRACT SOCIETY |
| С | Excess from 2018 · · · · · · | | | 0.4 | |
| d | Excess from 2019 · · · · · · | | | | |
| е | Excess from 2020 · · · · · · | 可是是的行行在自動行動。 | | 286 | |
| DA 2 | 0 990A7 BWF 990 Form Software Copyright 1996 - 20: | 21 HRB Tax Group, Inc. | Schedule A (Fo | orm | 990 or 990-EZ) 2020 |

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

| Name of the organization | | | | | | Employer ide | ntification number | , |
|--|--------------------------|-------------|-----------------------|-----------------------------|--------------------|-----------------------|--------------------|-------|
| OLIVET FAMILIES | | | | | | 68-0 | 0424350 | |
| Part I Fundraising Activ | ities. Complete i | f the orga | nization a | nswered "Yes" on Form | 990, Part | IV, line 17. | | |
| Form 990-EZ filers are r | not required to cor | nplete thi: | s part. | | | | | |
| 1 Indicate whether the organization a Mail solicitations | n raised funds thr | | | | | oly. | | |
| b Internet and email solicitations | | e f | | itation of non-governme | | | | |
| c Phone solicitations | • | | _ | itation of government gr | ants | | | |
| d In-person solicitations | | g | ☐ Spec | cial fundraising events | | | | |
| 2a Did the organization have a writte | en or oral agreem | ent with a | ny individ | ual (including officers, di | irootoro tr | untoon. | | |
| or key employees listed in Form | 990. Part VII) or e | ntity in co | nnection v | with professional fundrais | eina een <i>ii</i> | usiees, | Пусс | X No |
| b If "Yes," list the 10 highest paid in | ndividuals or entiti | es (fundra | aisers) pur | suant to agreements un | der which | the fundraiser | is to be | VI MC |
| compensated at least \$5,000 by | the organization. | | | | | The fortal algorithms | 10 10 00 | |
| | | | | | | | | |
| (i) Name and address of individual | | | fundraiser custody | (iv) Gross receipts | (v) Am | nount paid to | (vi) Amount paid | i to |
| or entity (fundraiser) | (ii) Activity | or co | ntrol of | from activity | | ined by) fund- | (or retained by | 2.55 |
| | | | outions? | | raiser li | sted in col. (i) | organization | |
| 1 | | Yes | No | | | | | |
| · | | - | | | | | | |
| 2 | | | | | | | | |
| | | | | | | | | |
| 3 | | | | | | | | |
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| otal | | | ▶ | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

| Sci | nedu | lle G (Form 990 or 990-EZ) 2020 OLIVE | T FAMILIES | 68-0424350 | | Page 2 |
|-----------------|-------|---|--|--|--|--|
| Р | art | Fundraising Events. Complete than \$15,000 of fundraising event co gross receipts greater than \$5,000. | e if the organization answ intributions and gross inc | vered "Yes" on Form 990 ome on Form 990–EZ, lii | , Part IV, line 18, or repones 1 and 6b. List events | rted more s with |
| | | | (a) Event #1 SCRIP PROC | (b) Event #2 FALL FUNDR | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 10,139 | 1,788 | 6,648 | 18,575 |
| ш | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus | | | | |
| | | line 2) | 10,139 | 1,788 | 6,648 | 18,575 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| ses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direct | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 8,220 | | 1,311 | 9,531 |
| | 10 | Direct expense summary. Add lines 4 thro | ugh 9 in column (d) | | | 9,531 |
| | 11 | Net income summary. Subtract line 10 fro | m line 3, column (d) | | | 9,044 |
| Pa | rt II | Gaming. Complete if the organization | on answered "Yes" on Fo | orm 990, Part IV, line 19, | or reported more | 7,011 |
| | | than \$15,000 on Form 990-EZ, line 6a | 3. | S (40) \$1 | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| 8 | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | 4 | | | |
| Expenses | 3 | Noncash prizes | | | | |
| SC | 4 | Rent/facility costs | | | | |

| Revenu | | | (a) Bingo | (D) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c) |
|-----------------|-------------|---|-----------------------------|--|------------------|---|
| | 1 | Gross revenue | | | | |
| SS | 2 | Cash prizes | ¥ | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes % | Yes % | |
| | 7 | Direct expense summary. Add lines 2 thro | ough 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract lin | ne 7 from line 1, column | (d) | | |
| 9 | | er the state(s) in which the organization co | | | | |
| a b | ls t | he organization licensed to conduct gamin No," explain: | g activities in each of the | se states? | | ··· Yes No |
| | _ | | | | | |
| 10a b | We If "Y | re any of the organization's gaming license (es," explain: | s revoked, suspended, c | | ax year? | ··· Yes No |
| CD.4 | | 2 2000 | | | | |

OLIVET FAMILIES 68-0424350

| 11 | lule G (Form 990 or 990–EZ) 2020 Does the organization conduct gaming activities with nonmembers? | Page |
|--------|--|--------|
| 12 | | X No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | |
| 13 | Indicate the percentage of gaming activity conducted in: | X No |
| а | The organization's facility | |
| b | An outside facility | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | |
| | records: | |
| | Name ▶ | |
| | Address | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | |
| 200 | revenue? | X N |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | |
| | of gaming revenue retained by the third party 🕨 💲 | |
| С | If "Yes," enter name and address of the third party: | |
| | Name ▶ | |
| | Address | |
| 6 | Gaming manager information: | |
| | Name | |
| | Gaming manager compensation ▶ \$ | |
| | Description of services provided | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | |
| 7 | Mandatory distributions: | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| | retain the state gaming license? Yes | X No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | E7 140 |
| | spent in the organization's own exempt activities during the tax year ▶\$ | |
| rt I | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines s | |
| 11 () | and the state of t | |

FDA 20 990G3

BWF 990

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Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

OLIVET FAMILIES

Employer identification number

68-0424350

EZ PART 1- REVENUE - LINE 1 - DONATIONS \$678

EZ PART 1 - REVENUE LINE 8 - TAX REIMBURSEMENT - \$10

EZ PART 1 - LINE 16 EXPENSES - BANK FEES - 7 CONTEST REWARDS - 534 DONATION EXPENSE - 25 TAXES - 241 PROMOTION - 2049 INSURANCE - 325 OFFICE SUPPLIES - 71 CLASSROOM EXPENSES - 2422

FORM

TAXABLE YEAR California Exempt Organization 2020 Annual Information Return

| or many to the day have a factor of the | 220 Annual Information R | | | | 199 |
|---|--|-----------------------|-----------------------------|-----------------------|--|
| Corporat | r Year 2020 or fiscal year beginning (mm/dd/yyyy) (tion/Organization name | 1//01/20: | 20 , and endin | g (mm/dd/yyyy) 0 | |
| | ET FAMILIES | | | | poration number |
| | al information. See instructions. | | | 9800689 | |
| / ladinorie | iniomatori. See instructions. | | | FEIN | |
| Street ac | ddress (suite or room) | | | 68-0424 | |
| | WILLOWSIDE ROAD | | | | PMB no. |
| City | WILLOWSIDE NOAD | | | | |
| | A ROSA | | | State | Zip code |
| | country name | Faraian | | CA | 95401 |
| · o.o.g. | is and in the second of the se | Foreign provin | ce/state/county | | Foreign postal code |
| | | <u> </u> | | | |
| | | Yes X No | I Did the organization h | ave any changes to | its quidelines |
| B Amer | nded return | Yes X No | | | • Yes X N |
| C IRC | Section 4947(a)(1) trust | Yes X No | J If exempt under R&TC | Section 23701d, h | as the organization |
| D Final in | nformation return? Dissolved Surrendered | | | | |
| | Merged/Reorganized | | K Is the organization exe | empt under R&TC S | ctions · · · · · • Yes X N Sec. 23701g? • Yes X N |
| | date: (mm/dd/yyyy) | _ | If "Yes," enter the gros | ss receipts from nor | nmember |
| E Chec | k accounting method: (1) X Cash (2) Accrual | (3) Other | sources | | \$ |
| F Feder | ral return filed? (1) 990T (2) 990PF (3) | Sch H (990) | L Is the organization a lir | mited liability comp | any? |
| (4) | Other 990 series | | M Did the organization file | e Form 100 or Form | 109 |
| G Is this | a group filing? See instructions | Yes X No | to report taxable incon | ne? | ● Yes X N |
| | organization in a group exemption | Yes X No | N Is the organization und | der audit by the IRS | or has |
| It "Ye | s," what is the parent's name? | | the IRS audited in a pr | rior year? | Yes X No |
| | | | O Is federal Form 1023/1 | 024 pending? | Yes X No |
| Part I | Complete Part I unless not required to file thin t | | Date filed with IRS | | |
| I dit i | Complete Part I unless not required to file this for | orm. See Gene | ral Information B and C. | | |
| | and the same of receipts well outer sources. The | om Side 2, Part | II, line 8 | ·····• <u>1</u> | |
| | The man descent the month themsels to | and aniliates | | | |
| Receipts | 3 Gross contributions, gifts, grants, and similar a 4 Total gross receipts for filing requirement test. | Add line 4 Abras | a | | 678 |
| and | This line must be completed. If the result is | loss than CEO on | ign line 3. | | |
| Rev- | 5 Cost of goods sold · · · · · · · · · · · · · · · · · · · | less than \$50,00 | o, see General Informatio | n B ● 4 | 688 |
| enues | 6 Cost or other basis, and sales expenses of ass | | | | |
| | 7 Total costs. Add line 5 and line 6 | 3010 0010 7 7 7 7 7 | 0 | | |
| | 8 Total gross income. Subtract line 7 from line 4 | | | | 688 |
| Ex- | 9 Total expenses and disbursements. From Side | 2 Part II line 1 | 8 | | 5,709 |
| penses | 10 Excess of receipts over expenses and disburse | ements. Subtrac | t line 9 from line 8 | | -5,021 |
| | 11 Total payments | | | | -3,021 |
| Filing | 12 Use tax. See General Information K | ********** | | 12 | |
| Fee | 13 Payments balance. If line 11 is more than line 1 | 12, subtract line | 12 from line 11 | | |
| | 14 Use tax balance. If line 12 is more than line 11, | subtract line 11 | from line 12 | | |
| | 15 Penalties and Interest. See General Information | ۱J | | 15 | |
| | 16 Balance due. Add line 12 and line 15. Then su | btract line 11 fro | m the result | 0 16 | |
| Sign | Under penalties of perjury, I declare that I have examined the it is true, correct, and complete. Declaration of preparer (ot | his return, including | accompanying schedules and | statements, and to th | e best of my knowledge and belief, |
| Here | Signature | l and a superior | Title | | Telephone |
| | of officer ▶ | | TREASURER | | |
| | Preparer's | i i | Date | Check if self- | PTIN |
| Paid | Preparer's signature | ! | 1025-2021 | employed ▶ | 200811069 |
| Preparer's | Firm's name (or yours, BLOCK ADVIS | ORS | | 7 | Firm's FEIN |
| Use Only | if self-employed) | | | | 131871840 |
| | and address 765 BAYWOOD PETALUMA CA | | | - | Telephone |
| | | | | | <u>707773</u> 0255 |
| | May the FTB discuss this return with the preparer s | shown above? 5 | See instructions | | Ves V No |

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.

| | | info | rmation. | | | | | | | |
|---------|--------------|---------|---|--|-------------------|--|-------------------------------|---------------|-------------------------------|-------|
| | | 1 | Gross sales or receipts from | all business activities. See | instr | uctions | | T 1 | | |
| | | 2 | | | | | | 2 | | |
| | | 3 | | | | | | 3 | | |
| | eceipts | 4 | | | | | | 4 | | |
| | om ther | 5 | N-m | | | | | 5 | | |
| - | ources | 6 | | | | | | 6 | | |
| • | Jui 003 | 7 | | | | | | - | | - 7.0 |
| | | 8 | Total gross sales or receipts from | m other severes Add (4 A) | 1 . 1 | | • • • • • • • • • • • • • • • | 7 | | 10 |
| | | 9 | Contributions gifts grants a | and similar amounts poid. A | ugn II | ne 7. Enter here and on S | ide 1, Part I, line 1 | 8 | | 10 |
| | | 10 | Contributions, gifts, grants, a | nhore | llach | schedule | | 9 | | |
| | | 11 | | ractors and trustoes Attach | | | | 10 | | |
| | | | Other salaries and wages | | | | | 11 | | |
| Ex | _ | 13 | | | | | | 12 | | |
| | nses | 14 | | | | | | 13 | | |
| an | d | 6.00 | Rents | | | | | 14 | | |
| Di | - (| | | | | | | 15 | | |
| | rse- ents | | Depreciation and depletion (| | | | | 16 | | |
| 1116 | 71115 | | Other expenses and disburse | | | | | 17 | | 709 |
| S | hedul | lo I | Total expenses and disbursemen Balance Sheet | | | | line 9 | 18 | 5, | 709 |
| _ | sets | CL | Dalaite Sileet | | OT | axable year | | d of | taxable year | |
| | | | ****************** | (a) | Like Control | (b) | (c) | Military (S.) | (d) | |
| • | | | ts receivable | 20-73 CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE SECOND OF | 6 | 44,901 | 400 | 107 | • 50, | 769 |
| 3 | | | eceivable | 5年12年12年12日 12日 12日 12日 12日 12日 12日 12日 12日 12日 | | | | | 0 | |
| 1 | | | ····· | 为为100000000000000000000000000000000000 | 8 | | | | • | |
| 5 | | | state government obligations | | | | | | • | |
| 6 | | | in other bonds | | | | | | • | |
| 7 | | | | PLANTAGE OF THE PROPERTY OF TH | | | | | 0 | |
| | | | in stock | | | | | | 0 | _ |
| 8 | | _ | ans | | | | A THE RESERVE | | • | |
| 9 | | | ments. Attach schedule | 2000年2月2日 - 1900年 - 1 | | | | | 0 | |
| 10 | (17) | | le assets | | | | | | | |
| 44 | | | mulated depreciation | | | | | | | |
| | | | S. Attach schedule | THE CONTRACT WELL OF THE WAY AND THE WAY AND THE STREET | 8 | | | | 0 | |
| | | | S | | | 44 000 | | | <u> </u> | |
| 2 mm vi | | | | | k A Controlled | 44,901 | | | 50,7 | 769 |
| | | | net worth | | | A PERSONAL PROPERTY OF THE PERSON OF THE PER | | | The state of the state of the | 100 |
| | | | yable | | | | 11141 | | | |
| | | | s, gifts, or grants payable | | | | | 4 |) | |
| | | | notes payable | | _ | | | | | |
| | | | ayablees. Attach schedule | | _ | | | . 6 |) | |
| | | | CONTROL OF THE PARTY OF THE PARTY OF THE PARTY. | | | | | | | |
| | | | or principal fund | | | | | • |) | |
| | | | tal surplus. Attach reconciliation . | | _ | | - 1740 to play = 4 | | | |
| | | | nings or income fund | | | | ar experience | • |) | |
| | | | ies and net worth | | | | | | | |
| 3CI | reaute | ivi- | -1 Reconciliation of income | per books with income p | oer r | eturn | | | | |
| 4 | Not inco | | Do not complete this sche | dule if the amount on Sche | | | | 0 | | |
| | | | per books | | 7 | Income recorded or | | | | 相響 |
| | | | me tax | | | | return. Attach schedul | e. 💿 | | |
| | | | pital losses over capital gains | Section 2. When the property beautiful and contact the contact of | 8 | Deductions in this re | | | | |
| | | | ecorded on books this | | | against book incom | | 62 | | |
| | | | schedule | 1 | | | | | | |
| | | | orded on books this year not | THE RESERVE OF THE PROPERTY AND DESCRIPTION OF THE PROPERTY AN | | Total. Add line 7 and | | . [| | |
| | | | his return. Attach schedule | • | 10 | Net income per retu | | 15 (A) | | |
| | otal. At | io iii) | e 1 through line 5 · · · · · · · | | | Subtract line 9 from | line 6 | . | | |
| | | | | | | | | | | _ |

STATEMENT #1 - OTHER INCOME (CA 199 PG 2 PT 2 LN 7)

INCOME FROM SPECIAL EVENTS PROGRAM SERVICE REVENUE

TOTAL CARRIED TO CA 199 PG 2 PT 2 LN 7

67

Olivet Families

Balance Sheet As of March 31, 2022

| | TOTAL |
|------------------------------|-------------------|
| ASSETS | . 33.10.00 |
| Current Assets | |
| Bank Accounts | |
| REDWOOD CREDIT UNION | 0.00 |
| Redwood Credit Union SAVINGS | 0.00 |
| Summit State Bank | 53,926.85 |
| West America Bank | 0.00 |
| Total Bank Accounts | \$53,926.85 |
| Other Current Assets | ¥33 /32333 |
| Inventory Asset | -2,289.50 |
| Scrip Inventory | 2,289.50 |
| Total Other Current Assets | \$0.00 |
| Total Current Assets | \$53,926.85 |
| TOTAL ASSETS | \$53,926.85 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Total Liabilities | |
| Equity | |
| Opening Balance Equity | 36,942.12 |
| Unrestricted Net Assets | 14,706.52 |
| Net Income | 2,278.21 |
| Total Equity | \$53,926.85 |
| TOTAL LIABILITIES AND EQUITY | \$53,926.85 |

Olivet Families

Profit and Loss March 2022

| TOTAL |
|----------------------|
| |
| 1,103.39 |
| \$1,103.39 |
| \$1,103.39 |
| |
| 25.00 |
| 325.00 |
| \$350.00 |
| \$753.39 |
| \$753.39 \$753.39 |
| |

SSB Account

Cash Flow Statement Olivet Families -March 2022

| Category | Beginning Balance | Inflows | Outflows | Fund Transfers | Ending Balance | Comments |
|----------------------|----------------------|---------|----------|-------------------|----------------|-------------------------|
| Enrichment | | | | | | - Commence |
| Art Enrichment | 0.00 | | | | 0.00 | |
| Assemblies | 0.00 | | | | 0.00 | |
| Awesome Ospreys 5 | 350.00 | | | | 350.00 | |
| Boys Night Out | 0.00 | | | | 0.00 | |
| Breakfast (6th Grad | 0.00 | | | | 0.00 | |
| Camp (6th Grade) | 5822.21 | | | | 5822.21 | |
| Contest Rewards | 0.00 | | | | 0.00 | |
| Family BINGO Night | 0.00 | | | | 0.00 | |
| Field Trip Fund | 8095.16 | | | | 8095.16 | |
| Garden Sanctuary | 581.43 | | | | 581.43 | |
| Enrichment | 4001.26 | | | | 4001.26 | |
| Girls Night Out/PJ P | 0.00 | | | | 0.00 | |
| Halloween | 94.30 | | | | 94.30 | |
| Harvest Fair Carniva | 0.00 | | | | 0.00 | |
| Harvest Fair Dinner | 0.00 | | | | 0.00 | |
| Holiday Appreciatio | 0.00 | | | | 0.00 | |
| Homework Folders | 0.00 | | | | 0.00 | |
| Ice Cream Social | 0.00 | | | | 0.00 | |
| Kindergarten Welcc | 0.00 | | | | 0.00 | |
| Library Fund | 0.00 | | | | 0.00 | |
| Movie Night | 0.00 | | | | 0.00 | |
| Olivet Art Gallery | 0.00 | | | | 0.00 | |
| Oral Reading Event | 660.00 | | | | 660.00 | |
| Outdoor Adventure | 0.00 | | | | 0.00 | |
| Principal Discretion | 317.23 | | | | 317.23 | |
| Promotion/Grad Gil | 0.00 | | | | 0.00 | |
| Room Parent Dinne | 0.00 | | | | 0.00 | |
| School Beautificatio | 0.00 | | | | 0.00 | |
| pirit Items | 0.00 | | | | 0.00 | |
| staff Appreciation | -105.38 | 250 | | | | ransfer from RCU |
| unshine Committe | 100.00 | | | | 100.00 | ansjer from Neo |
| eacher Welcome | 0.00 | | | | 0.00 | |
| esting Treats | 0.00 | | | 1300 | | m GF-Treats for testing |
| ariety Show | 0.00 | | | 2000 | 0.00 | m or reads for testing |
| Velcome Back BBQ | 0.00 | | | | 0.00 | |
| Vinter Wonderlanc | 0.00 | | | | 0.00 | |
| earbook | 25.44 | | | | 25.44 | |
| umba Lunch | 0.00 | | | | 0.00 | |
| lisc./Reassign later | | | | | | |
| | 0.00 | | | | 0.00 | |
| | 0.00 | | | | 0.00 | |
| otal This Page | 19941.65 | 250.00 | 0.00 | 1,300.00 | 21,491.65 | |

| Category | Ending Balan | ce Inflows | Outflow | Fund Is Transfers | Ending Balance | Comments |
|------------------------|--------------|-------------|----------|-------------------------|------------------------|---|
| Fundraisers/Donat | ions | | | | | |
| 6th Grade Dance | 0.0 | 00 | | | 0.00 | (|
| 6th Grade Dinner | 0.0 | 00 | | | 0.00 | |
| 6th Grade Recycling | 0.0 | 0 | | | 0.00 | |
| 6th Grade Silent Au | 0.0 | 0 | | | 0.00 | |
| Auction Dinner | 0.0 | 0 | | | 0.00 | |
| Amazon Smile | 0.0 | 0 | | | 0.00 | |
| Book Fair | 0.0 | 0 | | | 0.00 | |
| Dine & Donates | 0.0 | 0 | | | 0.00 | |
| EOY Basket Raffle | 0.0 | 0 | | | 0.00 | + |
| EOY Celebration | 0.0 | 0 | | | 0.00 | |
| Fall Fundraiser | 7938.6 | 4 | | | 7938.64 | |
| Holiday Shop | 0.0 | 0 | | | 0.00 | |
| Misc Donations | 0.0 | | | | 0.00 | |
| Shed Upkeep | 0.0 | | | | 0.00 | |
| Skate Night | 0.00 | | | | 0.00 | |
| Scrip & Box Tops | | | | | | |
| Box Tops | 6564.40 |) | | | 6564.40 | |
| Box Tops Contest Re | 0.00 | | | | 0.00 | |
| Scrip Sales/Purch. (| -726.80 | | | | | Soria \$1048 to a fee DCII \$000 |
| Scrip (Teacher Bene | 530.00 | | | | | Scrip-\$1048, tns fm RCU \$823 |
| Scrip Inventory Bala | 0.00 | | | | | Transfer From RCU |
| Scrip Contest Rewar | 0.00 | | | | 0.00 | Transfer From RCU |
| Operations | | | | | | |
| Accounting Service | -25.00 | 225 | 25 | | 175.00 | 0044 405 7 5 600 |
| Childcare (Meetings | 0.00 | | 23 | | | QB-Intuit 425, Trns Frm SSB 2. I |
| Event Insurance | 700.00 | | 325 | | 0.00 | |
| Meeting Refreshme | 0.00 | | 323 | | 375.00 / | nsurance |
| Office Supplies | 62.50 | | | | 0.00 | |
| axes (Atty General | 0.00 | | | | 62.50 0.00 | |
| General Fund ICEL | | | | | | |
| General Fund (GF) | 0.00 | | | | William S. S. | |
| avings Account/Int | 0.00 | 75 | | | | rans frm RCU |
| ieneral Fund Balan | -675.00 | 10077.42 | | -1300 | $8102.42 \frac{T}{fr}$ | rn to Testing Treats, Trns rm RCU \$10077.42 |
| ank Fees | 0.00 | | | | 0.00 | |
| lisc Deposit | 0.00 | 500 | | | 500.00 Ti | rans frm RCU |
| | 14,368.74 | | | -\$1,300.00 | \$32,339.81 | |
| otal Previous Page S | 19,941.65 | \$250.00 | \$0.00 | \$1,300.00 | \$21,491.65 | |
| otal All Pages | 34,310.39 | \$19,871.07 | \$350.00 | \$0.00 | \$53,831.46 | |

Change in Monthly Balance

19,521.07

Agenda Item Summary

Action Item: **17.2** Approval of Authorization as a School-Connected Organization for Schaefer Families

Regular Meeting of: May 11, 2022 Item: Action Report Format:Oral

Attachment: Correspondence Board Policy

Presented by: Dr. Charbonneau, Superintendent

Background

This is an annual report required by BP and AR 1230.

Issue(s)

Plan/Discussion/Detail

Schaefer Families will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

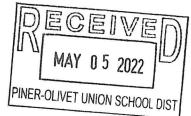
Fiscal Impact

Options

Recommendation

Approve.

2022-2023 SCHAEFER FAMILIES REQUEST FOR AUTHORIZATIONAS A SCHOOL-CONNECTED ORGANIZATION



SCHOOL-CONNECTED ORGANIZATIONS CHECK OFF LIST

Requests for authorization as a school-connected organization shall contain:

| (Please complete this form and check off each item before turning in to the Superintendent. Thank you!) | |
|--|---|
| $\frac{}{1}$. Desired use for any money remaining at the end of the year if the organization is not continued for authorized to continue in the future. (Attachment #1) | |
| v 2. The name of the organization: SCHAEFEIZ LIFE + FAMILIES | |
| $\sqrt{3}$. The date of application: $5 5 22$ | |
| √ 4. Copy of the By-laws (to include #9). (Attachment #2) | |
| 5. Membership quotas or qualifications. Described: MEMORSHIP IS USEN TO ALL IMPRESSES LONG WITHIN CONTREES CHAPTER CHAPTER CHAPTER CHAPTER CHAPTER CHAPTER (Attachment #3) | D |
| 7. A brief description of the organization's purpose. To RUMUTE AND FACILITATE PARENT SIMPLY AND TEACHER INTERACTION TUFFITE PROPERTY OF SIMPLY 8. A list of specific annual objectives and planned activities. (Attachment #4) | |
| 9. The name of the bank where the group's account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5) | |
| 10. The site where the organization will be based, school site or district office. SCHAEFER OHFRETER SCHOOL 1370 SAN MIGHE 2D. SHNTA RUSA 11. Evidence of liability insurance as required by law. (Attachment #6) | |
| 12. Evidence of having filed appropriate IRS forms. (Attachment #7) | |
| √ 13. An annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocation, and the fund balance at year-end. (Attachment #8) | |
| 14. The signature of the site administrator who supports the request for authorization. (See signature line below) | |
| Site Administrator Signature Kathy Harris Date May 5,2022 | |
| | |

Attachment #1

Schaefer Charter School - Schaefer Families

Request for Authorization - AR 1230(a) - 2022-2023

Desired use of any money remaining at the end of the school year if the organization is not continued or authorized to continue in the future.

After paying or adequately providing for the debts and obligations of the association, the remaining moneys should be spent on a major purchase for the school as a whole, or transferred to Piner-Olivet Education Foundation.

Schaefer Families

By-Laws

Article I: Meetings

- Section 1. The Schaefer Families meetings for the upcoming year shall be set by the officers at the last meeting of the fiscal year and reported to the district office in June so the meetings can be included in the yearly District calendar.
- Section 2. The general meeting quorum shall consist of not less than six (6) members, including three (3) officers.
- Section 3. Special meetings may be called by the Schaefer Families President or by two other officers.

Article II: Officers Duties and Election

- Section 1. The duties of the President shall be to preside over and preserve order at all meetings, and enforce the Constitution and By-laws.
- Section 2. The duties of the Vice-President shall be to assist the President and to preside in the President's absence.
- Section 3. The duties of the Secretary shall be to keep the minutes and to maintain correspondence.
- Section 4. The duties of the Treasurer shall be to:
 - a. Keep permanent books of accounts, records, and receipts of Schaefer Families transactions.
 - b. Maintain copies of treasury reports and copies of reconciled bank statements.
 - c. Present a treasurer's report at every meeting.
 - d. Be responsible for filing the non-profit State and Federal tax returns as necessary.
- Section 5. Officers shall be elected by ballot or voice vote at the last meeting of the fiscal year.
- Section 6. The offices of President and Treasurer may not be held for more than two consecutive years by the same person in the same position. However, if there are no individuals who want to run for president or Treasurer and the incumbent is willing to serve an additional term this person is permitted to run again and be elected at the last meeting of the fiscal year.
- Section 7. The Schaefer Families officers' term shall coincide with the district fiscal year.
- Section 8. The duties of the officers shall be:
 - a. To transact necessary business in the intervals between meetings and other business as may be referred to Schaefer Families.
 - b. To create special committees
 - c. To present a report at general meetings

Updated: September 2019

- d. To select a committee to review the Treasurer's accounts
- e. To approve bills within the limits of the budget.
- Section 9. When charged with breach of duties as stated in the Schaefer Families By-laws, an officer can be removed from office by two-thirds (2/3) majority vote, including tow (2) officers.

Article III: Business and Finance

- Section 1. Schaefer Families shall maintain a bank account at a financial institution with the President, Treasurer, and the school principal as signatories, with two signatures required.
 - a. All statements related to Schaefer Families bank accounts (Scrip account and checking account) must be opened by the President, reviewed against the Treasurer Report & Scrip report and then initialed before given to the Treasurer and Scrip coordinator to begin their monthly reconciliation. If the President is unable to perform this task in five (5) days or if the President is unavailable, the Vice-President or Principal may do so in the President's absence.
- Section 2. Schaefer Families may deposit funds from their own-hosted activities and spend their net proceeds to benefit their own school and/or students.
- Section 3. Minutes of each Schaefer Families meeting shall record items of official business, i.e. allocations, budget items, elections and upcoming events.

Article IV: Amendments

Section 1. The By-laws may be amended by a two-thirds (2/3) majority of votes cast at any general meeting providing notice has been given at the previous General Meeting, or thirty (30) days written notice has been given to the membership.

Article V: Fiscal Year and Tax ID Number

- Section 1. The fiscal year for Schaefer Families shall begin on July 1 and end on June 30.
- Section 2. The Internal Revenue Service Employer Identification Number for Schaefer Families is 94-3322476.
- Section 3. The name of Schaefer Families and/or its tax identification number shall only be used and/or cited in the conduct of official business and activities of Schaefer Families or its committees.

Attachment #3

Schaefer Charter School - Schaefer Families

Request for Authorization – AR 1230(a) – 2022-2023

The names, addresses, phone numbers and general duties of officers:

PRESIDENT

The duties of the President shall be to preside over and preserve order at all meetings, and enforce the Constitution and By-laws.

Alexandra Egler 126 Sandalwood Ct. Santa Rosa, CA 95401 Ph. (707) 239-1378

VICE PRESIDENT

The duties of the Vice-President shall be to assist the President and to preside in the President's absence.

Sheridan Rapolla 1804 Sansone Dr. Santa Rosa, Ca 95403

SECRETARY

The duties of the Secretary shall be to keep the minutes and to maintain correspondence

Danielle Roberts 2396 Francisco Ave. Santa Rosa, CA 95403

TREASURER

Shall keep permanent books of accounts, records and receipts of Schaefer Families transactions. Maintain copies of the Treasurer's report at every meeting, be responsible for filling non profit State and Federal tax returns.

Dalia Velie 1933 San Miguel Rd Santa Rosa, CA 95403

Duties of the officers:

The officers shall supervise the affairs of Schaefer Families and fill vacancies of all elected positions.

Attachment #4

Schaefer Charter School - Schaefer Families

Request for Authorization – AR 1230(a) – 2022-2023

A list of specific annual objectives and planned activities:

Schaefer Families Planned Events for 2022-2023

Allocated Events:

Welcome Reception (Kindergarten) - August 2022
Fall Fundraiser - September 2022
Costume Ball - October 2022
Campus Beautification (Fall 2022/Spring 2023)
Ice Skate Nights (2)
Movie Nights (2-3)
Cookie Dough (Fall 2022/Spring 2023)
Book Fair (Fall 2022 & Spring 2023)
Big Bear Little Bear Dance - February 2023
Staff Appreciation Lunch - May 2023
Field Day - May 2022

Other Allocated Items:

Insurance

Assemblies (2-3 depending on cost)
Yearbook
Staff Appreciation Gifts
Kindergarten
1st Grade
2nd Grade
3rd Grade
4th Grade
5th Grade
6th Grade
6th Grade Promotion Gifts
General Operating Expenses
Taxes & Quickbooks

Attachment #5

Schaefer Charter School - Schaefer Families

Request for Authorization – AR 1230(a) – 2022-2023

Name of the bank where the groups account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. This account requires two signatures on every check written.

SCHAEFER FAMILIES BANK ACCOUNT INFORMATION:

Exchange Bank 1300 Guerneville Rd. Santa Rosa, CA

This account is a two signature account and those authorized on the account are:

- Alexandra Egler, President
- Sheridan Rapolla, Vice-President
- Dalia Velie, Treasurer
- Kathy Harris, Principal



MEMBER CERTIFICATE OF INSURANCE

4/3/22

Thank you for purchasing your insurance from AlM. This is your Member Certificate and should be kept with your permanent records.

Insured #: CA155292

NAMED INSURED MEMBER:

Schaefer LIFE PTO Attn: Alexandra Velie or Current Officer 1370 San Miguel Rd. Santa Rosa, CA 95403

Named Insured & Mailing Address

Dallas TX, 75267-4051

PRODUCER NAME

AIM Association Insurance

Education Support Purchasing Group c/o AIM P.O. Box 674051

Management, Inc. PO Box 674051 Dallas TX, 75267-4051

Deductible Limits of Insurance **Effective Dates** Company / Coverage Policy # Gotham Insurance Company / GL2021PTA06579 3/28/22 - 3/28/23 \$0 Each Occurrence \$1,000,000 Commercial General Liability \$2,000,000 General Aggregate Products - COMP/OPS - Subject Included to General Aggregate \$1,000,000 Personal & Advertising Injury \$50,000 Fire Damage (any one fire) Gotham Insurance Company / GL2021PTA06579 \$ 0 Any One Person \$5,000 3/28/22 - 3/28/23 **Extended Medical Payments** \$1,000,000 Gotham Insurance Company / DO2021PTA06033 3/28/22 - 3/28/23 \$0 Aggregate Professional Liability (Directors & Officers Liability) 3/28/22 Retro-active Effective Date: This member certificate, together with the common policy conditions, coverage Certificate Holder: part(s), coverage form(s), and endorsements, if any, complete the above numbered policy. Copies of the Master Policies are available upon request or may be printed at www.aim-companies.com

Piner-Olivet Union School District 3450 Coffey Lane Santa Rosa, Ca 95403

AUTHORIZED REPRESENTATIVE

EB allent

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| Charter dispetation Charter dispetation Charter dispetation Scheduler Life Sched | | | ne 2020 calendar year, or tax year beginning 7/01 , 2020, and ending | | |
|---|----------|-----------|--|------------------|---------------------------|
| Name strange Institutions of trange Institutions of the strain of | E | 3 Check | If applicable: C Name of organization | | |
| Number and street (or P.O. box if med its not delivered to street eddress) | | Addres | | Demployer | identification number |
| Tank and earn Tank and ea | | Name | change Number and street for B.O. hear if well is not be. | | |
| Oily or town, state or province, country, and 2P or foreign postal code | Ē | - | eturn | E Telephone | number |
| Application peeding Santin Rose, CA 94801 Number Page Pag | F | 7 | City or town state or province country and ZID or foreign and I | | |
| G Accounting Method: | F | - | | F Group Ex | cemption |
| Website: n/a | _ | | The state of the s | Number | |
| Tax-exempt status (check only one) | | | | heck ▶ 🔽 | if the organization is no |
| Solicity | | | 0/2 | | |
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| c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | | Gross amount from sale of assets other than inventory | | |
| Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than \$15,000) . Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 7a Gross sales of inventory, less returns and allowances | | | Less: cost or other basis and sales expenses | | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ | | | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | . 5c | estate to |
| S15,000) | | | | | |
| S15,000) | d) | | Gross income from gaming (attach Schedule G if greater than | | |
| sum of such gross income and contributions exceeds \$15,000) . 6b 955 c Less: direct expenses from gaming and fundraising events . 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | ď | | \$15,000) | | |
| sum of such gross income and contributions exceeds \$15,000) . 6b 955 c Less: direct expenses from gaming and fundraising events . 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | Ve | b | Gross income from fundraising events (not including \$ of contributions | | |
| sum of such gross income and contributions exceeds \$15,000) . 6b 955 c Less: direct expenses from gaming and fundraising events . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | Re | | from fundraising events reported on line 1) (attach Schedule G if the | | |
| c Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 1 | SIIM of Such gross income and contributions exceeds \$45,000 | | |
| Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7b 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 7b from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 | | C | | 955 | |
| To Gross sales of inventory, less returns and allowances Less: cost of goods sold C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Total revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Tocupancy, rent, utilities, and maintenance Total expenses (describe in Schedule O) Total expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 7f from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 | | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra | act | |
| Ta Gross sales of inventory, less returns and allowances | | 1 | line 6c) | 20402-01999 | |
| b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 25.596 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 7a | Gross sales of inventory less returns and allowances | . 60 | 955 |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | _ | I | | |
| 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Octobrical similar amounts paid (list in Schedule O) 22 Octobrical similar amounts paid (list in Schedule O) 25 Octobrical similar amounts paid (list in Schedule O) 26 Octobrical similar amounts paid (list in Schedule O) 27 Octobrical similar amounts paid (list in Schedule O) 28 Octobrical similar amounts paid (list in Schedule O) 29 Octobrical similar amounts paid (list in Schedule O) 20 Octobrical similar amounts paid (list in Schedule O) 20 Octobrical similar amounts paid (list in Schedule O) 21 Octobrical similar amounts paid (list in Schedule O) 21 Octobrical similar amounts paid (list in Schedule O) 21 Octobrical similar amounts paid (list in Schedule O) 22 Octobrical similar amounts paid (list in Schedule O) 23 Octobrical similar amounts paid (list in Schedule O) 24 Octobrical similar amounts paid (list in Schedule O) 25 Octobrical similar amounts paid (list in Schedule O) 26 Octobrical similar amounts paid (list in Schedule O) 27 Octobrical similar amounts paid (list in Schedule O) 28 Octobrical similar amounts paid (list in Schedule O) 29 Octobrical similar amounts paid (list in Schedule O) 20 Octobrical similar amounts paid (list in Schedule O) 21 Octobrical s | | | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | - | |
| Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 | | 1 | | - | |
| Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 | | | Crante and circles 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | 1,908 |
| Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | | Benefits and similar amounts paid (list in Schedule O) | - | |
| 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | • | | Benefits paid to or for members | . 11 | |
| 15 Printing, publications, postage, and snipping | ě | | Salaries, other compensation, and employee benefits | . 12 | |
| 15 Printing, publications, postage, and snipping | ë | | Professional fees and other payments to independent contractors | . 13 | |
| 15 Printing, publications, postage, and snipping | Š | | Occupancy, rent, utilities, and maintenance | . 14 | |
| Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 | U | 15 | Printing, publications, postage, and shipping | . 15 | |
| Total expenses. Add lines 10 through 16 | | 16 | Other expenses (describe in Schedule O) | - | |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 18 -952 19 25,596 20 21 21 21 22 23 24 24 | | 17 | Total expenses. Add lines 10 through 16 | - | |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 | n | 18 | EXCESS OF (DETICIT) FOR the year (subtract line 17 from line 9) | 40 | (A) 1-1-1 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | ig ig | 19 | Net assets or fund balances at beginning of year (from line 27 column (A)) (must acree with | h 10 | -952 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 2 | | end-of-year figure reported on prior year's return) | 2 min 3 mile. 10 | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 5 | 20 | | | 25,596 |
| or the desire of the or your, combine lines to unought 20 | 3 | | Net assets or fund balances at end of year Combine lines 19 through 00 | - | |
| | or I | | vork Reduction Act Notice, see the separate instructions. | 21 | 24.644 |

| Form 990 | -F7 (2 | non |
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Page 2

| 1888 | Ps | Balance Sheets (see the instructions | Sau David III | | | - | Page 4 |
|-------|----------------|---|---|--|--|----------|--|
| 1000 | , , | Check if the examination word Cohereld | for Part II) | | | | |
| | | Check if the organization used Schedule | e O to respond to a | any question in this | | | |
| | - | | | | (A) Beginning of year | L. | (B) End of year |
| | 22 | Cash, savings, and investments | | | 25,596 | | 24,64 |
| | 23 | Land and buildings | | | | 23 | |
| | 24 | Other assets (describe in Schedule O) | | | | 24 | |
| | 25 | Total assets | | [| 25,596 | | 24,644 |
| | 26 | Total liabilities (describe in Schedule O) | | | | 26 | |
| pines | 27 | Net assets or fund balances (line 27 of column | | | 25,596 | 27 | 24,644 |
| | Par | Statement of Program Service Accom | | | , | | |
| | | Check if the organization used Schedule | O to respond to a | ny question in this | Part III | /D | Expenses |
| | Wha | t is the organization's primary exempt purpose? | SEE SCHEDULE 0 | | | | quired for section (c)(3) and 501(c)(4) |
| | Desc | cribe the organization's program service accompli | shments for each o | of its three largest p | rogram services. | | nizations; optional for |
| | as m | neasured by expenses. In a clear and concise m | nanner, describe th | e services provided | , the number of | othe | ers.) |
| _ | - | ons benefited, and other relevant information for ea | ach program title. | | | | |
| | 28 | CLASS SUPPLIES | | | | | |
| | | | | | | | |
| | | 574500000000000000000000000000000000000 | | | | | |
| | | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ 🗌 | 28a | 2,605 |
| | 29 | INSURANCE | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ************************************** | | | |
| | | 75555555555555555555555555555555555555 | | 7-10-1-10-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | |
| | | hdahaquan bangaungan pangaungan dan ada ada ada ada ada ada ada ada a | | ~ | | | |
| | | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ 🗆 | 29a | 255 |
| | 30 | | | | | | |
| | | | | | | | |
| | | | | ~~~~~ | *************************************** | | |
| | | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ 🗆 | 30a | |
| | 31 | Other program services (describe in Schedule O) | | | | | |
| | | (Grants \$) If this amount | includes foreign gra | ints, check here | ▶□ | 31a | |
| | 32 | Total program service expenses (add lines 28a t | hrough 31a) | | ▶ | 32 | 2860 |
| | Part | List of Officers, Directors, Trustees, and Key | Employees (list each | one even if not com | pensated-see the in | struc | |
| | | Check if the organization used Schedule | O to respond to ar | ny question in this | Part IV | | 🗀 |
| | | | (b) Average | (c) Reportable | (d) Health benefits, | 1. | _ |
| | | (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employe benefit plans, and | | Estimated amount of the compensation |
| | | | devoted to position | (if not paid, enter -0-) | deferred compensation | | ner compensation |
| | ALEXI | NDRA EGLER | | | | | |
| | PRES | | 10 | | | 1 | n |
| - 7 | AND CONTRACTOR | IDAN RAPOLLA | | | | 1 | |
| | | PRESIDENT | 10 | | | | 0 |
| | | LLE ROBERTS | | | | | |
| | | ETARY | 10 | d | i | | 0 |
| _ | | VELIE | | | | 1 | |
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| P | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Salas Ind. | to in A | L - | Page |
|-----|--|---------------------|----------------|-----------|
| - | instructions for Part V.) Check if the organization used Schedule O to respond to any question in the | ns in ti nis Par | ne † V | г |
| 33 | | | Yes | · No |
| 30 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | 1.00 | 1 |
| 34 | Were any significant changes made to the organizing or governing decreased a trans- | 33 | | 1 |
| | organization's name Otherwise and the organization's name Otherwise and the | 1 | | |
| | S | | | 1, |
| 35 | The state of the s | 34 | - | - |
| | addition (order as those reported on lines 2, ba, and 7a, among others)? | 35a | l | 1 |
| | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Cabata to Co | 051 | - | Y |
| 3 | was the digalization a section 301(c)(4), 501(c)(5), or 501(c)(6) organization subject to analyze cooks | 000 | - | 1 |
| 20 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III | 05- | | 1 |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not provide | 330 | | ~ |
| 07 | during the year? If res, complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Tara i Parilla a Apolitations, direct of indirect, as described in the instructions is 13791 | d | | |
| 388 | Jennation in a contract of the second | 37b | | 1 |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | | |
| k | I I "Yes " complete Schoolule I Dowl II and anti-ut- to the second secon | 38a | | 1 |
| 39 | Section 501(c)(7) organizations. Enter: | 의. | | |
| а | - 100 C - 100 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | } | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | |
| | section 4911 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | mi ear-rastic (ga | 201020010 | |
| c | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | / |
| • | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| 41 | transaction? If "Yes," complete Form 8886-T | 40e | , | 1 |
| 42a | List the states with which a copy of this return is filed NONE | | | |
| | Telephone no. 7 | 07-479- | 6402 | |
| b | Located at 1370 SAN MIGUEL RD. SANTA ROSA CA ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 9540 | - | |
| | d III/ancial account in a foreign country (such as a bank account account account as all and a such as a linear such as a such | 42b | es I | No |
| | If "Yes," enter the name of the foreign country ▶ | 420 | - | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| | Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country | 42c | 1 | 1 |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | • • • | . ▶ | Ц |
| | | V | | N/A Vo |
| 14a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | Le E | | |
| 1. | completed instead of Form 990-EZ | 44a | ANTERIOR STATE | 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 | | | |
| C | Did the organization receive any neumants for independent | 14b | | _ |
| d | if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an | 14c | Yall D | _ |
| | explanation in Schedule O | 14d | | 1 |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 15a | | / |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | - Y | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |

| | | | | | | | rage |
|------------|---|---|--|-----------------------------|-----------------------------|--|--|
| 46 | Did the organization engage, directly o to candidates for public office? If "Yes | r indirectly, in political | campaign activities of | n behalf o | f or in anno | sition [| Yes N |
| Part | | CONTINUE CONTINUE CONTINUE | C, Part I | | · · · · · | . 46 | |
| 1 CIT | | | | | | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | |
| | All section 501(c)(3) organization 50 and 51. | ons must answer qu | estions 47–49b and | 52, and | complete t | he tables f | or lines |
| | Check if the organization used S | | | | | | |
| | | | | | | · · · · · | 36-100 |
| 47 | Did the organization engage in lobbyin year? If "Yes," complete Schedule C. P. | g activities or have a | section 501(h) election | on in effec | t during the | tov | Yes No |
| | Jem | artii | | | | · 47 | |
| 48 49a | Is the organization a school as described | in section 170(b)(1)(A) | ii)? If "Yes," complete | Schedule I | E | . 48 | |
| b | Did the organization make any transfers | to an exempt non-ch | | | | . 49a | |
| 50 | If "Yes," was the related organization as Complete this table for the organization' | section 527 organizati | on? | | | . 49b | |
| | employees) who each received more that | in \$100,000 of compe | isated employees (of insation from the orga | ier than off nization If | icers, direct | tors, trustee | s, and ke |
| | | (b) Average | | | th benefits. | Ie, enter 140 | Jrie. |
| | (a) Name and title of each employee | hours per week | (c) Reportable compensation | contribution | s to employee | (e) Estimated | |
| | | devoted to position | (Forms W-2/1099-MISC) | | s, and deferred ensation | other comp | ensation |
| | | | | _ | | | |
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| | | | | | | | |
| f 7 | otal number of other employees paid ov | er \$100,000 | . ▶ | | | | |
| 51 (| complete this table for the organization | 's five highest compe | nsated independent | contractor | s who each | received n | ore than |
| <u>_</u> | 100,000 of compensation from the organ | | ie, enter "None." | | | | |
| | (a) Name and business address of each independ | lent contractor | (b) Type of service | e | (c) | Compensation | |
| | | | | | | | |
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| d To | tal number of ether independent | | | | | | |
| | tal number of other independent contract | | | | | | |
| | d the organization complete Schedul mpleted Schedule A | e at Note: all sec | (10n 501(c)(3) organi | | | a ☑Yes [|] No |
| der penal | ties of perjury, I declare that I have examined this re | tum, including accompanyin | a cohedular and state or a | | | wiedge and hal | inf it in |
| e, correct | and complete. Declaration of preparer (other than | officer) is based on all inform | nation of which preparer has | any knowled | ge. | wedge and Del | ei, it is |
| gn | Signature of office | | | | | | |
| ere 🔲 | | namala. | | Date | | | |
| | ALEXANDRA EGLER Type or print name and title | PRESIDENT | | | | | |
| aid | Print/Type preparer's name | Preparer's signature | Date | | Га: . ГЛ .: | PTIN | |
| repare | r | | | | Check if self-employed | | |
| se Onl | 1 | | | Firm's | EIN > | | All the Control of th |
| w the I | Firm's address > | | | Phone | | | |
| ly une if | S discuss this return with the preparer s | nown above? See ins | tructions | | Þ | ☐ Yes ☐ | No |
| | | | | | | Form 990-E | Z (2020) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| SCH | AEFER LIFE | | | | | Employer identifica | 7.5 | | | | | |
|-------|---|---|---|---------------------------|---------------------------------------|---|---|--|--|--|--|--|
| Pa | Part I Reason for Public Charity Status. (All organizations must complete this part) See instance. | | | | | | | | | | | |
| The | of the private roundation because it is: (For lines 1 through 12 chook only one bank | | | | | | | | | | | |
| 1 | A church, convention of ch | urches, or assoc | iation of churches de | ugii iz, G | neck only | one box.) | | | | | | |
| 2 | A school described in section | ion 170(b)(1)(A)(i | ii). (Attach Schedule E | Form of | oo or coo | 170(D)(1)(A)(I). | | | | | | |
| 3 | A nospital or a cooperative | hospital service | organization describe | d in acod | ion 470/ | -1/41/41/7:17 | | | | | | |
| 4 | A medical research organiz | ation operated in | Conjunction with a b | oonitel d | ijori nou |))(1)(A)(III). | | | | | | |
| | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: | | | | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Co | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | A federal, state, or local gov | ernment or gove | ernmental unit describ | ed in eac | tion 170 | //a\/4\/A\/\ | | | | | | |
| 7 | An organization that norma described in section 170(b) | IIV receives a su | hetantial part of ite or | upport fro | om a gov | ernmental unit or fr | om the general public | | | | | |
| 8 | A community trust describe | d in section 170 | (b)(1)(A)(vi), (Complet | e Part II \ | | | | | | | | |
| 9 | or university or a non-land-g university: | anization describ rant college of a | ed in section 170(b)(griculture (see instruc | 1)(A)(ix) (tions). Er | operated nter the n | ame, city, and state | of the college or | | | | | |
| 10 | An organization that normall receipts from activities relate support from gross investme acquired by the organization | ent income and | inrelated business to | certain ex | ceptions | and (2) no more that | nip fees, and gross an 331/3% of its n businesses | | | | | |
| 11 | An organization organized ar | witte 00110 00, 1 | JIJ. Jee Section Sus | MSH(Z), (L, | omniera | Part III 1 | 9 | | | | | |
| 12 | An organization organized ar | d operated exclu | isively for the henefit | of to po | . 566 56 0 | tion 509(a)(4). | | | | | | |
| | of one or more publicly sup Check the box in lines 12a th | Dulled Organizati | ions described in each | thon 500 | 10/41 04 | | | | | | | |
| а | the supported organization | anization operate on(s) the power to | ed, supervised, or con o regularly appoint or | trolled by | its supp | orted organization(s | المامامال | | | | | |
| b | supporting organization. | rou must comp | lete Part IV, Section | s A and I | В. | | | | | | | |
| , D | Type II. A supporting org control or management o organization(s). You must | i the supporting | organization vested ir | the sam | n with its le person | supported organiza s that control or ma | tion(s), by having nage the supported | | | | | |
| C | Type III functionally interits supported organization | grated. A suppo | rting organization ope | erated in | connection | on with, and function | ally integrated with, | | | | | |
| d | | integrated. A segrated. The organic | upporting organization | n operate | ed in conr | ection with its supp | orted organization(s) | | | | | |
| | requirement (see instruction | ons). You must c | complete Part IV, Se | ctions A | and D, a | nd Part V. | | | | | | |
| е | Check this box if the orgal functionally integrated, or | Type III non-lund | l a written determinati ctionally integrated su | on from t | the IRS th | at it is a Type I, Typ ion. | e II, Type III | | | | | |
| Ť | Enter the number of supported | organizations . | | | | | | | | | | |
| | Provide the following information | n about the supp | ported organization(s) | | | | | | | | | |
| (i |) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in yo | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | | |
| | 91 | | | Yes | No | | , | | | | | |
| (A) | | | | 163 | 1 140 | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Total | | | | 7-110 N - 110 N - 1 | | | | | | | | |

(E)

| P | art II Support Schedule for Organiz | ations Door | oribad in O | 42 | | | Page |
|----------|--|------------------|--|----------------------------|---------------------|-----------------------|------------------------|
| - | art II Support Schedule for Organiz (Complete only if you checked t | he hov on li | onbed in Se | ctions 170(b) | (1)(A)(iv) and | 170(b)(1)(A) | (vi) |
| | | | | | | | ualify under |
| Se | Part III. If the organization fails to petion A. Public Support | o quality unc | ier the tests | listed below, | please comp | lete Part III.) | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2016 | (h) 0017 | 1 1 2010 | | 7 | 7 |
| | Gifts, grants, contributions, and | (a) 2010 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | membership fees received. (Do not | l | | | | | |
| | include any "unusual grants.") | | | 1 | | | 1 |
| 2 | | | + | | + | | |
| | organization's benefit and either paid to | ĺ | 1 | | ſ | | |
| | or expended on its behalf | | 1 | i | | 1 | 1 |
| 3 | | | | + | | | |
| | furnished by a governmental unit to the | | | 1 | 1 | 1 | |
| | organization without charge | | | | | | 1 |
| 4 | | | | | | - | |
| 5 | 1970 1970 | | | | | ESTREMENTAL PROPERTY. | |
| | each person (other than a | | | | | 1000 | |
| | 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 | | | | One of Section 1975 | | |
| | tion B. Total Support | | | | | | - |
| | endar 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 | 1 | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| - | activities, whether or not the business | | | | | | |
| | is regularly carried on | - 1 | | | | 1 | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | 1 | | | I | 1 | |
| | (Explain in Part VI.) | ĺ | | 1 | 1 | ĺ | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (| see instruction | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the c | organization's | first, second, | third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| | organization, check this box and stop nere | | | | | | ▶ □ |
| | ion C. Computation of Public Support | Percentage | | | | | |
| 14 15 | Public support percentage for 2020 (line 6, | column (f), div | rided by line 1 | 1, column (f)) | | 14 | % |
| 16a | Public support percentage from 2019 Sche | dule A, Part II, | line 14 . | • • . • • • | [| 15 | % |
| 104 | 331/3% support test—2020. If the organization qualification and stop here. The organization qualification and stop here. | ition did not c | neck the box | on line 13, and | d line 14 is 331 | /3% or more, o | heck this |
| b | box and stop here. The organization qualification and stop here. The organization qualification and stop here. | tion did not o | hook a base a | organization | • • • • • | • • • • • | ▶ 🗆 |
| _ | 331/3% support test—2019. If the organization quality and stop here. The organization quality | ualifies as a pr | iblicty suppor | ine 13 or 168 | , and line 15 is | 331/3% or mo | re, check |
| 17a | 10%-facts-and-circumstances test—2020 | If the organ | vization did no | t shock a hav | ! 10 10 | • • • • • | ▶ 📙 |
| | 10% or more, and it the organization mee | ts the facts-a | nd-circumsta | nces test char | ok this hav an | d etan hara f | lentain in |
| | Part VI how the organization meets the fac | cts-and-circur | nstances test | . The organiza | tion qualifies a | a stop here. : | unnorted |
| | organization | | | • • • • • | | · · · · | ▶ □ |
| b | 10%-facts-and-circumstances test—2019 | . If the organ | | | | a 16h ar 17- | and live |
| | 15 is 10% or more, and it the organization r | neets the fact | s-and-circum | stances test c | hack this hav | and oten have | Eventoin |
| | in Fait vi now the organization meets the fa | acts-and-circu | mstances tes | t. The organiza | ation qualifies a | as a publicly s | - Capialli upported |
| 40 | organization | | | | | | P — |
| 18 | Private foundation. If the organization did | not check a | box on line | 13, 16a, 16b, ⁻ | 7a, or 17b. c | heck this box | and see |
| | instructions | | ar 20 20 a 2 | | | | . . |

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.)

| Sec | ction A. Public Support | | oto notog be | iow, piease ci | ompiete Part | 11.) | |
|----------|--|-------------------|-----------------------------------|-------------------|--------------------|--------------------|---------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (a) 0000 | 10 7 |
| 1 | Gifts, grants, contributions, and membership fees | | (9) 2017 | (0) 2018 | (4) 2019 | (e) 2020 | (f) Total |
| _ | received. (Do not include any "unusual grants.") | 19,825 | 11,996 | 12,625 | 4440 | | |
| 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 | | | | | | <u>59,528</u> |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 41,413 | 30,727 | 32,632 | 21,174 | 0 | 125,946 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 61,238 | 42,723 | 45,247 | 35,303 | 953 | 0 185,464 |
| 7a | The minimum of mico i, z, and o | | | 10,1211 | 00,000 | 900 | 103,404 |
| | received from disqualified persons . | o | o | d | d | d | 0 |
| b | i ilita ilita ilita da di ita da di ilita | | | | | | |
| | received from other than disqualified | | ł | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | A - - 1 1 7 | 0 | 0 | <u>q</u> | O | 0_ | 0 |
| 8 | Public support. (Subtract line 7c from | 0 | 0 | <u>d</u> | d_ | 0 | 0 |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (A Total |
| 9 | Amounts from line 6 | 61,238 | 42,723 | 45,247 | 35,303 | 953 | (f) Total |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 01,200 | TE,1.60 | 45,241 | 35,303 | 953 | 185,464 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| C | Add lines 10a and 10b | o | 0 | 0 | | | 0 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | 0 |
| | and 12.) | 61,238 | 42,723 | 45,247 | 35,303 | 953 | 185,464 |
| 4 | First 5 years. If the Form 990 is for the constitution about this beautiful and the constitution of the co | organization's f | irst, second, t | hird, fourth, or | fifth tax year | as a section 5 | 01(c)(3) |
| | organization, check this box and stop here | | | | | | . ▶ 🗆 |
| ECTIO | on C. Computation of Public Support | Percentage | / | | | | |
| 5 | Public support percentage for 2020 (line 8, | column (f), divid | ded by line 13, | column (f)) . | | 15 | 100.00 % |
| 6 | Public support percentage from 2019 Sche | dule A, Part III, | line 15 | | | 16 | 100.00 % |
| 7 | n D. Computation of Investment Inco | me Percenta | age | | | | |
| 7 8 i | Investment income percentage for 2020 (lin | e 10c, column (| (f), divided by I | line 13, column | (f) | 17 | 0.00 % |
| 9a : | Investment income percentage from 2019 S | cnedule A, Par | t III, line 17 . | | <u></u> L | 18 | 0.00 % |
| - W | 331/3% support tests—2020. If the organize | d etan kaza Th | CK TUG DOX O | n line 74, and I | ine 15 is more | than 331/3%, a | ind line |
| b : | 17 is not more than 331/3%, check this box an 331/3% support tests—2019. If the organization 18 is not more than 2014 (4), when the state of the sta | ion did not chec | ek a hov on line | qualifies as a pt | apilicity supporte | organization | . ▶ ☑ |
| | ine to is not more than 33 /3%, check this box | x and stop here | The organizat | ion qualifies as | a publicly supr | orted organizati | on D |
| 0 1 | Private foundation. If the organization did r | not check a box | on line 14, 19 | a, or 19b, che | ck this box and | see instruction | ns D |
| | | | 96 | | Cohodu | lo A (Form OCC - 4 | 200 557 0000 |

Part IV **Supporting Organizations**

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

| Section | A. | All | Supporting | Organizations |
|---------|-----------|-----|------------|----------------------|
| | | | | |

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. |) | | Yes | No |
|-----|---|----------|-----|-----|--------|
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 1 | | | |
| 3 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answellines 3b and 3c below. | | | | |
| 1 | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 01 | | | |
| (| Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 0- | | | |
| 48 | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 10 | | | Sizio. |
| k | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4h | | | |
| C | | 2 | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 40 | | | |
| b | | 5a 5b | | | |
| C | and any true the substitution the result of all event beyond the organization's control? | 5c | + | + | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 6 | | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | 935 | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | | (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)? If "Yes," answer line 10b below. | 10a | | | |
| b | determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 10b | | | 46 |

| Has the organization accepted a gift or contribution from any of the following persons? 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? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes N 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, | SICK CASE | art IV Supporting Organizations (continued) | | | Pag |
|--|-------------|--|--|-------------|--|
| a A person who directly or indirectly controls, either alone or together with persons? 1 Delow, the governing body of a supported organization? A farmly member of a person described in line 11a sove? A 35% controlled entity of a person described in line 11a sove? A 35% controlled entity of a person described in line 11a sove? 1 Did the governing body of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 powers to regularly spoint or elect at least a midporty of the organization's directory operated, supported organization what the organization's activities. If the organization have more supported organization what conditions or restrictions, If any spelled to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization that more than one supported organization what conditions or restrictions, If any supported organization file that year. 2 Did the organization operate for the benefit of any supported organization file that year. 2 Did the organization operate for the benefit of any supported organization that the providing such benefit carried unt the purposes of the supported organization with that the organization's providing such benefit carried unt the purposes of the supported organization with the supported organization with the supported organization's provided by the organization's directors or trustees during the tax year also a majority of the directors or trustees of such of the organization's provided by the supported organization was vested in the same persons that controlled or managed the supported organization organization supported organization was vested in the same persons that controlled or managed the supported organization is a fire that the organization's provided the organi | | | | 154 | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11b blow), the governing body of a supported organization? A farmly member of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide dotal in Part VI. Section B. Type I Supporting Organizations 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, effectively operated, supervised, or controlled the organization of activities of the organization of the power to regularly appoint or elect at least a majority of the organization's officers, effectively operated, supervised, or controlled the organization of activities than one supported organizations, describe how the powers to appoint activir remove officers, directors, or restricted and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year. If were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or restricted organization or supported organization of the supported organization or trustees of each of the organization's 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, (i) are organization organization and the supported organization organization organization and the organization organization and the organization organization and the organization organization and the organization organization organization and the organization organization and the organization organization and the organiza | 1 | Has the organization accepted a gift or contribution from any of the following persons? | | Ye | es N |
| b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers aciting in their cificial capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If "Yes," describe the virth expensive of controlled the arganization activities. If the organization describes the virth personal what conditions or restrictions, if any applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of any the supported organization of the org | | A person who directly or indirectly controls, either alone or together with persons described in the | | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 II* Inv., december in Part VI how the supported organization's entires, directors, or trustees are december or providing such heart of providing such heart of providing such heart or supported organization describe heart or the powers to appoint and/or remove offices, directors, or trustees even declared among the supported organization describe the with powers to appoint and/or remove offices, directors, or trustees exclusing the tax year. 1 Did the organization and what conditions or restrictors, if any, applied to such powers during the tax year. 2 Did the organization organization or restrictors, if any, applied to such powers during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)* If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's. 1 Did the organization provided 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 tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's private organ | | the governing body of a supported organization? | 11: | 3 | 5000 FG 500 |
| Section B. Type I Supporting Organizations 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 organizations officers, directors, or trustees at all times during the tax year? If *No.* deceable in Part V in the more than one supported organizations and the controlled the organization section be not when the more than one supported organization, describe how the powers to appoint action remove officers, directors, or the house and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization sand what conditions or restrictions, if any, applied to such powers during the tax year. 3 Did the organization special that operated, supervised, or controlled the supporting organization of the supported organization provided to each of its supported organization of the supported organization of the supported organization of the supported organization of the supported organization and the supported organization of the supported organization or the supported organization or the supported organization organization organization and the supported organization organization organization organization and the supported organization organization organization and supported organi | | C A 35% controlled entity of a person described in line 11a above? | 111 |) | |
| 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 furstees at all times during the tax year. If "He," describe in Part VI how the supported organization's officers, directors, or furstees and under the companies of controlled the organization and organization and more than one supported organization, discribe how the powers to appoint analysis one officers, directors, or furstees were ellocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization of the the operated organization of the organization's directors or furstees during the tax year also a majority of the directors or furstees of each of the organization's supported organization(s) that operated, supported organization(s) that operated, supported organization(s) that operated, supported organization(s) that operated, supported organization or furstees of the supported organization or furstees of the supported organization or furstees of the supported organization or supported organization or supported organization or supported organization or supporting organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, but he 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 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 organization' | | detail in Part VI. | | | |
| 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 fusitiess at all times during the tax year? If "No," describe in Part VI how the supported organizations of effectively operated, supervised, or controlled the organization's activities. If the organization more than one supported organization organization and what conditions or restrictions; if any, applied to such powers during that axyear. 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 of the supported organization or trustees of each of the organization's supported organization's or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the supported organization organization's organizatio | Se | ction B. Type I Supporting Organizations | 110 | : | |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization or providing such heart careful out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such heart careful out the purposes of the supported organization? If "Yes," explain in Part VI how providing such heart careful out the purposes of the supported organization? If "Yes," explain in Part VI how providing such heart careful out the purposes of the supported organization? If "Yes," explain in Part VI how providing such heart careful out the purposes of the supported organization ("Yes," explain in Part VI how providing the heart careful out the purposes of the supported organizations or trustees of each 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 supported organization's supported organization's supported organization or trustees of each of the supporting organizations or trustees of each of the organization's supported organization organization and the supporting organization organization organization organization organization organization of the organization organizat | | | | Tye | e N |
| 2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organizations) that operated, supervised, or controlled the supporting organizations was provided the supporting organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization granization was vested in the same persons that controlled or managed the supported organization granization was vested in the same persons that controlled or managed the supported organization granization was vested in the same persons that controlled or managed the supported organization granization granization was vested in the same persons that controlled or managed the supported organization granization granization granization was vested in the same persons that controlled or managed the supported organization granization gran | 1 | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated arrest the | | | |
| Ves No Ves Ves No Ves Ves No Ves Ves No Ves V | 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated | | | |
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| 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 copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. Complete line 3 below. Complete line 3 below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization's involvement, one or more of the organization's position that its supported organization's would have been engaged in these activities constituted substantially all of its activities that, but for the organization's very language of the organization have the power to regularly appoint or elect a majority of the offic | | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| 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 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 previoled (2)? Were any of the organization's officers, directors, or trustees either (i) appointed or electiously provided? By reason of the relationship described in line 2, above, did the organization's supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization supported organization was responsed to the supported organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes of the supported organization's position that it | Sec | tion D. All Type III Supporting Organizations | ــــــــــــــــــــــــــــــــــــــ | | |
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| were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations. 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 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Activities Test and a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities dustantially all of its activities that, but for the organization determined that these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b bel | | 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 | | |
| By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's invoestment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the 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 dusbstantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's novlvement. Parent of Supported Organization's novlvement. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organiz | 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
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| The organization satisfied the Activities Test. Complete line 2 below. □ The organization is the parent of each of its supported organizations. Complete line 3 below. □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). □ The organization supported a governmental entity (see instructions). □ The organization is the part VI the vyear directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported that its supported their exempt purposes, how the organization determined that these activities constituted substantially all of its activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. □ Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. □ Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. □ The organization is proposed or | Sect | ion E. Type III Functionally Integrated Supporting Organizations | | | - |
| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | a b c | The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 'see in <u>s</u> | tructi | ions). |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 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? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | b | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | (D) | ar the last | ************************************** |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | | | |
| | b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting O | | | Page |
|-------|--|----------------|--|--|
| 1 | Check here if the organization satisfied the labour Day 3 | rga | nizations | |
| - | Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization. | ng tr aniza | ust on Nov. 20, 1970 (explations must complete Sections | ain in Part VI). See ions A through E. |
| | ction 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 | | |
| | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| - | tion 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 | The experimental policy and the second section of the second | Company of the company of |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 10 | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | 10 | | |
| 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 | | |
| Secti | on C-Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional (see instructions). | lly in | tegrated Type III supportin | g organization |

Schedule A (Form 990 or 990-EZ) 2020

| _ | art V Type III Non-Functionally Integrated 509(a |)(3) Supporting Organ | nizations (continu | red) | Page |
|------------|---|-----------------------------|---------------------------------------|----------|--|
| - | ection D—Distributions | | | | Current Year |
| | to supported organizations to accomplis | 11 | | | |
| | Amounts paid to perform activity that directly furthers e organizations, in excess of income from activity | | | | |
| _3 | experiede paid to accomplish exempt bu | | | | |
| _4 | Amounts paid to acquire exempt-use assets | | | 3 | |
| 5 | prior in to approval require | d-provide details in Par | + VA | 5 | ************************************** |
| 6 | Other distributions (describe in Part VI). See instruction | S. | 6 01) | - | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 6 | |
| 8 | Distributions to attentive supported organizations to wh (provide details in Part VI). See instructions. | ich the organization is re | sponsive | | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 8 | |
| 10 | Line 8 amount divided by line 9 amount | | | 9 | |
| | ction E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | 10 ns | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | 701104111 101 2020 |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | | |
| _3_ | Excess distributions carryover, if any, to 2020 | | | | Selection of the select |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | | | | + | |
| d | From 2018 | | | | |
| 0 | | | | | |
| f | Total of lines 3a through 3e | | | | of the Control of the |
| g | Applied to underdistributions of prior years | | | 120 | |
| h | Applied to 2020 distributable amount | | | 10.0 | |
| <u>i</u> _ | Carryover from 2015 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, line 7: | | | | |
| а | Applied to underdistributions of prior years | | | + | |
| b | Applied to 2020 distributable amount | | | 700 | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | ARTHUR PROPERTY. | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| C | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| | 200 000 000 000 000 000 000 000 000 000 |
|---|--|
| 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, 2 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number SCHAEFER LIFE 94-3322476 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (v) Amount paid to (vi) Amount paid to (or retained by) (iv) Gross receipts custody or control of contributions? (or retained by) fundraiser listed in (ii) Activity from activity organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

| | Part | | omplete if the organiz | ation answered "Ves" | on Form COO Port IV | Page 2 line 18, or reported more | | |
|---|--|---|--|--|------------------------|--|--|--|
| | | than \$15,000 of fundrais gross receipts greater th | sing event contribution an \$5,000. | ns and gross income | on Form 990-EZ, lines | line 18, or reported more and 6b. List events with | | |
| | | | (a) Event #1 FALL | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through | | |
| Revenue | 2 | | FUNDRAISER | (event type) | (total number) | col. (c)) | | |
| | 1 | Gross receipts | 95 | | | | | |
| ۵ | - 1 | | 9 | 15 | | 955 | | |
| | 3 | | | | | | | |
| *************************************** | L | line 2) | 95 | | | | | |
| | 4 | | | | | 955 | | |
| | 5 | Noncash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | |
| X | 7 | Food and beverages | | | | | | |
| Direct | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses . | | | | 0 | | |
| Pa | 10 11 art II | Direct expense summary. Add Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ | ct line 10 from line 3, o | column (d) | 990, Part IV, line 19, | 0 955 or reported more than | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | |
| Rev | 1 | Gross revenue | | | | | | |
| ses | 2 | Cash prizes | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses . | | | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | | | |
| | 7 | Direct expense summary. Add | | | | | | |
| | 8 | Net gaming income summary. | Subtract line 7 from lin | ne 1, column (d) | | | | |
| 9 a | 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | |
| | | 'No," explain: | | | | | | |
| 10a b | We | ere any of the organization's gan | ning licenses revoked, | suspended, or termina | | . Yes No | | |

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public

| OCHASED LICE | Employer identification number |
|---|-----------------------------------|
| SCHAEFER LIFE | 94-3322476 |
| FORM 990-EZ, Part 1, Line 16 | |
| Other Expenses | |
| | |
| CLASS SUPPLIES | \$2,605 |
| INSURANCE | \$ 255 |
| | \$2,860 |
| | |
| Form 990-EZ, Part III, - Organization's Primary Exemp Purpose | |
| SCHAEFER LIFE IS COMMITTED TO INVOLVING PARENTS AND FAMILIES IN THE EDUCATION | N OF OUR CHILDREN |
| Form 990-EZ, Part V - Regarding Trasfers Associated with Personal Benefit Contracts | |
| (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums o | n a personal benefit contract? NO |
| (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of | |
| | |
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MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

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



| Г | | | | | | | | |
|---|--|--|--|------------------------------|-----------------------|--|--------------------|-------------------------|
| State Charity Registration Number CT020063 SCHAEFER LIFE Name of Organization | | | | Check if: ☐Change of address | | | | |
| | | | | estate: | | | | |
| Address (Number and Street) 1370 SAN MIGUEL RD, SANTA ROSA CA 95403 | | | Ame | ended report | | | | |
| | | - | Corporate or Organization No. 9800690 | | | | | |
| City | or Town, State and ZIP Code | USA CA | 95403 | | | | | |
| | ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) | | | | | | | |
| _ | Make | Check P | Payable to Attorney General's Registry | of C | haritab | le Trusts | | |
| Gre | oss Annual Revenue | Fee | Gross Annual Revenue | F | 99 | Gross Annual Revenue | | Fee |
| | ss than \$25,000 tween \$25,000 and \$100,000 | 0 \$25 | Between 100,001 and \$250,000 Between \$250,001 and \$1 million | \$5 \$7 | | Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million | | \$150 \$225 \$300 |
| PA | RT A - ACTIVITIES | | | | | | | |
| | For your most recent full accoun | nting peri | iod (beginning 7 / 01 /2020 e | ndi | na | 6 / 30 /2021) list: | Transferrence. | |
| | | | 1,908 Total assets \$ | | | | | |
| PA | | Control of the last of the las | GANIZATION DURING THE PERIOR | | | | | |
| Not | | | | | - | | | |
| | response. Please review RR | F-1 Instru | stions below, you must attach a separa actions for information required. | te s | neer pr | oviding an explanation and details fo | r each " | yes" |
| 1. | During this reporting period were t | here any i | contracte loans leases or other financial | | ! | | Yes | No |
| | During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial | | | | | s between the organization and any or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | | | | | | | X |
| 3. | During this reporting period, did nor | n-program | n expenditures exceed 50% of gross rever | nues | ? | | | V |
| 4. | During this reporting period, were a | any organi | ization funds used to pay any penalty, find | э ог | judgme | nt? If you filed a Form 4720 with the | | |
| 5. | mema Nevende Service, attach a | сору. | | | | | | X |
| o. | provide an attachment listing the na | ne service me, addre | s of a commercial fundraiser or fundraisiness, and telephone number of the service | pro | ounsel fo vider. | or charitable purposes used? If "yes," | | X |
| 6. | During this reporting period, did the the agency, mailing address, contact | organizat | tion receive any governmental funding? It | f so, | provide | an attachment listing the name of | | |
| | | | | | | | IXI | |
| During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | | | | | | X | |
| 8. | Does the organization conduct a vel by the charity or whether the organiz | hicle dona zation con | ation program? If "yes," provide an attach | nmer | nt indica able pur | ating whether the program is operated poses. | | |
| Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | | | | | | | |
| 707 | | | | | | | | |
| Organization's area code and telephone number (107) 239 1378 Organization's e-mail address SCHAEFERFAMILIES@GMAIL.COM | | | | | | | | |
| | | | | | | | | |
| t is tr | declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, is true, correct and complete. | | | | | | | |
| | | 儿二 | ALEXANDRA EGLER | . 40. 11 | F | PRESIDENT | - 10 E - 10 E-10 E | - |
| Signature or authorized officer Printed Name Title Date | | | | | | | Date | |

TAXABLE YEAR

California Exempt Organization Annual Information Return

| FORM |
|------|
| FORM |

| 96 | Annual Laf | | | | TORIVI | |
|--------------------------|--|---|--------------|---|----------------------|----------------|
| STREET, SQUARE, SALES OF | 20 Annual Information Return | | | | 400 | À. |
| Calenda | r Year 2020 or fiscal year beginning (mm/dd/yaar) 07/04/2020 | m/ddkana) | 00/00 | 1/2004 | 199 | |
| Corpora | tion/Organization name and ending (m | | | ration number | | = |
| | EFER LIFE | l | | anon nomber | | |
| Addition | al information. See instructions. | 980069 FEIN | <u> </u> | | | |
| Olmonto | | 94-332 | 2476 | | | |
| | dress (suite or room) | 1 34-3322 | 24/0 | PMB no. | | |
| | AN MIIGUEL RD. | | | | | |
| City | | 8 | tate | Zip code | | |
| | ROSA ountry name Foreign province/state/et | 1 | CA | 95403 | | |
| i oreign c | ountry name Foreign province/state/county | | | Foreign postal | code | |
| | | | | | | |
| A First r | eturn | N changes | e to ite | quidelines | | |
| B Amen | ded return | e instruction | ons | | ●□Yes | XIN |
| | ection 4947(a)(1) trust Type Male I f exempt under R&TC Section 4947(a)(1) | on 23701c | d. has | the organizati | ion | |
| | oformation return? | s? See insi | tructio | ons | ♥∐Yes D | |
| | Dissolved Surrendered (Withdrawn) Merged/Reorganized If "Yes," enter the gross rec | inder R&T | C Sect | tion 23701g?. | ●∐Yes [| |
| Enter | (11111) 60, (1) [1] | | | | | Z No |
| ■ Cneck | accounting medica: (1) the outling (2) LI regular (3) LI Ottier In a city | n 100 or F | orm 1 | Ng to report | . Will res L | على الال |
| F Federa | taxable income? | | • • • • • | | . ●□Yes D | No |
| | jee is die organization under auc | dit by the I | IRS or | has the IRS | | _ |
| | | | •••• | • | . ● Ll Yes 2 | ₹]No |
| If "Yes, | organization in a group exemption | enaing? | | • • • • • • • • • • • • | LIYes L | ∟No |
| | Date life will IV9 | | - | | | |
| Part I | Complete Part I unless not required to file this form. See General Information B and C. | | - | | | No. of Concess |
| | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. | | | | | 7 |
| | 2 Gross dues and assessments from members and affiliates | • • • • • • • • | | 2 | 955 | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | • • • • • • • • | | 3 | 953 | 100 |
| Receipts | 4 Total gross receipts for filing requirement test. Add line 1 through line 3. | | - 1 | | | 100 |
| and Revenues | This line must be completed. If the result is less than \$50,000, see General Information B | ****** | 0 | 4 | 1,908 | 00 |
| | 5 Cost of goods sold | | 00 | | | |
| | 6 Cost or other basis, and sales expenses of assets sold | | 00 | 7 | | |
| | 8 Total gross income. Subtract line 7 from line 4. | • | | | 1,908 | 00 |
| Expenses | O Total augustus and distance and the control of th | ********* | | | 2,860 | 00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | | | 10 | -952 | 00 |
| | 11 Total payments | | | 11 | | 00 |
| | 12 Use tax. See General Information K | | | 12 | | 00 |
| Filing Fee | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | | | | | 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 | | (A) | 46 | 0 | 00 |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statementrue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer | nts, and to th | he best | of my knowledg | ge and belief, it is | ٦ |
| Sign Here | Title | nas any kno | owleag Te | e. elephone | | 1 |
| | Signature of officer PRESIDENT | | (70 | 7) 239-1378 | a | |
| | Date Check if a | self- | ● P | | | \dashv |
| Doid | signature | | | | | |
| Paid Preparer's | Firm's name (or yours, | | O FI | rm's FEIN | | |
| Use Only | if self-employed) and address | | | | | |
| | uno addicese | | Te. | lephone | | 7 |
| | May the CTO discount this set of the CTO discount the CTO discount this set of the CTO discount this se | | | | | |
| | May the FTB discuss this return with the preparer shown above? See instructions | | 0 | Yes 🗆 No | | |

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. 1 Gross sales or receipts from all business activities. See instructions..... 00 00 Receipts 3 00 4 Gross rents.... from 00 Other 5 Gross royalties Sources 5 00 6 Gross amount received from sale of assets (See Instructions)..... 6 00 7 Other income. Attach schedule..... 7 955 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 . . . 8 955 00 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 00 11 doo 12 Other salaries and wages 00 **Expenses** 00 and 00 Disbursements 00 16 Depreciation and depletion (See instructions) 00 17 Other expenses and disbursements. Attach schedule..... 2,860 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 2,86000 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (a) (c) (d) 1 Cash..... 25,596 24,644 3 Net notes receivable..... 5 Federal and state government obligations 7 Mortgage loans Other investments. Attach schedule..... a Depreciable assets..... 11 Land..... 25,596 Liabilities and net worth Accounts payable..... Contributions, gifts, or grants payable..... 17 Mortgages payable..... Other liabilities. Attach schedule Capital stock or principal fund..... 19 25,596 24,644 Pald-in or capital surplus. Attach reconciliation 22 Total liabilities and net worth 25,596 24,644 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 7 Income recorded on books this year 2 Federal income tax..... not included in this return. Attach schedule... Excess of capital losses over capital gains..... 8 Deductions in this return not charged 4 Income not recorded on books this year. against book income this year. 5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8..... deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5.....

Part II

| | | Ir | come State | ment | | |
|--|------------------------|---------------|---------------------------------|--|--------------------------|-----------------------------|
| Events/Activities | Income | VTD | | YTD | | 1 |
| Bear Wear | IIICOIIIE | YTD Incon | | The second secon | | s Notes |
| Beautification Day | | \$ 1,231. | 00 | \$ 1,296.0 | 0 \$ (65.0 | 0) |
| Big Bear Little Bear Danc | | | | | \$ - | |
| Bingo | - | | | | \$ - | |
| Box tops for Education | | - | | | \$ - | |
| Cookie Dough | | \$ 41.6 | 50 | | \$ 41.6 | 0 |
| Costume Ball | | | | | \$ - | |
| Dine & Donates | | | | | \$ - | |
| Donations | | 6 4004 | | | \$ - | |
| Fall Fund Ralsing Assembly | + | \$ 1,304.4 | 2 | | \$ 1,304.42 | 2 |
| Fall Fundraiser | | 0100 | | | \$ - | |
| Field Day | | \$4,25 | 6 | | \$ 4,256.00 | |
| Graduation | | | | | \$ - | |
| The second secon | - | | | | \$ - | |
| ce Skate Night Misc. (bank fees, etc.) | | - | | | \$ - | |
| Montgomery Village | | | | | \$ - | |
| Montgomery Village Movie Night | | - | | | \$ - | |
| Retirement Gift | | - | \$ 516.0 | | | |
| Roller Skate Night | | | | \$ 100.00 | |) |
| Seasonal Activity | - | | - | - | \$ - | |
| Snack Bar | | - | | \$ 1,294.86 | \$ (1,294.86 |) |
| taff Appreciation Lunch | | | | | \$ - | |
| Velcome Reception | | | | | \$ - | |
| earbooks | | 100.00 | | | \$ - | |
| ld Liability - 4th Grade | | \$ 480.99 | | | \$ 480.99 | |
| d Liability - 401 Grade | | | ļ | \$ 728.87 | \$ (728.87) | |
| indergarten | | | | | \$ - | |
| st Grade | | | | | \$ - | |
| nd Grade | | - | | <u> </u> | \$ - | |
| d Grade | | | | \$ 50.00 | \$ (50.00) | |
| h Grade | | | | - | \$ - | |
| h Grade | <u> </u> | - | | | \$ - | |
| h Grade | | | | | \$ - | |
| - Oldo | | | ļ | | \$ - | |
| Totals | \$ - | \$ 6.083.01 | 6 546.00 | 0.000.00 | \$ - | |
| BRARY - | <u> </u> | \$ 6,083.01 | \$ 516.00 | | \$ 3,393.28 | |
| /ents/Activities | Income | YTD Income | Expenses | YTD | | |
| | moonie | 1 12 IIICOIII | Expenses | Expenses | Balance | |
| ok Fair-Fall/Spring | | - | | | | Scholastic Balance: 5781.23 |
| orary Purchases | | | | | | |
| &E Rebate Program | | | | | | |
| st/Damaged Book Fee | | | | | | |
| F Checks/Fees | | | | | | |
| Totals | | | | | | |
| count Information | ZASE LE COMPANIA NO SE | | | 0.0164 | | |
| | | | Participation and participation | | Microsomers and district | ewing but any floor of |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Combined | | |
| İ | | Savings | | account | i | |
| ecking Balance | \$ 13,205.30 | Balance | \$ 18,779.89 | | \$ 31,985.19 | |

Schaefer Families 2021-2022 July -June

Budget

| 2040 2020 Alland | | Duu | | | |
|-----------------------------|-------------|-------------|---------------|-------------|-------|
| 2019-2020 Allocated | Original | Allocations | YTD Alloc. | Allocations | |
| Events | Allocation | Spent | Spent | Balance | NOTES |
| General Operating Expenses | \$1,500.00 | | | \$1,500.00 | |
| 6th Graduation Gift | \$250.00 | | | \$250.00 | |
| 6th Graduation Reception | \$250.00 | | | \$250.00 | |
| Campus Beautification | \$500.00 | | | \$500.00 | |
| Field Day | \$1,000.00 | | | \$1,000.00 | |
| Fall Fund Raiser Incentives | \$500.00 | | | \$500.00 | |
| Retirement Gift | \$100.00 | | \$100.00 | \$0.00 | |
| Staff Appreciation Lunch | \$600.00 | | ¥100.00 | \$600.00 | |
| Seasonal Activity | \$1,340.00 | | \$1,294.86 | \$45.14 | |
| Welcome Reception | \$0.00 | | V 1,440 11.00 | \$0.00 | |
| | | | | ψ0.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| Field Trips | | | | | |
| Kindergarten | \$1,000.00 | | | \$1,000.00 | |
| 1st Grade | \$1,000.00 | | | \$1,000.00 | |
| 2nd Grade | \$1,000.00 | | \$50.00 | \$950.00 | |
| 3rd Grade | \$1,000.00 | | 750.00 | \$1,000.00 | |
| 4th Grade | \$1,000.00 | | | \$1,000.00 | |
| 5th Grade | \$1,000.00 | | | \$1,000.00 | |
| 6th Grade | \$1,000.00 | | | \$1,000.00 | |
| | | | | 7.,000.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | \$13,040.00 | \$0.00 | \$1,444.86 | \$11,595.14 | |

Scrip Report April 2022

| _ | _ | - | - | _ | • | • | Scrip F | Scrip Report April 2022 | il 2022 | , | | | | |
|------------------------------|----------|-----------|-------------|------------|------------|-------------|-----------|-------------------------|-------------|--------------|-------------|------------------|----------|---------------------------|
| | Rostel K | Gutting K | Rinkor 1 | Gregorio 1 | Lewis 2 | Rankin 2 | Garlock 3 | Henry 3 | DeSena 4 | Janssen 4 | Dreitzler 5 | Hart 5 | Martin 6 | Showalter- Garcia 6 |
| Starting Balance | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 | \$458.19 |
| Paper Scrip | | | | | | | | | | | | | | |
| July August | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 00 08 | \$0.00 | 00 U\$ | \$0.00 | 00 00 | 00 00 | 00 00 | 000 | 000 | 000 |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 80.00 | 00.00 | 00.00 | 90.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| September | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 90.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| October | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 00.03 | 00.00 | 00.00 | 90.00 | 90.00 | 90.00 | \$0.00 | \$0.00 | \$0.00 |
| November | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 80.00 | 80.00 | 90.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| December | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.00 | 90.00 | 90.00 | \$0.00 \$0.0E | \$0.00 | \$0.00 |
| January | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 90.33 |
| February | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 00 08 | \$0.00 | \$0.00 | 00.00 |
| March | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 90.00 |
| April | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| May | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| June | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Paper | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$6.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 | \$0.35 |
| Sorie mondile Donne | + | | | | | | | | | | | | | |
| July (April Report) | \$1.15 | \$1.15 | \$1.15 | 61.15 | 61 15 | 4 4 | 64.45 | 94.47 | 1,70 | | | 1 | | |
| Authorit (May Report) | \$1.11 | \$1.13 | 61.13 | 61.7 | 64.43 | 91.13 | 94.43 | 91.10 | 01.10 | \$1.15 | \$1.15 | \$1.15 | \$1.15 | \$1.15 |
| September (June Report) | \$1.55 | \$1.55 | \$1.55 | \$1.55 | \$1.55 | \$1.55 | 81.11 | 81.11 | \$1.11 | \$1.11 | \$1.11 | \$1.11 | \$1.11 | \$1.11 |
| October (July Report) | \$0.91 | \$0.91 | \$0.91 | \$0.91 | \$0.91 | \$0.91 | \$0.91 | \$0.91 | \$0.03 | 80 04 100 | #1.33 | #1.33 | \$1.33 | \$1.55 |
| November (August Report) | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 | \$1.19 |
| December (September Report) | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 | \$1.67 |
| January (October Report) | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 | \$0.37 |
| February (November Report) | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 | \$0.17 |
| March (December Report) | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 | \$3.52 |
| May (February Report) | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 | \$1.87 |
| June (March Report) Total e- | 00.00 | 80.00 | 90.00 | 90.00 | \$0.00 | \$0.00 | \$0.00 | 20.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Scrip | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 | \$13.51 |
| Donations | 1 | | | | | | | | | | | | | |
| Total of ALL SCRIP | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$477.05 |
| n | | | | П | | П | | П | | | | 2011 | 200 | 2017 |
| Fayments | | | | | -291.02 | | -220 | -220 | -374.13 | | | | | |
| Payments | | | | | | | | | | | | | | |
| Payments | | | | | | | | | | | | | | |
| Payments | | | | | | | | | | | | | | |
| Total Darmonta | 00 00 | 0000 | | | | | | | | | | | | |
| BALANCE | 20.00 | 20.00 | 20.00 | 80.00 | -\$291.02 | 80.00 | -\$220.00 | -\$220.00 | -\$374.13 | 80.00 | 80.00 | 80.00 | 80.00 | 80.00 |
| | \$472.05 | \$472.05 | \$472.05 | \$472.05 | \$181.03 | \$472.05 | \$252.05 | \$252.05 | \$97.92 | \$472.05 | \$472.05 | \$472.05 | \$472.05 | 50 5773 |
| | | | | | | | | Common | 4/11/0 | 0214150 | 04/4.00 | 3414.U3 | 3412.U3 | 34/7.US |

| a | 2.88 | 00 0\$ | 80.00 | \$0.00 | \$0.00 | \$0.00 | \$5.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5.26 | | - It | | | | \$13.77 | \$15.00 | \$5.64 | \$2.56 | \$52.87 | \$28.07 | \$0.00 | \$0.00 | \$203.28 | T | \$7081.42 | | T | | | \$1105.15 | 01:00119 | \$5976.27 |
|-----------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------|--------|--------|---|------|--------|--------|--------|---------|---------|--------|--------|---------|---------|--------|--------|----------|---|-----------|---|---|---|---|-----------|----------|-----------|
| g Total | \$6,87 | + | L | - | | | + | 4 | + | \downarrow | L | L | | Н | + | 1 | + | 4 | + | + | + | H | | | 4 | + | + | + | Н | + | + | + | Т | | + | Н |
| Operating | \$0.03 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.01 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.01 | | 30 | \$0.03 | \$0.03 | \$0.07 | \$0.12 | \$0.00 | \$0.08 | \$0.01 | \$0.07 | \$0.02 | \$0.00 | \$0.00 | 80.63 | | 80.67 | | | | | 00 03 | | 20.67 |
| Оffice | \$458.19 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.35 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.35 | | , | 5 | 2,111 | \$1.55 | \$0.91 | 81.13 | \$0.37 | \$0.17 | \$3.52 | \$1.87 | \$0.00 | \$0.00 | \$13.51 | | \$472.05 | | | | | 00 03 | 200 | \$472.05 |

Agenda Item Summary

Action Item: **17.3** Approval of Authorization as a School-Connected Organization for Jack London Families

Regular Meeting of: May 11, 2022 Action Item Report Format: Oral

Attachment: Correspondence Board Policy

Presented by: Dr. Charbonneau, Superintendent

Background

This is an annual report required by BP and AR 1230.

Issue(s)

Plan/Discussion/Detail

Jack London Families will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

Fiscal Impact

Options

Recommendation

Approve.

2022-2023 JACK LONDON FAMILIES REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

SCHOOL-CONNECTED ORGANIZATIONS CHECK OFF LIST

Requests for authorization as a school-connected organization shall contain:

| (Please complete this form and check off each item before turning in to the Superintendent. Thank you!) |
|--|
| 1. Desired use for any money remaining at the end of the year if the organization is not continued for authorized to continue in the future. (Attachment #1) |
| 2. The name of the organization: Jack London Families PTO |
| 3. The date of application: 5 2 2022 |
| 4. Copy of the By-laws (to include #9). (Attachment #2) |
| ✓ 5. Membership quotas or qualifications. Described: All interested parties within 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3) |
| 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3) |
| 17. A brief description of the organization's purpose. (See attachment.) |
| ✓ 8. A list of specific annual objectives and planned activities. (Attachment #4) |
| 9. The name of the bank where the group's account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5) |
| 10. The site where the organization will be based, school site or district office. Jack London Elementary School 11. Evidence of liability insurance as required by law. (Attachment #6) |
| 12. Evidence of having filed appropriate IRS forms. (Attachment #7) |
| 13. An annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocation, and the fund balance at year-end. (Attachment #8) |
| 14. The signature of the site administrator who supports the request for authorization. (See signature line below) |
| Site Administrator Signature Date 5 2 2022 |
| |

Attachment # 1

Desired use for any money remaining at the end of the year if the organization is not continued or authorized in the future:

Article VII: Dissolution (Jack London Families Constitution)

Upon dissolution of Jack London Families, after paying or adequately providing for the debts and obligations of the association, the remaining assets shall be distributed to the Piner Olivet Educational Foundation, whose purpose is to raise funds to provide enriched educational opportunities for the students of the Piner-Olivet Union School District.

Jack London Families By-Laws

Article I: Name

The name of the organization shall be Jack London Families PTO (JLF PTO).

Article II: Purpose

Jack London Families PTO shall promote the well being of children in home, school and community. They shall promote and facilitate interaction between parents, students and charitable and educational purposes.

Article III: Members

Any parent or legal guardian of a student at the school may be a member and shall have voting rights. The principal and any teacher employed at the school may be a member and have voting rights.

Article IV: Officers & Elections

Section 1a. Officers- The officers shall consist of President, Vice President, Secretary and Treasurer.

- a. President The President shall preside over and preserve order at all meetings of the organization and serve as the primary contact for the Principal, represent the organization at meetings outside the organization, and coordinate the work of all the officers and committees so that the purpose of the organization is served.
- b. Vice President The Vice President shall assist the President and carry out the President's duties in his or her absence or inability to serve.
- c. Secretary The Secretary shall keep all records of the organization, take and record minutes, prepare the agenda, handle correspondence, send notices of meetings to the membership, and prepare and distribute notices of all PTO events.
- d. Treasurer The Treasurer shall receive all funds of the organization, keep an accurate record of receipts and expenditures, and pay out funds in accordance with the approval of the PTO officers and members. He or she will present a financial statement at every meeting and at other times of the year when requested by the executive board, and make a full report at the end of the year. He or she will also be responsible for filing the non-profit State and Federal tax returns as necessary.

Section 1b. Officers Duties- The officers shall transact business in the intervals between meetings and other business as may be referred to Jack London Families. They are to create event committees, present a report at the general meetings, and approve bills within the limits of the budgets.

Section 2- Nominations & Elections- Nomination ballots will be distributed following the second to last meeting of the year with a requested return date of one week prior to the last meeting of the year. At the last meeting nominations may be made if the nominee is present to accept the

Jack London Families By-Laws, Amended 05/28/19

nomination. During the last meeting voting shall take place by voice vote unless multiple candidates are running for a position and in that case voting will be done by ballot vote.

Section 3. Terms of Office- Jack London Families officers' terms shall coincide with the School District fiscal year. Officers are elected for a two year term. The offices of President and Treasurer may serve no more than two consecutive terms of the same person in the same position. Each person elected shall hold only one office at a time. In the event an officer is replaced during their term the replacement may serve out the remainder of that term and the time fulfilled will not be included as time served if elected again.

Section 4. Vacancies- If there is a vacancy in the office of President, the Vice President will become the President. At the next regularly scheduled meeting a new Vice President will be elected. If there is a vacancy in any other office, members will fill the vacancy through an election at the next regularly scheduled meeting.

Section 5. JLF PTO prefer to have single representation on all board positions, but should it be necessary, the board approves the use of co-chairs on any/all board positions when single representation is not available.

Section 6. Removal From Office- Officers, when charged with a breach of duties, can be removed from office by a two-thirds majority vote, including two officers.

Article V: Meetings

Section 1. Regular Meetings- The regular meeting of the organization shall be held in the Teacher's Lounge on the second Tuesday of each month during the school year at 6:30 p.m., or at a time and place determined by the officers at least one month before the meeting.

Section 2. Special Meetings- Special meetings may be called by the President or two other officers submitting a special request to the Secretary. Previous notice of the special meeting shall be sent to the members at least 48 hours prior to the meeting by flyer and phone call.

Section 3. Quorum- The quorum shall be no less than 6 members of the organization, including two officers.

Article VI: Committees

Committees may consist of members, officers, and other parent volunteers from the school, with the President acting as an ex officio member of all committees. The committees will be in charge of any and all necessary tasks to assist putting on a JLF PTO event.

Article VII: Business & Finances

Section 1. JLF PTO shall maintain a bank account at a Federally Insured financial institution with the President, Vice President, Secretary, Treasurer and school Principal as signatories, with two signatures required.

Section 2. JLF PTO may deposit funds from their own hosted activities and spend their own net proceeds to benefit their own school and/or students.

Section 3. Minutes of each JLF PTO meeting shall record items of official business, i.e., allocations, budget items, elections, etc.

Section 4. Upon the dissolution of the organization, any remaining funds should be used to pay any outstanding bills and, with the membership's approval, spent for the benefit of the school.

Article VIII: Parliamentary Authority

Any procedural item not covered in the By-Laws is to be done in accordance with Robert's Rules of Order.

Article IX: Fiscal Year and Tax ID Number

Section 1. The fiscal year for the JLF PTO shall begin on July $\mathbf{1}^{\text{st}}$ and end on June $\mathbf{30}^{\text{th}}$.

Section 2. The IRS EIN for JLF PTO is 33-1071375.

Section 3. The name Jack London Families and/or it's tax ID number shall only be used and/or cited in the conduct of official business and activities of Jack London Families and it's committees.

Article X: Dissolution

The organization may be dissolved with previous notice (14 calendar days) and a two-thirds vote of those present at the meeting.

Article XI: Additions

The By-Laws may be amended by a two-thirds majority of votes cast at any general meeting, provided notice has been given at the previous general meeting, or thirty days written notice has been given to the members.

Jack London Families PTO

Organization's Purpose:

To promote the well-being of children in home, school and community. Promotes and facilitates interaction between parents, students and charitable and educational purposes.

Jack London Families PTO Officers 2022-2023

The **President** facilitates monthly board meetings, acts as a liaison between the school and the JLF PTO and supports the JLF board in its efforts.

President (OPEN)

The **Vice President** assists the President throughout the year, is responsible for registering members and organizing member volunteers to support PTO functions. Presides over JLF monthly meetings in the absence of the President.

Vice President Lindsey Colman 2001 Piner Road #269 Santa Rosa, CA 95403 (707) 331-7395 lcolman707@gmail.com

The **Secretary** records monthly board meeting minutes, conducts the PTO's correspondence and assembles the email/phone directory of active JLF participants.

Secretary
Katherine Hess

Santa Rosa, CA 95403 (707) 235-9623 kwelliver25@hotmail.com

The **Treasurer** receives and disburses funds, maintains bank accounts, prepares tax documents and provides monthly financial reports to board members (budget, income statement and balance sheet).

Treasurer (OPEN)



| Jack London Families | Parent Teacher Organization |
|-----------------------------|--|
| Events & Activities | for 2022-2023 School Year |
| Friday, August 19, 2022 | Ice Cream Social |
| 9/12/22 to 9/23/22 | Fall Fundraiser - Charleston Wrap |
| Friday, September 30, 2022 | Kids Invite Someone Special (1) |
| Saturday, October 08, 2022 | Fall Campus Beautification Day |
| Friday, October 28, 2022 | Monster Mash Bash |
| 10/10/22-10/21/22 | Fundraiser (6th Grade Camp) - Cookie Dough |
| Friday, November 18, 2022 | Bingo Night |
| Thursday, December 15, 2022 | Winter Wonderland |
| Friday, January 13, 2023 | Movie Night |
| Saturday, February 18, 2023 | Spring Fundraiser - Crab Feed |
| 2/27/23-3/3/23 | Read Across America |
| Friday, March 03, 2023 | Book Lover's Ball |
| Friday, April 14, 2023 | Kids Invite Someone Special (2) |
| Saturday, April 22, 2023 | Spring Campus Beautification Day |
| Thursday, June 01, 2023 | End of Year BBQ |

PTO Meetings are 2nd Tuesday of each month 6:30 - 8:00 in the Teachers Lounge

Jack London Elementary School

2707 Francisco Avenue Santa Rosa, CA 95403 Phone 707-522-3030 Fax 707-522-3317 www.pousd.org

July 1, 2021

Exchange Bank 1300 Guerneville Road Santa Rosa, CA 95403

May 2, 2022 A

Re: Jack London Families: Account #0102035318

Jack London Families and Scrip: Account #1100021771

Dear Madam/Sir:

Jack London Families has had changes to the executive board. Please make the following changes on our accounts.

Curent Cure of 2122

Signature Privileges:

President

Open

Vice-President

Cassandra Voight

Treasurer

Lindsey Colman

Secretary

Aimee App Olga Venegas

Principal

Deletions:

President

Colleen Verdu

Vice President Treasurer Allen Foster Sarah Salmon

Secretary

Ashely Cleveland

Two signatures are required to draw funds from these accounts.

Should you have any questions, please contact the current Treasurer of Jack London Families, Lindsey Colman, at (707) 331-7395.

Sincerely,

Allen Foster Treasurer

Jack London Families

Colleen Verdu President

Jack London Families

2022-2023 W Jack London Families Banking Information 2021-2022

> Exchange Bank Coddingtown Branch 1300 Guerneville Road Santa Rosa, CA 95403

| Authorized Signers | |
|--------------------------------------|--|
| Principal - Olga Venegas | |
| | |
| President - Open | |
| Vice President - Cassanda Voight | |
| Secretary - Aimee App | |
| Treasurer - Lindsey Colman | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy/ies) must be endorsed. If SURPOGATION IS WAVED

| PRO | DUCER | | | | t V. Nuccio | | | |
|------------|---|---------|----------------------------|---------------------------|------------------------------|-----------------------------------|------------------|---------------------------------------|
| R. | V. Nuccio & Associates Insurance | Broke | ers, Inc. | |) 364-2433 | FAX (A/C, N | _{or} (8 | 18) 980-1595 |
| 10 | 1148 Riverside Drive | | | | ort@rvnuccio | | <u> </u> | |
| To | luca Lake, CA 91602 | | | | | RDING COVERAGE | | NAIC# |
| | · | | | INSURER A : Firem | an's Fund In | surance Company | | 21873 |
| INSL | RED | | | INSURER B : Natio | nwide Life Ins | surance Company | | 66869 |
| Ja | ck London Families | | | INSURER C : | | | | |
| 27 | 707 Francisco Ave | | | INSURER D : | | | | |
| S | NTA ROSA , CA 95403-7608 | | | INSURER E : | - | | | |
| | | | | INSURER F : | | | | |
| | | | ATE NUMBER: | | | REVISION NUMBER: | | |
| T | IS IS TO CERTIFY THAT THE POLICIES | S OF IN | ISURANCE LISTED BELOW HA | AVE BEEN ISSUED 1 | O THE INSUR | ED NAMED ABOVE FOR | THE PO | LICY PERIOD |
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| NSR LTR | TYPE OF INSURANCE | ADDL S | UBR | POLICY EFF (MM/DD/YYY) | | T . | MITS | |
| A | GENERAL LIABILITY | INSIX I | XPK80998373 | 1/10/2022 | | | s | 1,000,000 |
| | COMMERCIAL GENERAL LIABILITY | | | 1/10/2022 | 1/10/2023 | DAMAGE TO RENTED PREMISES | s | 100,000 |
| | CLAIMS-MADE COCCUR | | NANPO0053735 | - | | MEDICAL EXPENSE | \$ | 5,000 |
| | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| | | | | | | GENERAL AGGREGATE | s | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGE | | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | FRODUCTS - CONFROR AG | \$ \$ | 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT | s | |
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| | ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accider | | |
| | HIRED AUTOS NON-OWNED AUTOS | - | | | | PROPERTY DAMAGE (Per accident) | s | |
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| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | s | |
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| | WORKERS COMPENSATION | | | | | WC STATU- OTH | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | ' | | | E.L. EACH ACCIDENT | s | · · · · · · · · · · · · · · · · · · · |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYE | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | | |
| | Directors and Officers | | NPODO0060871 | 1/10/2022 | 1/10/2023 | C.C. DISEASE - FOLICY ENVI | . ə | ## 000 000 |
| ١ | Directors and Officers | | 0200000, 1 | 1710/2022 | 1/10/2023 | | | \$1,000,000 |
| 4 | Directors and Officers | | | | | | | |
| | Sexual Misconduct Liability RIPTION OF OPERATIONS / LOCATIONS / VEHICL | | NANPO0053735 | 1/10/2022 | 1/10/2023 | | | 1,000,000 |

| CERTIFICATE HOLDER | CANCELLATION |
|----------------------------|--|
| Evidence of Insurance Only | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | Robert V. Nuccio Cobert U. America |



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/09/2021

11/09/2021 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. AGENCY PHONE (A/C, No, Ext): R.V. Nuccio & Associates Insurance Brokers, Inc. Fireman's Fund Insurance Company 10148 Riverside Drive 777 San Marin Drive Toluca Lake, CA 91602 Novato, California 94998-2000 (800) 364-2433 Robert V. Nuccio FAX (A/C, No): (818) 980-1595 E-MAIL ADDRESS: support@rvnuccio.com CODE: SUB CODE: AGENCY CUSTOMER ID # INSURED LOAN NUMBER POLICY NUMBER Jack London Families NANPO0053735 2707 Francisco Ave EFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL 1/10/2022 1/10/2023 SANTA ROSA, CA 95403-7608 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. COVERAGE INFORMATION COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Property/Equipment Insurance \$10,000 \$250 Crime Insurance Not Covered \$250 REMARKS (Including Special Conditions) Evidence of Insurance Only CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN# Evidence of Insurance Only AUTHORIZED REPRESENTATIVE Clobert U. Junio Robert V. Nuccio



Applicant Information

School Support Group Type PTO

School Support Group Name Jack London Families

Website

Is your group primarily a project graduation group? No

Does your organization conduct its business from a school campus between the grades of Yes

K-12?

School Name Jack London Elementary School Address

2707 Francisco Ave School City SANTA ROSA

School State CA

School Zip Code 95403-7608 First Name **ASHLEY**

Last Name **CLEVELAND** Phone 707-304-1249

E-Mail Address ashleynichole1026@yahoo.com

Membership dues Cash grants/gifts/scrips/online sales 6000 Bingo 100

Other Fund Raising Activities 5000 Is the applicant's mailing address the same as the address indicated above? Yes

Coverages

Effective Date 1/10/2021

Liability Plus \$1,000,000/\$2,000,000

Damage to Premises Rented Limit \$100,000 Bonding Plus

I understand and agree that no coverage will be provided unless we install and maintain Not Applicable

the required accounting procedures at inception and throughout the coverage period. Directors and Officers Plus

Accident Medical Plus

Property Plus

Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG, or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also

provide insurance coverage? I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members

are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance. Do you understand and agree that any known or existing circumstances, conditions, or

situations which may give rise to a loss under this insurance will not be covered by the policy?

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Name

Accepted Date

No, I do not want to purchase this coverage

Yes

No, I do not want to purchase this coverage.

Limit \$10,000

Yes

Yes

Yes

Yes

Ashley Cleveland

1/6/2021

| Form | 990-N |
|------|-------|
|------|-------|

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

| | | Open to 1 dolle inappedien |
|---|--|---|
| A For the 2019 Calendar year, or tax year begi | nning <u>2019-07-01</u> and ending <u>2020-06-30</u> | 1.44 |
| B Check if available | C Name of Organization: <u>JACK LONDON FAMILIES</u> | D Employee Identification |
| Terminated for Business Gross receipts are normally \$50,000 or less | 2707 Francisco Avenue, | Number 33-1071375 |
| a Gross receipts are normally \$50,000 or less | Santa Rosa, CA, US, 95403 | West of the State |
| E Website: | F Name of Principal Officer: Cassandra Voight | |
| | 2535 Pawnee Street, Santa | |

Rosa, CA, US, 95403

You are required to give us the information. We need it to ensure that you are complying with these laws.

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filling via paper. You must file your Form 990-N (e-Postcard) electronically.

income Statement

Jack London PTO YTD April 1, 2022 2021-2022

Financial Statements in U.S. Dollars

| AmazonSmile Foundation | \$ | 207.33 | | | \$ | 207.33 |
|------------------------------------|--------------------|----------|-----------------------------|--|-------------|-----------|
| Front Stream Deposit | \$ | 70.00 | | | \$ | 70.00 |
| Fall Cookie Kits | \$ | 783.92 | \$ | 630.00 | \$ | 153.92 |
| Donations | - \$ | 870.00 | America of the Line Work of | The state of the s | \$ | 870.00 |
| 6th Grade Funds | \$ | 624.00 | | | \$ | 624.00 |
| Script | time and the first | | ********* | A Company of the Comp | 4 | 024,00 |
| Winter Cookie Kits | \$ | 707,44 | \$ | 555.00 | \$ | 152 44 |
| Charleston Wrap | \$ | 2,578.40 | | | <u>\$</u> | 2,578,40 |
| Gift Card donations | \$ | 160.76 | | Throw the state of | S | 160.76 |
| Spirit Wear | \$ | 1,140,24 | \$ | 2.195.60 | S | (1,055,36 |
| Less: Sales Returns and Allowances | 10.000.000.000 | | ********** | | \$ | 7.,000.00 |
| Net Revenue | \$ | 7,142.09 | \$ | 3,380,60 | - <u>\$</u> | 3.761 49 |

| Separating Expenses | | |
|--|---|---|
| Attorney General Registry of Charitable Trusts | * · · · · · · · · · · · · · · · · · · · | |
| Child Care for JLF Meetings | \$ | 30.00 |
| Holiday Decorations | \$ | 117.80 |
| Teacher Appreciation November | \$ | 22.00 |
| Paws & Popsicles | \$ | 146.75 |
| Insurance Renewal | \$ | 305.00 |
| Paws Store | \$ | 621,11 |
| Square Readers | | to convenience and convenience products |
| 2021-2022 Reimbursments | \$ | 1,827.68 |
| Teacher Appreciation December | \$ | 338.75 |
| Valentines stuff for Students | \$ | 247.21 |
| Winter Treats for kids | \$ | 139,04 |
| Square Fees | \$ | 68.64 |
| Sprit Wear 2021-2022 | \$ | 2,953.00 |
| Total Operating Expenses | \$ | 6,816.98 |
| Total Cost + Operating Expenses | \$ | 10,197.58 |
| Net Operating Income | \$ | (3,055.49) |

| \$21,001.42 |
|-------------|
| \$0.00 |
| \$76.33 |
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| \$0.00 |
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| \$341,99 |
| 60.00 |
| \$0.00 |
| |

Agenda Item Summary

Action Item: **17.4** Approval of Authorization as a School-Connected Organization for Piner-Olivet Charter School Parent Club

Regular Meeting of: May 11, 2022 Action Item Report Format: Oral

Attachment: Correspondence Board Policy

Presented by: Dr. Charbonneau

Background

This is an annual report required by BP and AR 1230.

Issue(s)

Plan/Discussion/Detail

The Piner-Olivet Charter School Parent Club will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

Fiscal Impact

Options

Recommendation

Approve.

2022-2023 PINER-OLIVET CHARTER SCHOOL PARENT CLUB

REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

SCHOOL-CONNECTED ORGANIZATIONS CHECK OFF LIST

Requests for authorization as a school-connected organization shall contain: (Please complete this form and check off each item before turning in to the Superintendent. Thank you!)

- Desired use for any money remaining at the end of the year if the organization is not continued for authorized 1. to continue in the future. (Attachment #1)
- The name of the organization: Piner-Olivet Charter School 2.
- 3. The date of application: May 11, 2022
- 4. Copy of the By-Laws (to include #9). (Attachment #2)
- Membership quotas or qualifications. Described: 5. Membership open to all interested parties within the school community
- 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3)
- A brief description of the organization's purpose. 7. Support Piner-Olivet Charter School and its activities.
- 8. A list of specific annual objectives and planned activities. (Attachment #4)
- 9. The name of the bank where the group's account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5)
- The site where the organization will be based, school site or district office. 10. Piner-Olivet Charter School
- Evidence of liability insurance as required by law. (Attachment #6) 11.
- Evidence of having filed appropriate IRS forms. (Attachment #7) 12.

1.4

13. An annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocation, and the fund balance at year-end, including SCRJP Fund Accounts for that fiscal year. (Attachment #8)

| 14. | The signature of the site administrator who supports the | e request for authorization. (See signature line below) |
|-----|--|---|
| | Heather Lalean | 5-2-22 |
| | Site Administrator Signature | Date |

Article I X: Dissolution (POCS Parent Club Constitution)

Upon dissolution of the organization, assets shall be distributed to Piner-Olivet Charter School for one or more exempt purposes within the meaning of section 501c(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Piner-Olivet Charter School (POCS) Parent Club

By-Laws

Article I: Purposes

- Section 1._POCS Parent Club is organized exclusively to support Piner-Olivet Charter School, an organization as defined in 509(a)(1) of the Internal Revenue Code.
- Section 2. In carrying out Section 1 of this Article, POCS Parent Club shall be supervised by and operated in connection with Piner-Olivet Charter School.
- Section 3. In carrying out Section 1 of this Article, POCS Parent Club is organized exclusively for charitable, education, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organization under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article II: Meetings

- Section 1. The POCS Parent Club General Meetings shall be set by the officers at their first meeting of the fiscal year.
- Section 2. The General Meeting quorum shall consist of not less than three (3) members, including two (2) officers.
- **Section 3.** Special meetings may be called as needed by the POCS Parent Club Lead Parent or by agreement of two (2) other officers.

Article III: Officers - Their Duties and Election

- Section 1. The duties of the Lead Parent shall be to:
 - a. preside over and preserve order at all meetings;
 - b. enforce the Constitution and By-laws of the POCS Parent Club; and
 - c. assist other officers and to preside in their absence, if necessary.
- **Section 2.** The duties of the Secretary shall be to keep the Minutes and to maintain the correspondence of the POCS Parent Club.
- **Section 3.** The duties of the Treasurer shall be to:
 - a. keep permanent records of accounts, including the receipts and expenses of POCS Parent Club transactions;
 - b. maintain copies of treasury reports and copies of reconciled bank account statements;
 - c. present a Treasurer's Report at every meeting; and
 - d. be responsible for filing the non-profit state and federal tax returns as necessary.
- **Section 4**. Officers shall be elected by ballot or voice vote at either the last meeting of the current fiscal year or the first meeting of the coming fiscal year.
- **Section 5.** The offices of Lead Parent or Treasurer may not be held for more than four consecutive years by the same person in the same position (unless it cannot be filled).
- Section 6. The term of service of the POCS Parent Club officers shall coincide with the district's fiscal year.
- **Section 7.** The duties of the Officers shall be to:
 - a. transact necessary business in the intervals between meetings and other business as may be referred to POCS Parent Club;
 - b. create special committees;
 - c. present a report at the General Meeting;
 - d. select a committee to review the Treasurer's accounts; and
 - e. approve bills within the limits of the budget.

Section 8. When charged with a breach of duty an officer can be removed from office by a two-thirds (2/3) majority vote of members when a quorum is present.

Article IV: Business and Finance

- Section 1. POCS Parent Club shall maintain a bank account at a financial institution with the Lead Parent, the Treasurer, the school principal and one Piner-Olivet Charter School certificated staff member as signatories, with two signatories required.
- Section 2. POCS Parent Club may deposit funds from their own hosted activities and spend their net proceeds to benefit the Piner/Olivet Charter School and its students.
- Section 3. Minutes of each POCS Parent Club meeting shall record items of official business, i.e. allocations, budget items, elections.

Article V: Compensation

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its member, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.

Article VI: Activities Permitted and Prohibited

No Substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other purposes not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue code, or corresponding section of any future federal tax code, or corresponding section of any future federal tax code, or corresponding section of any future federal tax code.

Article VII: Amendments

The By-laws may be amended by a two-thirds (2/3) majority of votes cast at a General Meeting providing notice has been given at the previous General Meeting or thirty (30) days written notice has been given to the membership.

Article VIII: Fiscal Year and Tax ID Number

- Section 1. The fiscal year for POCS Parent Club shall begin on July 1st and end on June 30th.
- Section 2. The Internal Revenue Service Employer Tax Identification Number for POCS Parent Club is: 72-160401.
- Section 3. The name of POCS Parent Club and/or its Tax Identification Number shall only be used and/or cited in the conduct of official business and activities of POCS Parent Club or its committees.

Article IX: Dissolution (POCS Parent Club Constitution)

Upon dissolution of the organization, assets shall be distributed to Piner-Olivet Charter School for one or more exempt purposes within the meaning of section 501c(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article X: Parliamentary Authority

Any procedural item not covered in the Constitution or By-laws is to be conducted in accordance with Robert's Rules of Order.

Adopted on this date of October 6, 2005.

PINER-OLIVET UNION SCHOOL DISTRICT

Santa Rosa, California

2022-2023 Officers

PRESIDENT

Kelly Roberts danandkelly715@gmail.com

Duties: Preside over all parent club board and general meetings, creating an agenda with pertinent school business, i.e. school fundraisers, work day, upcoming events, or needs of the school. Help keep the meetings on track and on time. Recruit potential board members. Mentor successor (Vice-President).

VICE PRESIDENT

Bridget Ross smilygal97@aol.com

Duties: When the President is not available, reside over parent club board and general meetings, creating an agenda with pertinent school business, i.e. school fundraisers, work day, upcoming events, or needs of the school. Help keep the meetings on track and on time. Mentor successor.

TREASURER

Kelly Roberts (Interim) danandkelly 715@gmail.com (recruitment will commence in the fall of 2022-2023)

Duties: Receive all funds from parent club events and fundraisers. Also, payout all parent club debts, such as school needs, and the parent club has agreed to pay for and payments to fundraising companies for services/goods rendered or received. Ensure that deposits get to the bank in a timely manner. Be prepared to report what funds we have in our account at every parent club meeting. Manage 8th-grade trip fundraising by individual students. Mentor successor.

SECRETARY

Vacant - Kelly Roberts (interim) (recruitment will commence in the fall of 2022-2023)

Duties: Take notes at parent club board and general meetings on what was discussed and what events or needs there may be for the school. Share minutes with the parent club board and principal for e-mail distribution and approval at the following meeting. Mentor successor.

VOLUNTEER COORDINATOR(s)

(recruitment will commence in the fall of 2022-2023)

Duties: Maintain parent list and their interest and availability. Schedule them for events, workdays and fundraisers. Mentor successor.

POCS PARENT CLUB ANNUAL OBJECTIVES AND PLANNED ACTIVITIES

Our objectives for the 2022-2023 school year are:

1) To continue to fundraise to support student activities and incentive rewards

2) To continue to build community between parents, students, and staff

| August/September 2022 | "No Fundraiser" Fundraiser - funds student activities such as Challenge Day, Ropes Course, Swim Party, first fundraiser for 8th-grade trip |
|-----------------------|---|
| October 2022 | Cookie dough sales (start date 10/7), Dine and Donate |
| November 2022 | Pie sales - funds parent club operations expenses such as insurance, supplies, and parent club and student activities. |
| January 2023 | Fundraiser of Dine and Donate |
| February 2023 | Fundraiser for 8th-grade trip |
| March 2023 | Dine and donate - funds student activities such as graduation, graduation dinner/dance, sports uniforms, and campus cleanup workdays. |
| April 2023 | Dine and donate - funds student activities such as graduation, graduation dinner and dance, sports uniforms, and campus cleanup workdays. |
| May 2023 | 8th grade dinner/dance and 8th grader graduation |
| Recurring | POCS Parent Club meetings are held on the third Tuesday of almost every month |
| Recurring | Monthly "Dine and Donate" nights at various restaurants – building a community |

amongst students and families while fundraising to support student activities.

Two Signatures are required to withdraw funds from this account.

Authorized signers on the account are as follows:

- 1. Principal...... Heather Graham
- 2. Lead Teacher. Jessica Brandenburg
- 3. President...... Kelly Roberts
- 4. Vice President.... Bridget Ross
- 5. Treasurer. Kelly Roberts (interim)

Bank records will be updated to add and remove signers once new officers have been determined.

Following is a copy of the Certificate of Liability Insurance



POCS Parent-Teacher Club 2707 Francisco Ave. Santa Rosa, CA 95403

Specialt hsurance Products

Insurance Mildy Number: NANPO054 99

Tel. (800 364-2433

Email sup of @rynuckio.kdm

Online rvn kcjo.com

Office 10145 Riverside Drive Tolum Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of the Application
- ✓ Your Men grandum
- ✓ Your Coverages
- ✓ Your Quo

Thank you for choosing R.V. Nuccio & Associates
Insurance Biokers, Inc. — Wellook forward to helping
with your specialty insurance needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

| | he terms and conditions of the policy ertificate holder in lieu of such endor | | | | ndorse | ment. A stat | tement on th | is certificate does not c | onfer i | rights to the |
|----------------------|--|---------------------------|-------------------------------|---|-------------------|--|---|--|---|---------------|
| | DUCER | | | | CONTAI NAME: | CT Robert | V. Nuccio | *************************************** | | |
| R. | V. Nuccio & Associates Insurance | Brok | kers, | , Inc. | PHONE (A/C, No | . evn. (800) | 364-2433 | FAX (A/C, No): | (81 | 8) 980-1595 |
| 10 | 0148 Riverside Drive | | | | E-MAJL ADDRES | | t@rvnuccio. | *************************************** | 1- | <u> </u> |
| To | oluca Lake, CA 91602 | | | • | Chair | | | RDING COVERAGE | ***************** | NAIC# |
| | | | | 1 | INSURE | * | | surance Company | *************************************** | 21873 |
| INSL | JRED | | | | | | | urance Company | ************* | 66869 |
| | OCS Parent-Teacher Club | | | | INSURE | | TION WITH THE | arano company | *************************************** | 0000 |
| 27 | 707 Francisco Ave. | | | | INSURE | *************************************** | ************************ | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | *************************************** | |
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| NSR LTR | | INSR | מעש | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | |
| Α | GENERAL LIABILITY | | | XPK80998373 | | 2/20/2022 | 2/20/2023 | EACH OCCURRENCE | \$ | 1,000,000 |
| | COMMERCIAL GENERAL LIABILITY | | | NANPO0054199 | | | | DAMAGE TO RENTED PREMISES | \$ | 100,000 |
| | CLAIMS-MADE ✓ OCCUR | 1 | | | | | | MEDICAL EXPENSE | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| | | | | | Í | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GENT AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
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| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | . | | | | , | PROPERTY DAMAGE (Por accident) | \$ | |
| | |]] | | | | | | A STATE OF THE STA | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | *************************************** | *************************************** | EACH OCCURRENCE | \$ | A-44-44- |
| | EXCESS LIAB CLAIMS-MADE | | . 1 | i | | | | AGGREGATE | \$ | - |
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| | WORKERS COMPENSATION | | | | | | | WC STATU- OTH- TORY LIMITS ER | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | ĺ | ı | | | | E.L. EACH ACCIDENT | \$ | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | N/A | - | : | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <u> </u> | E.L. DISEASE - POLICY LIMIT | \$ | |
| A | Directors and Officers | | | NPODO0061437 | | 2/20/2022 | 2/20/2023 | harte to be to be a first to b | · · · · · · · · · · · · · · · · · · · | ©1 000 000 |
| • | | | | | | | | | | \$1,000,000 |
| | Sexual Misconduct Liability RIPTION OF OPERATIONS / LOCATIONS / VEHICE | FC (A) | | NANPO0054199 | L | 2/20/2022 | 2/20/2023 | | ····· | 1,000,000 |
| | idence of Insurance Only | luller gr. | thour. | With IVI Positional Hamaria | Restriction | Il inura apaco to | 184ин год | ; | | |
| `EE | TIEICATE UOI DED | | | | CANC | TI ATION | | ····· | *************************************** | |
| , En | RTIFICATE HOLDER | | | <u> </u> | CANC | ELLATION | ····· | | | |
| | Evidence of Insur | anc | e O | nly | THE | EXPIRATION | DATE THE | ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS. | | |
| | | | | | AUTHOR | NZED REPRESEN | ITATIVE | | | |

Clobert V. Junio

Robert V. Nuccio



Applicant Information

School Support Group Type PTO

Full Legal School Support Group Name POCS Parent-Teacher Club

Website

Is your group primarily a project graduation group? No

Does your organization conduct its business from a school campus between the grades of Yes

K-12?

Piner-Olivet Charter School School Name

School Address 2707 Francisco Ave. School City Santa Rosa

School State CA School Zip Code 95403 First Name **POCS**

Last Name Parents Club Phone 7075223301

E-Mail Address pocsparents@gmail.com

Membership dues Cash grants/gifts/scrips/online sales 0 Bingo

Other Fund Raising Activities 10,000.00

Is the applicant's mailing address the same as the address indicated above? Yes

Coverages

Effective Date 2/20/2022

Liability Plus \$1,000,000/\$2,000,000

Damage to Premises Rented Limit \$100,000

Bonding Plus No, I do not want to purchase this coverage

I understand and agree that no coverage will be provided unless we install and maintain Not Applicable

the required accounting procedures at inception and throughout the coverage period.

Directors and Officers Plus

Accident Medical Plus

Property Plus Does your School Group have any other booster clubs or groups operating along with or

under your School Group or does your School Group have any other booster clubs or groups over which you exercise any control?

I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members

are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.

Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy?

Do you understand and agree that if you select the Mail-in Check payment option, the

effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this

application for insurance.

Name Kelly Roberts Accepted Date 1/10/2022

Memorandum Number NANPO0054199

157

No, I do not want to purchase this coverage.

Limit \$10,000

No

Yes

Yes

Yes

Yes



Memorandum Number D&O Memorandum Number AD&D Expiration Date

Additional Insureds Number of Additional Insureds



NPODO0061437

2/20/2023

0

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

| Ma | ster | Policy Number: XPK80998373 | Men | norandum Number: NA | VPO0054199 |
|---------|------|--|--|---|--|
| | | Company: | | onal Program Administ | |
| | | merican Insurance Company | | | Insurance Brokers, Inc. |
| | | . McDowell Blvd | | 18 Riverside Drive | |
| | | na, California 94954 | | ica Lake, CA 91602 | |
| | | wide Claims: 1-888-347-3428 | | onwide: 1-800-567-268 | 35 |
| 01. | MI | EMORANDUM HOLDER NAME AND ADDRESS (M | | EANS NAMED INSURED) | |
| | a. | Memorandum Holder: POCS Parent-Teacher | Club | | |
| | b. | Street Address: 2707 Francisco Ave. | | | |
| | С. | City: Santa Rosa | | | |
| | d. | State: CA | | | |
| | e. | Zip Code: 95403 | | | |
| 02. | Co | overage Period | | | |
| | Inc | eption Date 2/20/2022 12:01A.M. to Expiration | Date 2/20/2023 12 | 2:01A.M. Standard Tim | e at the Named Insured's |
| | | iress as stated above. | | | |
| 03. | Βυ | SINESS TYPE | | | |
| | | PTA PTO Booster Club | ☐Educational Fo | undation Nonpre | fit Organization |
| 04. | Co | VERAGE PART LI | MIT OF INSURANCE | | PREMIUM |
| | a. | INLAND MARINE PROPERTY COVERAGE PART | r | | \$62.00 |
| | | Business Personal Property/Equipment | \$10,000 | \$250 | + |
| | b. | INLAND MARINE CRIME COVERAGE PART | . , | · | \$0.00 |
| | | (01)Employee Dishonesty | Not Covered | \$250 | |
| | | (02)Forgery Or Alteration | Not Covered | \$250 | |
| | | (03)Theft, Disappearance And Destruction Of | Money | * | |
| | | (a)Inside The Premises | Not Covered | \$250 | |
| | | (b)Outside The Premises | Not Covered | \$250 | |
| | c. | GENERAL AND AUTOMOBILE LIABILITY COV | ERAGE PART | | \$45.00 |
| | | (01)General Aggregate | \$2,000,000 | \$0 | |
| | | (02)Products/Completed Operations Aggregate | \$2,000,000 | | |
| | | (03)Personal And Advertising Injury | \$1,000,000 | | |
| | | (04)Each Occurrence | \$1,000,000 | | |
| | | (05)Damage To Premises Rented To You | \$100,000 | | |
| | | (06)Medical Expense | \$5,000 | | |
| | | (07) Non-Owned And Hired Automobiles | Not Covered | | |
| | | | | State Guarantee Fund | \$0.00 |
| 05. | | TOTAL PREMIUM Due At Inception | | | \$107.00 |
| | | TI POWA A MONTH TO THE STATE OF THE THE STATE AND A STATE OF THE STATE | بعوب ليستون والمتار والموادية والمتار والموادية والمتار والمتا | ************************************** | جود وزيد في المنظمة ال |
| 06. | FO | RMS AND ENDORSEMENTS ATTACHED AT INCE | PTION | | |
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| | | | | | |
| Date | Joo. | ued: | By | Chobant V. James | |
| | | uea: amber:NPOUWS001 | ву | f, | Robert V. Nuccio |
| , 1/11. | | MARCON 118E 131388 (3017) | | | INDUCTE V. (VICCIO) |

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY INSURANCE POLICY

MEMORANDUM OF INSURANCE

| Master Policy Number: USF00769321 | Memorandum | Number: NPODO00 | 61437 |
|---|--|------------------------|-------------------|
| Issuing Company: | National Prog | ram Administrator: | |
| Fireman's Fund Insurance Company | R.V. Nuccio à | & Associates Insura | nce Brokers, Inc. |
| 225 W. Washington Street, Ste 1800 | 10148 Riversi | de Drive | |
| Chicago, IL 60606-3484 | Toluca Lake, | CA 91602 | |
| Nationwide Claims: 1-888-347-3428 | Nationwide: | 1-800-567-2685 | |
| 01. MEMORANDUM HOLDER NAME AND ADDRESS | (MEMORANDUM HOLDER MEANS NAME | ed Insured) | |
| a. Memorandum Holder: POCS Parent-Teach | | • | |
| b. Street Address: 2707 Francisco Ave. | | | |
| c. City: Santa Rosa | | | |
| d. State: CA | | | |
| e. Zip Code: 95403 | | | |
| 02. COVERAGE PERIOD Inception Date 2/20/2022 12:01A.M. to Expirate address as stated above. | ion Date 2/20/2023 12:01A.M. S | Standard Time at the l | Named Insured's |
| 03. RETROSPECTIVE DATE: 2/20/2022 | | | |
| 04. BUSINESS TYPE | ☐Educational Foundation | ☐Nonprofit Org | anization |
| 05. COVERAGE | LIMIT OF INSURANCE | RETENTION | PREMIUM |
| a. DIRECTORS & OFFICERS LIABILITY | | | \$24.75 |
| 01. Each Claim | \$1,000,000 | \$0 | |
| 02. Annual Aggregate | \$1,000,000 | | |
| b. Employment Practices Liability | Covered | \$0 | |
| | State Gua | arantee Fund | \$0.00 |
| 06. TOTAL PREMIUM Due At Inception | ************************************** | | \$24.75 |
| 07. FORMS AND ENDORSEMENTS ATTACHED AT IN | SCEPTION | | |

Date Issued: 01/10/2022 Form Number: NPOUWS001 By Cobert V. Junio

Robert V. Nuccio



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/10/2022 THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. PHONE (A/C, No, Ext); R.V. Nuccio & Associates Insurance Brokers, Inc. Fireman's Fund Insurance Company 10148 Riverside Drive 777 San Marin Drive Novato, California 94998-2000 Toluca Lake, CA 91602 (800) 364-2433 Robert V. Nuccio FAX (A/C, No): (818) 980-1595 | E-MAIL ADDRESS: support@rvnuccio.com SUB CODE: AGENCY CUSTOMER ID #: INSURED POLICY NUMBER LOAN NUMBER POCS Parent-Teacher Club NANPO0054199 2707 Francisco Ave. **EFFECTIVE DATE EXPIRATION DATE** CONTINUED UNTIL 2/20/2022 2/20/2023 TERMINATED IF CHECKED Santa Rosa, CA 95403 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, **COVERAGE INFORMATION** COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE Property/Equipment Insurance \$10,000 \$250 Crime Insurance Not Covered \$250 REMARKS (Including Special Conditions) Evidence of Insurance Only CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST NAME AND ADDRESS MORTGAGEE ADDITIONAL INSURED LOSS PAYEE LOAN# Evidence of Insurance Only **AUTHORIZED REPRESENTATIVE** Chobert V. Junio Robert V. Nuccio

Following are copies of appropriate IRS forms.

10/26/21, 6:32 PM Summary

RENEW REGISTRATION - REVIEW & SUBMIT

Please review this information carefully to ensure it is correct. Use the **Menu** on the left to go back to any step in this process.

Your annual registration renewal fee will be calculated based on your Gross Annual Revenue and shown on the next page along with directions for submitting a payment online using your checking account.

NAME AND ADDRESS OF ORGANIZATION

POCS PARENT CLUB

2707 FRANCISCO AVENUE SANTA ROSA, CA 95403 pocsparents@gmail.com 7075223310

REGISTRATION FOR RENEWAL

Charity Registration

Registration Number: 131317 Registration Status: Current

Date Issued: 12/31/1990 Renewal Due Date: 11/15/2021

DBA:

FORM RRF-1 DATA PART 1 - FOR FEE CALCULATION

| 4 | 115711 |
|-----------------------|--------|
| Gross Annual Revenues | 172 |

FORM RRF-1 DATA PART 2

| Question | Answer |
|---|---|
| For your most recent full accounting period beginning (MM/DD/YYYY) | 07/01/2020 |
| And ending (MM/DD/YYYY) | 06/30/2021 |
| Noncash Contributions (whole dollars - do not round) | 0 |
| Total Assets (whole dollars - do not round) | 14474 |
| Program Expenses (whole dollars - do not round) | 1348 |
| Total Expenses (whole dollars - do not round) | 1348 |
| 1. During this reporting period, were there any contracts, loans, leases or other financial | |
| transactions between the organization and any officer, director or trustee thereof, either directly | N |
| or with an entity in which any such officer, director or trustee had any financial interest? | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the | N |
| organization's charitable property or funds? | |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or | N |
| judgment? | 14-000000-00-14-00-00000000000000000000 |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising | N |
| counsel for chantable purposes, or commercial coventurer used? | entriektus stemmsnehm nimeskins kannonnen syns saas mineskining kun promet programs prins kin kines kandide |
| 5. During this reporting period, did the organization receive any governmental funding? | N |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | N |
| 7. Does the organization conduct a vehicle donation program? | N |
| 8. Did the organization conduct an independent audit and prepare audited financial statements | N |
| in accordance with generally accepted accounting principles for this reporting period? | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while | N |
| reporting negative unrestricted net assets? | |
| | Kelly Roberts |
| Title of Authorized Agent | President |

ATTACHED DOCUMENTS

10/26/21, 6:32 PM Summary

The document below named "OnlineFiling_[Reg#].pdf" with Document Type "Online Renewal Submission" is generated by the system to preserve the data you entered. You will be able to view and download it using the <u>Registry Verification Search tool</u> after your filing is reviewed. You may also use the **Print** button to save a copy of this page.

| Gocument Name | Document Type | |
|-------------------------|-----------------------------------|--|
| 2020 - CT-TR-1.pdf | -Please Select A Document Type- ✓ | |
| OnlineFiling_131317.pdf | Online Renewal Submission | |

ATTESTATION

Having typed my name as shown above in the **Electronic Signature of Authorized Agent** field and by submitting this report electronically, I certify under penalty of perjury to the following: (a) I have examined this report including accompanying attached documents listed above, and to the best of my knowledge the content thereof is true, correct, and complete; (b) I am authorized to sign and submit this report and all accompanying attached documents on behalf of the registrant; (c) I understand an electronic signature has the same legal effect as a hand-written signature; and (d) I understand that submitting this report through the Registry's Online Renewal System (eGov) is optional and that I have the alternative option of signing and submitting this report and all attachments through a non-electronic method.

Select Confirm & Calc. Fee to agree and proceed.

| Form | gon. | M. |
|------|------|----|
| | | |

Electronic Notice (e-Postcard)

| OMB | No | 1545-2085 |
|-------|----|-----------|
| CHAIC | | |

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the 2020 Calendar year, or tax year beginning 2020-07-01 and ending 2021-06-30

| B Check if available | C Name of Organization: P O C S PARENT CLUB | D Employee Identification |
|--|---|---------------------------|
| Terminated for Business Gross receipts are normally \$50,000 or less | 2707 Francisco Avenue, | Number <u>72-1604701</u> |
| (% Chos secupts are normally \$20,000 or less | Santa Rosa, CA, US, 95403 | |
| | | |
| E Website: | F Name of Principal Officer: Kelly Roberts | |
| | 2707 Francisco Avenue, | |
| | Santa Rosa, CA, US, 95403 | |

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes,

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

| 1-2022 Allocated Expenses | Activity Cost | Allocation | Allocation s Spent | YTD Alloc. Spent | Allocations Balance NOTES | |
|--|-------------------|----------------------------------|-----------------------|--|--|----------|
| xpal's Fund | \$0.00 | \$1,000.00 | | | Approved \$300 in 19/20, Proposed higher 2 | |
| Appreciation | \$0.00 | \$500.00 | | | \$500.00 Share with Jack London: POCS was 19/20 but cancelled due to COVID. Jt. covered 20/21 cost was approx \$3k. POCS to pay for 21/22 - change alloadtion? | vaction? |
| ance | \$350.00 | \$350.00 | | \$305.00 | \$45,00 renew in Feb. each year (2/20 - 2/19); \$305 19/20 | |
| ent Recognition / BEST | \$0.00 | \$0.00 | | | \$0.00 2 per yest; No request made 19/20 | |
| n Party (Fall) | \$850.00 | \$0.00 | | | \$0.00 8950 spent 19/20; Removed due to COVID 20/21 | |
| Srade Trip (Spring) | \$24,000.00 | \$0.00 | | | S0.00 Student Fundralsed/POCS Parent to pay scholarship, No funds requested 18/19 | |
| ilags (Soring) | \$5,000,00 | | | | | |
| th Incertive | | | | | SULVITAR PROJECT TRACE TENTS SEALES AN INFORMACIONAL TRACE TENTS | - |
| i e | | | | | \$5.00 No request made (1879 | |
| | \$12,000.00 | \$0.00 | | | 88 | ÷ |
| srade Dinner/Dance & Grad | 51,200.00 | \$1,200.00 | | | \$1,200.00 \$1100 spent 18/19: combined Dirmer/Dance and Grad; 20/21 spent \$655.50 for grad photos | ÷ |
| Section 2015 | 200200 | 5385.00 | | | \$385.00 \$380 spent 18/19; none requested 18/20 due to COVID | |
| up Genus Membership a Feed Movie Night | \$249.00 | \$249.00 | | \$269.89 | -520.89 5249 for Gold Level | ÷ |
| | Totals S44,334,00 | \$3,584.00 | 20.00 | \$574.89 | SO, 709, 11 | |
| The State of the second of the | | | | | | |
| breation of 8th Grade Tex | encome | TILVINCOME EXPENSES TILVEXPENSES | -xpenses 7 | | ProfitLoss Notes | |
| position program (possibility) | _ | 00000 | 4 | 40 | 00776 | |
| 200 Smile Rehate | | \$23 FR | 1000 | BB:00011 C | -30.00 CRECK 4/39 \$629.28 & Check 4/57 \$3/8.41 · over budget by \$5.56 | |
| < Fees | | 00:03 | | | 00.022 | ٠ |
| to Rebate | | \$11.41 | | | N-17 L | |
| luation / Dinner Dance | | | | | 00.08 | |
| Deposit (principals fund) | | \$608,00 | | | 00.8088 | |
| Wundraiser Fundraiser | | | | | 00'08 | |
| xol Luncheon | | | | \$264.23 | -\$264.23 | |
| owski Farms Fundraíser | | | | | 00°OS | |
| e Burger Dine & Donate | | \$350.00 | | | 2350.00 | |
| stry of Charitable Trusts | | | | | 00°0S | |
| enter Play/Dine Donate | | \$200.00 | | | \$200.00 | |
| ebee's Flapjack Fundraiser | | | | | S0.00 6th Grade Trip | |
| 's Pizza Shack D&D | | | | | SO.00 | |
| de Dough | | | | | S0.00 8th Grade Trip | |
| 3rade Dinner/Dance | | | | | 00'0\$ | |
| Totals | 'n | \$2,192.97 | \$376.41 | \$1,269.89 | 9082.08 | |
| Strate Transport | income | TD income | Xpenses | YID income Expenses YID Expenses Balance | Balance | |
| | | | | | 3 10, U66, 80 | - |
| grade | | | 9 | 00'03 | | |
| Ith Grade Beginning Balance | | | | 2000 | · ' | |
| Stade | | | 20.00 | 80.00 | | |
| Unallocated | | | | | | |
| Totals | \$0.00 | \$0.00 | 20.00 | \$0.00 | | |
| Sunt Intormation | 27 474 02 | 715/2024 | | | | ٠. |
| hoome | 52 192 97 | 11 11 202 1 | | | | |
| Expenses | \$1,844,78 | | | | | |
| o Petty Cash | \$0.00 | | | | | |
| 83 | \$0.00 | ũ | EB new acct | Uncleared | Balance | |
| ng Bank Balance | \$14,822.27 | , | \$14,822.27 | \$0.00 | \$0.00 S14.822.27 March Statement Balanced | |

Agenda Item Summary

Action Item: **17.5** Approval of Authorization as a School-Connected Organization for Northwest Prep Parent-Teacher-Student Organization (PTSO)

Regular Meeting of: May 11, 2022 Item: Action Report Format:Oral

Attachment: Correspondence Board Policy

Present by: Dr. Charbonneau, Superintendent

Background

This is an annual report required by BP and AR 1230.

<u>lssue(s)</u>

Plan/Discussion/Detail

The Northwest Prep Parent-Teacher-Student Organization (PTSO) will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

Fiscal Impact

Options

Recommendation

Approve.

2022-2023 NORTHWEST PREP PARENT-TEACHER-STUDENT ORGANIZATION

REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

SCHOOL-CONNECTED ORGANIZATIONS CHECK OFF LIST

Requests for authorization as a school-connected organization shall contain: (Please complete this form and check off each item before turning in to the Superintendent. Thank you!) 1. Desired use for any money remaining at the end of the year if the organization is not continued for authorized to continue in the future. (Attachment #1) $\sqrt{2}$. The name of the organization: 3. The date of application: 4. Copy of the By-laws (to include #9). (Attachment #2) 5, Membership quotas or qualifications. Described: 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3) 7. A brief description of the organization's purpose. V8. A list of specific annual objectives and planned activities. (Attachment #4) $\sqrt{\ }$ 9. The name of the bank where the group's account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5) 10. The site where the organization will be based, school site or district office. 11. Evidence of liability insurance as required by law. (Attachment #6) 12, Evidence of having filed appropriate IRS forms. (Attachment #7) 13. An annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocation, and the fund balance at year-end. (Attachment #8) 14. The signature of the site administrator who supports the request for authorization. (See signature line below) Site Administrator Signature

Request for Authorization to Serve a School-Connected Organization for

The Northwest Prep Parent-Teacher-Student Organization at Northwest Prep Charter School in the Piner-Olivet Union School District in the Calender Year 2022 to 2023

Pursuant to the terms outlined by the Board Policy and Administrative Regulations regarding School-Connected Organizations the undersigned submit the following report in order to receive approval by the Piner-Olivet Union School District for the Northwest Prep Parent-Teacher-Student Organization (PTSO) to act as School-Connected Organization for the Northwest Prep Charter School for the School Calendar Year 2022 to 2023.

Name of Organization: Northwest Prep Parent-Teacher-Student Organization (PTSO)

Site the Organization is based: Northwest Prep Charter School, 2590 Piner Rd, Santa Rosa, CA 9540

Date of this Application: May 2, 2022

Description of the Organizations Purpose:

The Northwest Prep PTSO is a Federal and California State registered 501(C3) Corporation whose specific purpose is to support the education of students at Northwest Prep by fostering relationships between the school, parents, students and teachers. To this end, it is our intention to provide support both through fund-raising efforts and inperson assistance at the School Staff's request.

History:

The Northwest PTSO formally received its Federal EIN Number (86-2600167) on 3/12/2021 but did not receive its formal recognition as a Not-For-Profit until 10/08/2021.

The Northwest Prep PTSO was formally recognized as an entity by the State of California on 9/19/2021 (Entity C4748778) but did not receive formal recognition as a Not-For-Profit until 1/6/2022.

Membership Quotas and/or Qualifications:

As outlined in the By-Laws submitted to both the IRS and the California Franchise Tax-Board pursuant to our applications for Not-For-Profit status (and included in Attachment

#2 of this document):

Any parent, guardian, or other adult standing in loco parentis for a student at the school may be a member and shall have voting rights. The principal and any teacher employed at the school may be a member and have voting rights. Members have one vote per household.

In addition three (3) students shall be identified from the general student body to represent the student population. Each shall have voting rights.

As evidenced by the above and the following attachments, it is our belief that the Northwest Prep Parent-Teacher-Student Organization will serve as a positive School-Connected Organization for the Northwest Prep Charter School and respectfully submit this request to the Piner-Olivet Union School District Board for authorization.

Norman Eisley, President, Northwest Prep PTSO

Adam Napoleon, Site Administrator, Northwest Prep

Enclosed:

Attachment 1: Description of desired use for end of year funds in not authorized

Attachment 2: Copy of Northwest PTSO By-Laws (most recent dated 6/27/2021)

Attachment 3: Contact information and General Duties of PTSO Officers

Attachment 4: Specific Annual Objectives and planned activities

Attachment 5: Bank Information **Attachment 6:** Liability Insurance

Attachment 7: Government Filings, including most recent IRS forms

Attachment #1: Use of Remaining Funds in the Event of the Organization's Dissolution

Naturally, it is the hope of the Parents, Teachers and Students who have worked to establish the Northwest Prep Parent, Teacher Student Organization (PTSO) that the organization will see many years of good relations and positive effects on the school, staff and students of Northwest Prep Charter School. However, in the event that the Northwest Prep PTSO should have to be dissolved and operations discontinued it is our hope that the funds could be passed on to the Principal of Northwest Prep Charter School for use as a discretionary to be used for the benefit of the School's students and staff. Barring this, we would wish for those funds to pass to the Piner-Olivet Union School District to be shared, in a similar manner, with all of the Schools in the District.

Article I - Name

The name of the organization shall be the Northwest Prep Parent-Student-Teacher Organization

Article II - Purpose

The organization is organized for the purpose of supporting the education of children at Northwest Prep Charter School by fostering relationships among the school, parents, students, and teachers.

Article III - Membership and Dues

Section 1. Any parent, guardian, or other adult standing in loco parentis for a student at the school may be a member and shall have voting rights. The principal and any teacher employed at the school may be a member and have voting rights. Members have one vote per household.

Section 1A. In addition 3 students shall be identified from the general student body to represent the student population. . Each shall have voting rights.

Section Dues, if any, will be established by the executive board. If dues are charged, a member must have paid his or her dues at least 14 calendar days before the meeting to be considered a member in good standing with voting rights.

Article IV - Officers and Elections

Section 1. Officers. The officers shall be a president, vice president, secretary, and treasurer. In addition to the duties listed below, each officer will also perform other such duties as applicable to the office as prescribed by the parliamentary authority of this organization.

a. President. The president shall preside over meetings of the organization and executive board, serve as the primary contact for the principal, represent the organization at meetings outside the organization, serve as an ex officio member of all committees except the nominating committee, and coordinate the work of all the officers and committees so that the purpose of the organization is served.

- b. **Vice President.** The vice president shall assist the president and carry out the president's duties in his or her absence or inability to serve. The vice president shall also oversee the committees of this organization.
- b. Secretary. The secretary shall keep all records of the organization, take and record minutes, prepare the agenda, handle correspondence, and send notices of meetings to the membership. The secretary also keeps a copy of the minutes book, bylaws, rules, membership list, and any other necessary supplies, and brings them to meetings.
- c. Treasurer. The treasurer shall receive all funds of the organization, keep an accurate record of receipts and expenditures, and pay out funds in accordance with the approval of the executive board. He or she will present a financial statement at every meeting and at other times of the year when requested by the executive board, and make a full report at the end of the year.
- **Section 2. Eligibility.** Members are eligible for office if they are members in good standing at least 14 calendar days before the nominating committee presents its slate.
- Section 3. Nominations and Elections. Elections will be held at the second to last meeting of the school year. The nominating committee shall select a candidate for each office and present the slate at a meeting held one month prior to the election. At that meeting, nominations may also be made from the floor. Voting shall be by voice vote if a slate is presented. If more than one person is running for an office, a ballot vote shall be taken.
- **Section 4. Terms of Office.** Officers are elected for one year and may serve no more than two (2) consecutive terms in the same office.
- **Section 5. Removal From Office.** Officers can be removed from office with or without cause by a two thirds vote of those present (assuming a quorum) at a regular meeting where previous notice has been given.

Section 6. Vacancies. If there is a vacancy in the office of president, the vice president will become the president. At the next regularly scheduled meeting, a new vice president will be elected. If there is a vacancy in any other office, members will fill the vacancy through an election at the next regular meeting.

Section 3. Meetings. Regular meetings shall be held monthly, on the same day and at the same time each month, to be determined by the board. Special meetings may be called by any two board members, with 24 hours notice.

Article V - Meetings

Section 1. Regular Meetings. The regular meeting of the organization shall be on the same day and at the same time each month, to be determined by the executive board.

Section 2. Special Meetings. Special meetings may be called by the president, any two members of the executive board, or five general members submitting a written request to the secretary. Previous notice of the special meeting shall be sent to the members at least 10 days prior to the meeting, by flyer and phone calls.

Section 3. Annual Meeting. The annual meeting will be held at the April regular meeting. The annual meeting is for receiving reports, electing officers, and conducting other business that should arise.

Section 4. Quorum. The quorum shall consist of as large as can be depended upon for being present for all meetings when the weather is not exceptionally bad. At least five members must be present.

Section 5. Notification of Meetings. The secretary will notify the members of the meetings via email at least one week prior to the meeting.

Article VI – Executive Board

Section 1. Membership. The Executive Board shall consist of the officers, principal, and standing committee chairs.

Section 2. Duties. The duties of the Executive Board shall be to transact business between meetings in preparation for the general meeting, create standing rules and policies, create standing and temporary committees, prepare and submit a budget to the membership, approve routine bills, and prepare reports and recommendations to the membership

Section 4. Quorum. Half the number of board members plus one constitutes a quorum.

Article VII - Committees

Section 1. Membership. Committees may consist of general members and board members, with the president acting as an ex officio member of all committees.

Section 2. Standing Committees. The following committees shall be held by the organization: Fundraising, Communications, Arts and Enrichment, and Audit.

Section 3. Additional Committees. The board may appoint additional committees as needed.

Article VIII - Finances

Section 1. A tentative budget shall be drafted in spring for the following school year and approved at a fall meeting by a majority vote of the members present.

Section 2. The treasurer shall keep accurate records of any disbursements, income, and bank account information.

Section 3. The board shall approve all expenses of the organization.

Section 4. Two authorized signatures shall be required on each check over the amount of \$200. Authorized signers shall be the president, vice president, secretary, treasurer, and principal.

Section 5. The treasurer shall prepare a financial statement at the end of the year, to be reviewed by the Audit Committee.

Section 6. The fiscal year shall coordinate with the school year.

Section 7. Upon the dissolution of the organization, any remaining funds should be used to pay any outstanding bills and, with the membership's approval, spent for the benefit of the school.

Article IX - Parliamentary Authority

Robert's Rules of Order shall govern meetings when they are not in conflict with the organization's bylaws or any other

special/ standing rules.

Article X - Standing Rules

Standing rules may be approved by the Executive Board, and the secretary shall keep a record of the standing rules for future reference.

Article XI - Dissolution

The organization may be dissolved with previous notice (14 calendar days) and a two thirds vote of those present at the meeting.

Article XII - Amendments

These bylaws may be amended at any regular or special meeting, providing that previous notice was given in writing at the prior meeting and then sent to all members of the organization by the secretary. Notice may be given by postal mail, email, hard copy, or fax. Amendments will be approved by a two thirds vote of those present, assuming a quorum.

Northwest Prep Parent-Student-Teacher-Organization Bylaws

Article XIII - Conflict of Interest Policy

Section 1. Purpose. The purpose of the conflict of interest policy is to protect this tax exempt organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Section 2. Definitions.

- Interested Person. Any director, principal officer, Section 3. Procedures. or member of a committee with governing board delegated powers who has a direct or indirect financial interest, as defined below, is an interested person.
- Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
- i. An ownership or investment interest in any entity with which the organization has a transaction or arrangement;
- ii. A compensation arrangement with the organization or with any entity or individual with which the organization has a transaction or arrangement; or

iii. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the organization is negotiating a transaction or arrangement. "Compensation" includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Section 3b, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

- Duty To Disclose. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers who are considering the proposed transaction or arrangement.
- Determining Whether a Conflict of Interest **Exists.** After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide whether a conflict of interest exists.

c. Procedures for Addressing the Conflict of Interest.

- i. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on,the transaction or arrangement involving the possible conflict of interest.
- ii. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- iii. After exercising due diligence, the governing board or committee shall determine whether the organization can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- iv. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or

Northwest Prep Parent-Student-Teacher-Organization Bylaws

committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

a. Violations of the Conflict of Interest Policy.

- i. 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.
- **ii.** If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines that the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
- **Section 4. Records of Proceedings.** The minutes of the governing board and all committees with board delegated powers shall contain:
- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest; the nature of the financial interest; any action taken to determine whether a conflict of interest was present; and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- **b.** The names of the persons who were present for discussions and votes relating to the transaction or arrangement; the content of the discussion; including any alternatives to the proposed transaction or arrangement; and a record of any votes taken in connection with the proceedings.

Section 5. Compensation.

- **a.** A voting member of the governing board who receives compensation, directly or indirectly, from the organization for services is precluded from voting on matters pertaining to that member's compensation.
- **b.** A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the organization for services is precluded from voting on

matters pertaining to that member's compensation.

- **c.** No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.
- **Section 6. Annual Statements.** Each director, principal officer, and member of a committee with governing board delegated powers shall annually sign a statement which affirms that such person:
 - · Has received a copy of the conflict of interest policy;
 - · Has read and understood the policy;
 - Has agreed to comply with the policy; and
- Understands that the organization is charitable and that in order to maintain its federal tax exempt status it must engage primarily in activities which accomplish one or more of its tax exempt purposes.
- Section 7. Periodic Reviews. To ensure that the organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:
- **a.** Whether compensation arrangements and benefits are reasonable, are based on competent survey information, and are the result of arm's length bargaining.
- **b.** Whether partnerships, joint ventures, and arrangements with management organizations conform to the organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes, and do not result in inurement, impermissible private benefit, or an excess benefit transaction.
- Section 8. Use of Outside Experts. When conducting the periodic reviews as provided for in Section 7, the organization may, but need not, use outside advisers. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring that periodic reviews are conducted.

Attachment #3: Northwest Prep PTSO Officers & General Duties

As outlined in the Northwest Prep PTSO By-Laws:

The officers shall be a president, vice president, secretary, and treasurer. In addition to the duties listed below, each officer will also perform other such duties as applicable to the office as prescribed by the parliamentary authority of this organization.

<u>President:</u> The president shall preside over meetings of the organization and executive board, serve as the primary contact for the principal, represent the organization at meetings outside the organization, serve as an ex officio member of all committees except the nominating committee, and coordinate the work of all the officers and committees so that the purpose of the organization is served.

<u>Vice President:</u> The vice president shall assist the president and carry out the president's duties in his or her absence or inability to serve. The vice president shall also oversee the committees of this organization.

<u>Secretary</u>: The secretary shall keep all records of the organization, take and record minutes, prepare the agenda, handle correspondence, and send notices of meetings to the membership. The secretary also keeps a copy of the minutes book, bylaws, rules, membership list, and any other necessary supplies, and brings them to meetings.

<u>Treasurer</u>: The treasurer shall receive all funds of the organization, keep an accurate record of receipts and expenditures, and pay out funds in accordance with the approval of the executive board. He or she will present a financial statement at every meeting and at other times of the year when requested by the executive board, and make a full report at the end of the year.

Current Northwest Prep PTSO Officers

President: Norman Eisley, 1321 Vallejo Street, Santa Rosa, CA 95404

Work: (707) 573-1107, Cell: (650) 740-1344

Vice President: Tristan St. Germain, P.O. Box 1818, Sebastopol, CA 95472

Phone: (707) 354-4667

Secretary: Megan Beardslee, 1528 Yardley Street, Santa Rosa, CA 95403

Phone: (707) 228-0323

Treasurer: Ashleigh Day, 1541 Jainine Street, Santa Rosa, CA 95403

Phone: (707) 696.9131

Attachment #4: Annual Objectives & Planned Activities for Year 1

GOALS:

- Reestablish relationships within our school community
 - o Organize relationship-building activities within grade-level cohorts
 - o Organize community-building activities for the entire school populous
 - Work to ensure language is not a barrier to family participation
 - Develop robust communications with families through Facebook, Parent-Square and direct communications channels
- Normalize PTSO operations
 - o Improve event planning and scheduling as school operations return to in-person
 - Establish and expand PTSO connections to community
 - Establish communications with the Board and sister-schools within the District
 - Increase family participation in the PTSO
 - Work with Northwest Prep Charter School leadership to deepen our understanding of the school population's evolving needs and ensure that those needs can be met
- Facilitate and celebrate every child's and educator's accomplishments
 - Work with the school to plan and support events for student and Educator recognition
 - Set up a scholarship fund to recognize student achievement

PLANNED ACTIVITIES:

- Monthly general PTSO meeting
- Quarterly PTSO officers meeting
- Two (2) large-scale fund raising events
- Multiple grade-level cohort relationship-building events
- Multiple school-wide community-building events

Attachment #5: Northwest Prep Banking Information

Northwest Prep PTSO formally established a Not-For-Profit Bank account for the organization at the end of 2021. Since we were not in possession of the Board Policy Manual and received no guidance at that time we were unaware of the Board's request to name either the site administrator, Superintendent or designee as a signator. Since neither materials provided by PTSO Today or the various PTA resources indicate that this is a standard practice (and in fact, it does sound a bit like a conflict of interest¹), we did initially set up the account in this matter, but are happy to work with the Board to remedy this issue as soon as possible.

BANK:

Sonoma Federal Credit Union

SIGNATORS (as of 5/1/22):

- Tristan St Germain
- Julie Hunter
- Ashleigh Day
- Megan Beardslee

Please see: https://www.federalregister.gov/documents/2013/03/06/2013-05243/government-employees-serving-in-official-capacity-in-nonprofit-organizations-sector-unit-investment

Attachment #6: Liability Insurance for Year 1

Since the Northwest Prep PTSO was not formally established and recognized as a Not-For-Profit until the end of 2021, and because it had no actual cash funds and did not establish a Bank account for the organization until around that same time, we have only recently had the opportunity to receive and log any funds with which to pay for anything!

We are currently in the process of purchasing insurance for our organization for the upcoming school year. It is our current intention to purchase the basic insurance package through PTO Today which will include Excess Accident Medical Coverage, General Liability and D&O coverage. It is our belief that we will have sufficient funds to cover this. We are not currently planning to purchase coverage for Crime or Property in as much as we have limited funds (it is unlikely an officer could currently abscond with much more than the additional insurance would cost us) and do not currently have any tangible property.

Information on the plan can be found at:

https://www.ptotoday.com/insurance

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

D Employee Identification

Number 86-2600167

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: NORTHWEST PREP PARENT-

STUDENT-TEACHER ORGANIZATIO

2590 PINER RD, Santa Rosa,

CA, US, 95401

E Website:

https://www.northwestprep.org/northwestprep-parent-teacher-student-

organization.html

F Name of Principal Officer: Norman Eisley

1321 Vallejo Street, Santa Rosa, CA, US, 95404

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Form **W-9**

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

| interna | nevenue service ad to www.iis.gov/i offit/vs for i | The second secon | | IIau | uon. | 1 | - | | | | | | | |
|--|--|--|-----------------------|------|--------------|-----------|----------|------------|--|----------------------------|---------------|--------------|---------------|-----|
| | 1 Name (as shown on your income tax return). Name is required on this line. Northwest Prep Parent Student Teacher Organization | ; do not leave this line blank. | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | | |
| | dba: Northwest Prep Parent-Teacher-Student Organization, dba: Northwest Prep PTSO | | | | | | | | | | | | | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemptions (certain entities, instructions on processing the control of the following seven boxes). | | | | | | | | | ions (codes apply only to tities, not individuals; see s on page 3): | | | | | |
| e. ns on | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC | | | | | | | | | Exempt payee code (if any) | | | | |
| typ Xio | Limited liability company. Enter the tax classification (C=C corporation, | , S=S corporation, P=Partner | rship) ▶ | C | 2 | | | | | | | | | |
| Print or type. See Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check | | | | | | | | Exemption from FATCA reporting code (if any) | | | | | |
| eci | ✓ Other (see instructions) ► Nonprofit corporation exempt | under IRS Code Sect | tion 501 | (c) | (3) | | (Applie: | s to acco | unts | mainte | ained o | utside | the U. | S.) |
| Sp | 5 Address (number, street, and apt. or suite no.) See instructions. | | Request | er's | nam | ne ar | nd ad | dress | opt | ional | .l) | 7 | | |
| See | 2590 PINER RD | | | | | | | | | | | | | |
| •, | 6 City, state, and ZIP code | | | | | | | | | | | | | |
| | Santa Rosa, CA 95401 | | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | - | | | | | |
| | our TIN in the appropriate box. The TIN provided must match the na | ame given on line 1 to ave | oid | So | cial | seci | urity r | numbe | r | | | | | |
| backu | o withholding. For individuals, this is generally your social security not alien, sole proprietor, or disregarded entity, see the instructions for | umber (SSN). However, fo | | | | |]_ | П | ٦ | _[| | | | |
| | s, it is your employer identification number (EIN). If you do not have a | a number, see How to ge | NO. C. 1000 | | | |] | | | l | Ш | | | |
| TIN, la | | d Alas as 14/6 at Alassa | | or | nlov | or i | donti | ficatio | - n | umb | | | | |
| | If the account is in more than one name, see the instructions for line or To Give the Requester for guidelines on whose number to enter. | 1. Also see what wame a | ana [| CIII | Ipioy | 1 | Jenui | licatio | _ | dille | er | =_ | = | |
| | g | | - | 8 | 6 | - | 2 | 6 | 0 | 0 | 1 | 6 | 7 | |
| Part | II Certification | | | | 1 | Ь_ | | | | | | | | |
| College College | penalties of perjury, I certify that: | *************************************** | | | | | | | | | | _ | | _ |
| 1. The 2. I am Sen | number shown on this form is my correct taxpayer identification nur inot subject to backup withholding because: (a) I am exempt from brice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and | ackup withholding, or (b) | I have n | ot b | beer | no | tified | by th | ne Ir | nten | nal F ed m | leve e th | nue at I a | ım |
| 3. I am | B. I am a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exer | mpt from FATCA reporting | g is corre | ect. | | | | | | | | | | |
| you ha acquis other th | cation instructions. You must cross out item 2 above if you have been ye failed to report all interest and dividends on your tax return. For real edution or abandonment of secured property, cancellation of debt, contribution or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, | estate transactions, item 2 utions to an individual retire | does not ement arr | ap | ply. geme | For ent (| mort | gage and c | inte | erest erall | paic | i, ivme | nts | use |
| Sign Here | Signature of U.S. person ▶ | C | Date ▶ | | | | | | | | | | | |
| General Instructions • Form 1099-DIV (dividends, including those from stocks or mutual | | | | | | | | | | | | | | |
| Section references are to the Internal Revenue Code unless otherwise noted. funds) Form 1099-MISC (various types of income, prizes, awards, or gross | | | | | | | | | | | | | | |
| Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9. | | | | | | | | | | | | | | |
| | ose of Form | Form 1099-S (processorForm 1099-K (mercestor | | | | | | | | | ansa | ctio | ns) | |
| An indi | vidual or entity (Form W-9 requester) who is required to file an atton return with the IRS must obtain your correct taxpayer | Form 1098 (home n 1098-T (tuition) | nortgage | int | | | | | | | | | , | |
| identifi (SSN), | cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption | Form 1099-C (cance) Form 1099-A (acquite) | | | ando | onm | ent c | of seco | ure | d pr | oper | ty) | | |
| taxpay | er identification number (ATIN), or employer identification number | H== F==== W 0 == h | | | | 0 - | | - 01 | | | | | | |

359

Use Form W-9 only if you are a U.S. person (including a resident

be subject to backup withholding. See What is backup withholding,

If you do not return Form W-9 to the requester with a TIN, you might

alien), to provide your correct TIN.

(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

later.

Form W-9 (Rev. 11-2017)

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- $\bf 5.$ Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details),
 - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Form W-9 (Rev. 11-2017) Page **3**

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) | THEN check the box for |
|--|--|
| Corporation | Corporation |
| Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single- member LLC |
| LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| purposes. | |
| Partnership | Partnership |
| Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for | THEN the payment is exempt for |
|---|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,0001 | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|--|
| 1. Individual | The individual |
| Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account 1 |
| Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| Association, club, religious, charitable, educational, or other tax- exempt organization | The organization |
| Partnership or multi-member LLC A broker or registered nominee | The partnership The broker or nominee |

| For this type of account: | Give name and EIN of: |
|--|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

- ¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- ² Circle the minor's name and furnish the minor's SSN.
- ³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- ⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.
- *Note: The grantor also must provide a Form W-9 to trustee of trust.

 Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.ldentityTheft.gov and Pub, 5027.

Visit www.irs.gov/ldentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



NORTHWEST PREP PARENT TEACHER STUDENT ORGANIZATION 2590 PINER ROAD SANTA ROSA, CA 95401-4035 Date:

10/08/2021

Employer ID number:

86-2600167

Person to contact:

Name: Customer Service

ID number: 31954

Telephone: 877-829-5500

Accounting period ending:

December 31

Public charity status:

509(a)(2)

Form 990 / 990-EZ / 990-N required:

Yes

Effective date of exemption:

May 31, 2021

Contribution deductibility:

Yes

Addendum applies:

No

DLN:

26053608002041

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

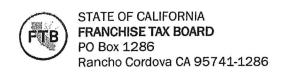
Sincerely,

Stephen A. Martin

Director, Exempt Organizations

stephene a martin

Rulings and Agreements





NORTHWEST PREP PARENT-TEACHER-STUDENT ORGANIZATION

2590 PINER RD

SANTA ROSA CA 95401

Date:

12.14.2021

Case:

26560778927399543

Case Unit:

26560778927399546

In reply refer to: 760:MJB:F120

Regarding

: Tax-Exempt Status

Organization's Name

: NORTHWEST PREP PARENT-TEACHER-STUDENT ORGANIZATION

CCN

: 4748778

Purpose

: Charitable and Education

R&TC Section

: 23701d

Form of Organization

: Incorporated

Accounting Period Ending

: 12/31

Tax-Exempt Status Effective

: 05/31/2021

Exempt Determination Letter

We have determined the organization is tax-exempt from California franchise or income tax as stated in the above Revenue and Taxation Code (R&TC) section.

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

We have based our decision on the information submitted and the assumption that the organization's present operations will continue unchanged or conform to those proposed in the organization's application. In order for us to determine any effect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

Our determination may no longer be applicable, if these changes occur:

- Material facts or circumstances relating to the organization application.
- Relevant statutory, administrative, or judicial case law.
- Federal interpretation of federal law in cases where our decision was based on such interpretation.

It is the organization's responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of R&TC Section 21012(a)(2).

For filing requirements, get Pub. 1068, Exempt Organizations - Filing Requirements and Filing Fees. Go to **ftb.ca.gov** and search for **1068**.

All California public benefit corporations must register with the California Attorney General's Office Registry of Charitable Trusts within 30 days of first receiving any assets.

The Attorney General regulates charities and the professional fundraisers who solicit on their behalf. The purpose of this oversight is to protect charitable assets for their intended use and ensure that the charitable donations contributed by Californians are not misapplied and squandered through fraud or other means.

Please refer to **oag.ca.gov/Charities** for further information on registration requirements and contact information. Also see the publication Attorney General's Guide for Charities.

This exemption is for state franchise or income tax purposes only. For information regarding sales tax exemption, contact the California Department of Tax and Fee Administration at 800.400.7115, or go to their website at **cdtfa.ca.gov**.

Melanie J. Bond

Telephone: 916.845.4171

Fax: 916.843.1038 cc: NORMAN EISLEY



Secretary of State 501(c)(3) Articles of Incorporation of a Nonprofit Public Benefit Corporation

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to $\underline{\text{ftb.ca.gov}}$.

Secretary of State
State of California
4748778

Filing Number
05/31/2021

Filing Date

This Space For Office Use Only

| Obtain tax oxempt diataer 1 of more intermitation, go to interesting. | | This Space For O | ince c | JSE OIII | У |
|---|--|--|---|---|---|
| 1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reserved) | vations for general corporate | name requirements a | nd rest | trictions.) | |
| The name of the corporation is Northwest Prep Parent-Tea | acher-Student Organi | zation | | | |
| 2. Business Addresses (Enter the complete business addresses. I | Item 2a cannot be a P.O.Box | or "in care of" an indi | vidual o | or entity.) | |
| a. Initial Street Address of Corporation - Do not enter a P.O. Box 2590 Piner Road | City (no abbreviations) Santa Rosa | S | State | Zip Cod 9540 | le |
| b. Initial Mailing Address of Corporation, if different than item 2a | City (no abbreviations) | \$ | State | Zip Cod | e |
| Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's further includ | | address. | | | |
| a. California Agent's First Name (if agent is not a corporation) Norman | Middle Name William | Last Name Eisley | | | Suffix |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1321 Vallejo Street | City (no abbreviations) Santa Rosa | | State | Zip Cod 95404 | |
| CORPORATION - Complete Item 3c. Only include the name of the reg | istered agent Corporation. | | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) – Do r | not complete Item 3a or 3b | | | | |
| 4. Purpose Statement ltem 4a: One or both boxes must be checked. Item 4b: If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you must enter the specific purpose in Item 4b.) | | | | | |
| a. This corporation is a nonprofit public benefit corporation and is no the Nonprofit Public Benefit Corporation Law for: b. The specific purpose of this corporation is to Ple | | ole purposes. | | organize | ∍d under |
| 5. Additional Statements (See Instructions and Filing Tips.) | | | | | |
| a. This corporation is organized and operated exclusively for the pur Revenue Code section 501(c)(3). b. No substantial part of the activities of this corporation shall consis legislation, and this corporation shall not participate or intervene is statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the purof this corporation shall ever inure to the benefit of any director, or d. Upon the dissolution or winding up of this corporation, its assets reliabilities of this corporation shall be distributed to a nonprofit fund exclusively for charitable, educational and/or religious purposes Revenue Code section 501(c)(3). | at of carrying on propagan n any political campaign (rposes in Article 4 hereof fficer or member thereof of temaining after payment, of the foundation or corporation | da, or otherwise attended including the publishing and no part of the or to the benefit of a provision for payon which is organize | emptir hing o net ind ny priv ment, d | ng to inflor distributions or come or vate person of all del operate. | uence ution of assets son. bts and d |
| 6. Read and Sign Below (This form must be signed by each inco | rporator. See Instructions | . Do not include a tit | tle.) | | |
| 1/oranja | Norman W Ei | | | | |
| Signature | Type or Print I | | n Califo | mia Socrati | ary of State |
| ARTS-PB-501(c)(3) (REV 12/2020) | | 202 | o Caliloi | | ene ca dov |

ARTS-PB-

202

Northwest Prep Parent-Teacher-Student Organization Statement of Purpose

The specific purpose of this corporation is to support the education of students at Northwest Prep by fostering relationships between the school, parents, students and teachers.



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on this day of September 21, 2021

SHIRLEY N. WEBER, Ph.D. Secretary of State

Verification Number: 6QZ1YZ7 Entity (File) Number: C4748778

To verify the issuance of this Certificate, use the Verification Number above with the Secretary of State Electronic Verification Search available at bizfile.sos.ca.gov



Corporation - Statement of Information

Entity Name: NORTHWEST PREP

PARENT-TEACHER-STUDENT

ORGANIZATION

09/19/2021

Entity (File) Number: C4748778

File Date:

Entity Type: Corporation

Jurisdiction: **CALIFORNIA**

Document ID: GW64040

Detailed Filing Information

1. Entity Name: NORTHWEST PREP

PARENT-TEACHER-STUDENT

ORGANIZATION

2. Business Addresses:

a. Street Address of Principal Office in California:

2590 Piner Road

Santa Rosa, California 95401 United States of America

b. Mailing Address:

2590 Piner Road

Santa Rosa, California 95401 United States of America

3. Officers:

a. Chief Executive Officer:

Norman William Eisley

1321 Vallejo Street

Santa Rosa, California 95404

United States of America

b. Secretary:

Megan Beardslee

1528 Yardley Street

Santa Rosa, California 95403 United States of America

Document ID: GW64040

Officers (Cont'd):

c. Chief Financial Officer:

Ashleigh Day

1541 Jainine Street

Santa Rosa, California 95403

United States of America

4. Agent for Service of Process:

Norman William Eisley 1321 Vallejo Street

Santa Rosa, California 95404

United States of America

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Norman William Eisley

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Attachment #8: Annual Financial Statement for Prior Year

Since the Northwest Prep PTSO was not formally established and recognized as a Not-For-Profit until the end of 2021, and because it had no actual cash funds and did not establish a Bank account for the organization until around that same time, we have only recently had the opportunity to receive and log any funds with which to pay for anything!

On the following page you will find a balance sheet attempting to outline expected revenues and expenses for the Northwest Prep PTSO for the fiscal years 8/2021 to 6/2022, 8/2022 to 6/2023 and 8/2023 to 6/2024.

As of the end of 2021, the Northwest Prep PTSO is a wholly volunteer-based organization. All fiscal and material outlays have been donated by current board members with no remuneration expected.

Since the organization only recently earned 501(C)3 status, and only recently established a bank account and has not yet begun formal operations which would generate any form of income, these numbers are based on very rough estimates. Given the number of students at the school and the general financial situations of their families, the proposed revenues use an assumed average of slightly less than \$100 per student in the first year of the PTSO's operation. In this model, we assume that no families will be required to pay dues in order to join the organization and all revenues will be generated through fund-raising activities.

The model further assumes an average 10% per year growth in the student body and in commensurate revenues of the PTSO through continuance of those same activities.

As this is an initial budgeting proposal, and in light of the limited information we have on how these activities and programs will proceed, the economic and social conditions of our area or the nation and the timeline under which we remain given the lack of tax status, the Northwest Prep PTSO reserves the right to modify and/or amend any and all of this document in the future and can accept no liability for the ultimate accuracy of any of these numbers.

Proposed Budget 2021 to 2025

| Net receipts | Holiday Bake sale Spring carnival Yearbook Shopper loyalty card Movie night tickets/concessions | Holiday Bake sale Spring carnival Yearbook (w/Ads) Shopper loyalty cards Movie night tickets/concessions Contributions, gifts, grants TOTAL | Gross receipts |
|--------------|---|---|--|
| | ç, | | Estimated Allocations All Years |
| \$5,300 | \$500 \$500 \$250 \$- \$150 \$1,400 | \$1,650 \$1,650 \$1,000 \$500 \$250 \$1,650 \$6,700 | Current Tax Year, projected +10% 08/2021 – (a) 06/2022 (b) |
| \$6,590 | \$550 \$550 \$300 \$- \$175 | \$795 \$1,815 \$1,100 \$550 \$275 \$1,815 \$8,165 | 3 Succeeding Tax Years, Projected +10% 07/2022 – 07/202 06/2023 (c) 06/20 |
| \$7,338 | \$605 \$605 \$350 \$- \$200 \$1,760 | \$989 \$1,997 \$1,210 \$605 \$303 \$1,997 \$9,098 | v Years, 0% 07/2023 – 06/2024 (c) |
| \$8,085 | \$666 \$666 \$385 \$- \$220 \$1,937 | \$1,101 \$2,197 \$2,197 \$1,331 \$666 \$333 \$2,197 \$10,022 | 07/2024 – 06/2025 |

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1 of

Line 23 - Other expenses...

| Total | Carryover for next year | Operations (Postage, Copying, etc) | Scholarship Fund | Staff appreciation | Classroom supplies | Curriculum Enhancement & Materials | Campus Improvement Fund | Educational assemblies & Events | Principal's Discretionary Fund |
|---------|-------------------------|------------------------------------|------------------|--------------------|--------------------|------------------------------------|-------------------------|---------------------------------|--------------------------------|
| 100% | 15% | 10% | 10% | 10% | 10% | 10% | 10% | 15% | 10% |
| \$5,300 | \$795 | \$530 | \$530 | \$530 | \$530 | \$530 | \$530 | \$795 | \$530 |
| \$6,590 | \$989 | \$659 | \$659 | \$659 | \$659 | \$659 | \$659 | \$989 | \$659 |
| \$7,338 | \$1,101 | \$734 | \$734 | \$734 | \$734 | \$734 | \$734 | \$1,101 | \$734 |
| \$8,085 | \$1,213 | \$808 | \$808 | \$808 | \$808 | \$808 | \$808 | \$1,213 | \$808 |

Agenda Item Summary

Action Item: **17.6** Approval of Authorization as a School-Connected Organization for Piner-Olivet Educational Foundation

Regular Meeting of: May 11, 2022 Item: Action Report Format:Oral

Attachment: Correspondence Board Policy

Presented by: Dr. Charbonneau, Superintendent

Background

This is an annual report required by BP and AR 1230.

Issue(s)

Plan/Discussion/Detail

Piner-Olivet Educational Foundation will be prepared to answer any questions the Board may have of the organization. The organization's submission has been reviewed and all Board Policy required items were submitted.

Fiscal Impact

Options

Recommendation

Approve.

2022-2023 PINER-OLIVET EDUCATIONAL FOUNDATION

REQUEST FOR AUTHORIZATION AS A SCHOOL-CONNECTED ORGANIZATION

SCHOOL-CONNECTED ORGANIZATIONS CHECK OFF LIST

| requests for authorization as a school-confi | ected organization shall contain; |
|--|-----------------------------------|
| | |

| (Please complete this form and check off each item before turning in to the Superintendent. Thank you!) |
|--|
| \checkmark 1. Desired use for any money remaining at the end of the year if the organization is not continued for authorized to continue in the future. (Attachment #1) |
| $\sqrt{2}$. The name of the organization: <i>Piner-Olivet Educational Foundation</i> |
| \checkmark 3. The date of application: $5/2/2022$ |
| ✓ 4. Copy of the By-laws (to include #9). (Attachment #2) |
| ✓ 5. Membership quotas or qualifications. Described: No membership quota or qualifications |
| ✓ 6. The names, addresses, phone numbers and general duties of all officers. (Attachment #3) ✓ 7. A brief description of the organization's purpose. purpose is to raise funds to provide educational enrichment opportunities for the students within POUSI ✓ 8. A list of specific annual objectives and planned activities. (Attachment #4) |
| ✓9. The name of the bank where the group's account will be located and the names of those authorized to withdraw funds. One signature should be the site administrator, Superintendent or designee. Check with bank or need both signatures to get information. (Attachment #5) |
| 10. The site where the organization will be based, school site or district office. 11. Evidence of liability insurance as required by law. (Attachment #6) 12. Evidence of having filed appropriate IRS forms. (Attachment #7) |
| 13. An annual financial statement showing prior year activities, total funds raised from each activity, total funds allocated and the purpose of each allocation, and the fund balance at year-end. (Attachment #8) |
| 14. The signature of the site administrator who supports the request for authorization. (See ignature line below) |
| Site Administrator Signature Aschart Date 5/3/2022 |
| |

PINER-OLIVET EDUCATIONAL FOUNDATION

POEF Dissolution Statement in Articles of Incorporation

The property of this corporation is irrevocably dedicated to charitable purposes, and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a non-profit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

BY-LAWS

OF

PINER-OLIVET EDUCATIONAL FOUNDATION

A California Nonprofit Public Benefit Corporation

ARTICLE I

NAME AND OFFICES

Section 1.1 Name

This corporation shall be known as the Piner-Olivet Educational Foundation (the "Corporation").

Section 1.2 Principal Office

The principal office of the Corporation shall be initially located in the County of Sonoma, State of California. The Board of Directors is granted full power and authority to change said principal office from one location to another both within and without said county.

Section 1.3 Other offices

Branch or subordinate offices may at any time be established by the Board of Directors at any place or places.

ARTICLE II

GOALS, OBJECTIVES, AND PURPOSES

Without in any way limiting the generality of the general purposes and powers of the Corporation set forth in the Articles of Incorporation of the Corporation (the "Articles"), the primary goals and specific objectives and purposes of the Corporation include, without being limited to, soliciting, managing and disbursing voluntary contributions to provide general financial support for the public schools of the Piner-Olivet Union School District in Santa Rosa, California, in order to provide and maintain consistently high quality educational opportunities for the children of the community served by such schools.

ARTICLE III

STATUTORY MEMBERS

Section 3.1 Statutory Members

The Corporation shall have no statutory members

Section 3.2 Associated Persons

Nothing in this Article III shall be construed as limiting the right of the Corporation to refer to persons associated with it as "members" even though such persons are not members, and no such reference shall constitute anyone a member, within the meaning of Section 5056 of the Nonprofit Corporation Law of the State of California, as amended (the "Nonprofit Corporation Law"). The Corporation may confer by amendment of the Articles or these By-Laws some or all of the rights of a member, as set forth in the Nonprofit Corporation Law, upon any person or persons; provided, however that no such person or persons shall be a member within the meaning of said section 5056 unless such person(s) is given the right, pursuant to a specific provision of the Articles and/or By-Laws, to

vote for the election of a Director or Directors, to vote on a disposition of all or substantially all of the assets of the Corporation, to vote on a merger or dissolution of the Corporation, and/or to vote on changes to the Articles and/or By-Laws.

Section 3.3 Actions by Members

Any action which would otherwise require a vote of members shall require only a vote of the Directors, and no meeting of members shall be required, any provision of the Articles or By-Laws to the contract notwithstanding. All rights which would otherwise require a vote of members shall require only a vote of the Directors, and no meeting of members shall be required, any provision of the Articles or By-Laws to the contrary notwithstanding. All rights which would otherwise vest in the members shall vest in the Directors.

ARTICLE IV

Section 4.1 Powers

Subject to any limitations stat4ed in the Articles, these By-Laws, and the Nonprofit Corporation Law, and subject to the duties of Directors a prescribed by the Nonprofit Corporation Law, all corporate powers shall be exercised by, or under the direction of, and the business and affairs of the Corporation shall be managed by, the Board of Directors. The individual Directors shall act only as members of the Board of Directors, and the individual Directors shall have no power as such.

Section 4.2 Number of Directors

The authorized number of Directors of the Corporation shall be not less than five, and no more than twenty, the exact number to be fixed by the Board of Directors from time to time.

The voting Board of Directors shall consist of no more than three (3) members who are full time employees of the Piner-Olivet Union School District..

There shall also be a reserved voting Director Representative, for each school within the Piner-Olivet Union School District (POUSD). All of the Director Representative positions may or may not be attended at each meeting, with the intention that each school is ensured a voting Director at each POEF meeting. At each POEF meeting, the Director Representative for each school will announce their attendance and the school they are representing.

In addition, there can be non-voting, ex-officio Board members. This would include one (1) administrator from the Piner-Olivet Union School District; one (1) member of the Board of Trustees of the Piner-Olivet Union School District; a teacher from each of the schools in the Piner-Olivet Union School District; one (1) classified staff member from the Piner-Olivet Union School District; and any committee chairperson, all being appointed by their own constituency.

Section 4.3 Elections, Term of Office, and Qualifications

- (a) The initial Directors shall be elected by the incorporator(s) of the Corporation. Thereafter, Directors shall be elected at least annually, and at the annual meeting of the Board of Directors provided for in Section 4.7 of these By-Laws or as otherwise determined by the Board of Directors.
- (b) Each Director shall hold office for a minimum of two (2) years. Directors may be re-elected. All directors shall hold office until their respective successors are elected, except in the case of the resignation, death, disability, or removal of a Director.
- (c) Each Director Representative position, for each school within the POUSD, shall be everlasting, with no expiration and no POEF vote required. It is the responsibility of each school's Parent-Teacher

Organization's (PTO) Officers to recruit and assign a Director Representative for their school. There will be no limitations on who, or how many times the same person can be a Director Representative, as long as the person is from the membership body of the school's PTO, that they are representing. In the absence of a POUSD Board sanctioned PTO, the Principal will have the responsibility to recruit and assign a Director for their school.

Section 4.4 Resignations

Any Director, other than the reserved Director Representative position for each school, may resign at any time by giving written notice of such resignation to the President, the Secretary, or the Board of Directors of the Corporation. Such resignation shall take effect at the time specified in the notice.

Section 4.5 Removals

- (a) Any number of Directors, other than the reserved Director Representative position for each school, may be removed by the Board of Directors, with or without cause, by a three-fourths vote of the Directors then in office.
- (b) No reduction of the authorized number of Directors shall have the effect of removing any Director prior to the expiration of such Directors' term of office.

Section 4.6 Vacancies

- (a) A vacancy in the Board of Directors shall be deemed to exist in case of the death, resignation, or removal of any Director, or if the authorized number of Directors is increased, or if the Board of Directors declares vacant the position of any Director whose term has expired.
- (b) Vacancies on the Board of Directors may be filled by a majority of the Directors then in office or by a sole remaining Director. The term of a Director so elected shall be the unexpired portion of the term of the Director, if any, the Director so elected is replacing.

Section 4.7 Annual Meeting

The annual meeting of the Board of Directors at which Directors shall be elected shall be held on the fourth Tuesday in May of each year at the principal office of the Corporation, or at such other time or place as the Board of Directors may otherwise establish. The Board of Directors shall, at least thirty days before the annual election meeting, place a public notice in the Piner-Olivet Union School District's school bulletins giving notice that persons interested in serving on the Board should submit a statement of interest.

Section 4.8 Other Regular or Special Meetings

The Board of Directors may establish the time and place for the holding of regular or special meetings of the Board of Directors.

Section 4.9 Calling Special Meetings

Special meetings of the Board of Directors also shall be held whenever called by the Chairman of the Board or the President or the Secretary or any three Directors of the corporation with 48 hours notice.

Section 4.10 Place of Meetings

Meetings of the Board of Directors shall be held at any place within the State of California which may be designated by the Board of Directors and stated in the notice of the meeting. In the absence of such designation, meetings of the Board of Directors shall be held at the principal office of the Corporation.

Section 4.11 Notice of Meetings

Written notice of the time and place of meetings of the Board of the Directors shall be delivered personally to each Director, or transmitted to each Director by first class mail, telephone, e-mail, or facsimile. In case such notice is sent by mail, it shall be deposited in the United States mail at least five days prior to the time of the holding of the meeting. For purposes of determining whether such five day requirement has been satisfied, the day of the meeting and the day notice is given shall each be counted as one full day regardless of the time of day the meeting is held or the notice is given. Each notice shall be deemed given to a Director when deposited, with postage thereon prepaid, in a post office or official depository under the exclusive care and custody of the United States post office department and addressed to such Director at the address designated by him for that purpose or, if none is designated, at his or her last known address. In case such notice is delivered personally, or transmitted by telephone, e-mail, or facsimile, it shall be so delivered at least forty-eight hours prior to the time of the holding of the meeting. Such notice may be given by the Secretary of the Corporation or by the persons who called said meeting. Such notice need not specify the purpose of the meeting, unless the meeting is to consider the election of a Director, the removal of a Director and/or an amendment to the By-Laws that will increase the number of Directors of the Corporation. Notice shall not be necessary if appropriate waivers, consents, and/or approvals are filed in accordance with Section 4.12 of these By-Laws.

Section 4.12 Waiver of Notice

Notice of a meeting need not be given to any Director who signs a waiver of notice, or a written consent to holding the meeting, or an approval of the minutes of the meeting whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such Director. All such waivers, consents, and approvals shall be filed with the corporate records or made a part of the minutes of the meeting. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Directors, or of a committee of Directors, need be specified in any such waiver, consent, or approval.

Section 4.13 Action Without Meeting

Any action required or permitted to be taken by the Board of Directors may be taken without a meeting, if all members of the Board shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of such Directors.

Section 4.14 Quorum

A majority of the authorized number of Directors shall constitute a quorum (half of the voting Directors, plus one) for the transaction of business. The reserved Director Representatives, representing each of the schools in the POUSD, will not negate a quorum if a Director is absent, but will be included in the quorum if the Director is in attendance.

Every act, or decision done, or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be the act of the Board of Directors, unless the Articles, these By-Laws, or the Nonprofit Corporation Law specifically require a greater number.

In the absence of a quorum at any meeting of the Board of Directors, a majority of the Directors present may adjourn the meeting as provided in Section 4.16 of these By-Laws. A meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of enough Directors to leave less than a

quorum, if any action taken is approved by at least a majority of the required quorum for such meeting. Directors may not vote by proxy.

Section 4.15 Adjournment

Any meeting of the Board of Directors, whether or not a quorum is present, may be adjourned to another time and place by the vote of a majority of the Directors present. Notice of the time and place of the adjourned meeting need not be given to absent Directors if said time and place are fixed at the meeting adjourned; provided, however, that if the meeting is adjourned for more than forty-eight hours, notice of any adjournment to another time or place shall be given prior to the time and the adjourned meeting to the Directors who were not present at the time of the adjournment.

Section 4.16 Fees and Compensation

- (a) Directors shall not receive any stated fees or salary for their services as Directors. Directors may be reimbursed in such amounts as may be determined from time to time by the Board of Directors for expenses paid while acting on behalf of the Corporation. Nothing herein contained shall be construed to preclude any Director from serving the Corporation in any other capacity as an officer, agent, employee, or otherwise and receiving compensation therefore.
- (b) There shall be no dues. The corporation shall be exclusively financed by contributions to its fund and the earnings there from.

ARTICLE V

COMMITTEES

Section 5.1 Nominating Committee

The Board of Directors shall create a standing Nominating Committee consisting of three or more Directors selected annually by the Board of Directors. The Nominating Committee shall recommend to the Board of Directors candidates to serve as members of the Board of Directors to fill vacancies created by the expiration of a Director's term of office, the resignation of a Director, or otherwise.

Section 5.2 Executive and Other Committees of the Board of Directors

The Board of Directors may create an Executive Committee and/or other committees, consisting of two or more Directors. Such committees shall have such power and authority as may be determined by the Board of Directors, subject to the limitations imposed on such power and authority by the Nonprofit Corporation Law and/or the Articles.

Section 5.3 Advisory Committees

The Board of Directors may create one or more <u>ad hoc</u> advisory committees, consisting of such persons as may be determined by the Board of Directors or appointed by the person –designated by the Board of Directors to fill any such committee(s).

ARTICLE VI

OFFICERS

Section 6.1 Officers

The officers of the Corporation shall be a President, a Vice President, a Secretary, and a Treasurer, who shall be the Chief Financial Officer of the Corporation. The Corporation may also have, at the discretion of the Board of Directors, one or more additional Vice Presidents, one or more Assistant Secretaries, one or more Assistant Treasurers, and such other officers as may be appointed accordance with the provisions of Section6.3 of these By-Laws. One person may hold no more than two offices; however, neither the Secretary nor the Treasurer may serve concurrently as the President.

Section 6.2 Elections and Term

The officers of the Corporation shall be elected annually by the Board of Directors at the annual meeting provided for the Section 4.7 of these By-Laws, and shall serve at the pleasure of the Board of Directors, subject to the rights, if any, of an officer under any contract of employment.

Section 6.3 Subordinate Officers, etc.

The Board of Directors may appoint such other officers as the business of the Corporation may require, each of whom shall hold office for such period, have such authority, and perform such duties as are provided in these By-Laws or as the Board of Directors may from time to time determine.

Section 6.4 Resignations

Any officer may resign at any time by giving written notice to the Corporation, subject to the rights, if any, of the Corporation under any contract to which the officer is a party. Any such resignation shall take effect at the date of the receipt of such notice or at any later time specified therein, and the acceptance of such resignation shall not be necessary to make it effective.

Section 6.5 Vacancies

A vacancy in any office because of death, resignation, removal; disqualification, or any other cause shall be filled by the Board of Directors.

Section 6.6 Presidents

The President shall be the Chief Executive Officer of the Corporation and shall, subject to the control of the Board of Directors, have general supervision, direction and control of the business and affairs and the actions of the other officers on behalf of the Corporation. The President shall have the general powers and duties of management usually vested in the office of president of a corporation, and shall have such other powers and duties as may be prescribed by the Board of Directors or these By-Laws.

Section 6.7 Vice President

In the absence or disability of the Presidents the Vice Presidents in order of their rank as fixed by the Board of Directors, or if not ranked, the Vice President designated by the Board of Directors, shall perform the duties of the President, and when so acting shall have all the powers of, and be subject to all the restrictions upon, the President. The Vice Presidents shall have such other powers and perform such other duties as from time to time may be prescribed for them respectively by the Board of Directors or these By-Laws.

Section 6.8 Secretaries

- (a) The Secretary shall keep, or cause to be kept, a book of minutes in written form of the proceedings of the Board of Directors and committees of the Board of Directors. Such minutes shall include, without limitation, all waivers of notice, consents to the holding meetings, or approvals of the minutes of meetings.
- (b) The Secretary shall give, or cause to be given, notice of all meetings of the Board of Directors required by these By-Laws or by law to be given, and shall cause the seal of the Corporation to be kept in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or these By-Laws.

Section 6.9 Treasurer

- (a) The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct books and records of account in written form or any other form capable of being converted into written form.
- (b) The Treasurer shall deposit all monies and other valuables in the name and to the credit of the Corporation with such depositories as may be designated by the Board of Directors, The Treasurer shall disburse or provide for the disbursement of all funds of the Corporation as may be ordered by the Board of Directors or as may be appropriately ordered by the appropriate Officers of the Corporation, shall render to the President and the Board of Directors, whenever they request it, an account of all the Treasurer's transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or these By-Laws.

 Section 6.10 Assistant Secretary

An Assistant Secretary, if there shall be such an officer, shall have all the powers, and perform all the duties of, the Secretary in the absence or inability of the Secretary to act.

Section 6.11 Assistant Treasurer

An Assistant Treasurer, if there shall be such an officer, shall have all the powers and perform all the duties of, the Treasurer in the absence or inability of the Treasurer to act.

ARTICLE VII

BOOKS AND RECORDS

Section 7.1 Books and Records

The Corporation shall keep or cause to be kept adequate and correct books and records of account and minutes of the proceedings of the Board of Directors and committees of the Board of Directors.

Section 7.2 Annual Reports

- (a) Except as otherwise provided below in these By-Laws, the Board of Directors shall cause an annual report (the "Annual Report") to be sent to the Directors not later than one hundred twenty days after the close of the Corporation's fiscal year. The Annual Report shall state in appropriate detail the following:
 - (1) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year;
 - (2) The principal changes in assets and liabilities, including trust funds, during the fiscal year;
 - (3) The revenue or receipts of the Corporation both unrestricted and restricted to particular purposes, during the fiscal year;

- (4) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year; and
- (5) Any information required by Section 6322 of the Nonprofit Corporation Law.
- (b) The Annual Report shall be accompanied by any report thereon of independent accountants, or, if there is no such report, the certificate of an authorized officer of the Corporation that such statement were prepared without audit from the books and records of the Corporation.

ARTICLE VIII

GRANTS - CONTRACTS - LOANS

Section 8.1 Grants

The making of grants and contributions and otherwise rendering financial assistance for the purposes of the Corporation, may be authorized by the Board of Directors, The Board of Directors may authorize any officer or officers, agent or agents, in the name of and on behalf of the Corporation, to make any such grants, contributions, or assistance.

Section 8.2 Execution of Contracts

The Board of Directors may authorize any officer, employee or agent in the name and on behalf of the Corporation to enter into any contract or execute and satisfy any instrument, and any such authority may be general or confined to specific instances or otherwise limited. In the absence of any action by the Board of Directors to the contrary, the President shall be authorized to execute such instruments on behalf of the corporation.

Section 8.3 Checks, Drafts, Etc.

All checks, drafts, and other orders for the payment of money out of the funds of the Corporation and all notes or other evidences of indebtedness of the Corporation shall be signed on behalf of the Corporation in such manner as shall from time to time be determined by resolution of the Board of Directors. There will be four validating signatures on the bank accounts and two signatures will be necessary for all checks, drafts, and other orders for the payment of money out of the funds of the Corporation.

ARTICLE IX

INDEMNIFICATION OF DIRECTORS AND OFFICERS

Section 9.1 Indemnifications by Corporation

The Directors and officers shall be indemnified and held harmless to the extent and in the manner permitted in California Nonprofit Corporation Law.

Section 9.2 Insurance

The Corporation shall have power to purchase and maintain insurance on behalf of any agent of the corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Corporation would have the power to indemnify the agent against such liability under the provisions of this section; provided, however, that the Corporation shall have no power to purchase and maintain such insurance to indemnify any agent of the Corporation for a violation of Section 5233 of the Nonprofit Corporation Law (relating to self-dealing transactions).

ARTICLE X

ASSETS AND INVESTMENTS

Section 10.1 Dedication of Assets

The properties and assets of this Corporation are irrevocably dedicated to the Corporation's being an exempt organization within the meaning of Section 501(c)(3) of the United States Internal Revenue Code of 1954, as amended (the "Internal Revenue Code"), and Section 23701 of the California Revenue and Taxation Code, as amended (the "Taxation Code"). (All references to the Internal Revenue Code and the Taxation Code contained in these By-Laws are deemed to include corresponding provisions of any future United States or California taxation law, as the case may be).

Section 10.2 Standards, Retention of Property

- (a) In investing, reinvesting, purchasing, acquiring, exchanging, selling and managing the Corporation's investments, the Board of Directors shall act in accordance with the provisions of Section 5240 of the Nonprofit Corporation Law. The Board of Directors shall avoid speculation, looking instead to the permanent disposition of the funds, considering the probable income, as well as the probable safety of the Corporation's capital.
- (b) Unless limited by the Articles, the Corporation may continue to hold property properly acquired or contributed to it if and as long as the Board of Directors, acting in accordance with the provisions of Section 5240 of the Nonprofit Corporation Law, may consider that retention is in the best interests of the Corporation. No retention of donated assets violates this Section 10.2 where such retention was required by the donor in the instrument under which the assets were received by the Corporation, except that no such requirement may be effective more than ten years after the death of the donor.
- (c) Notwithstanding any other provision in these By-Laws, the Corporation may reject any donation, acceptance of which the Board of Directors deems would not further the purposes of the Corporation or the acceptance of which would impose an undue burden on the Corporation.

Section 10.3 Endowment Fund

- (a) The Corporation may receive donations earmarked for an endowment fund from any source in cash or in other property acceptable to the Board of Directors, provided the terms and conditions, if any, are consistent with the purposes and powers of the Corporation as set forth in the Articles and-or these By-Laws. All donations so received together with the income there from (referred to in these By-Laws as the "fund") shall be held, managed, administered, and paid out-in accordance with any terms and conditions with respect thereto. Unless otherwise specifically required, the Corporation may mingle such restricted donations with other assets of the Fund. The Corporation may reject any donation carrying restrictions deemed by the Board of Directors to be incompatible with the purposes of the Fund and/or the Corporation.
- (b) The Corporation shall keep a complete record of the source of all gifts made to the Fund and shall take such steps as the Board of Directors deem appropriate to recognize and commemorate each such gift, to the end that the memory of the gift, and of the donor shall be appropriately preserved.
- (c) The Corporation shall disburse the Fund or the income therefore at such time and in such a manner and in such amounts as the Board of Directors may in its discretion determine for the Corporation or its related activities.

ARTICLE XI

DISTRIUTION OF INCOME AND PROHIBITED ACTIVITIES

In the event that the Corporation shall at any time be a private foundation within the meaning of Section 509 of the Code, the Corporation, so long as it shall be such a private foundation, shall distribute its income for each taxable year at such time and in such manner as not to subject it to the tax on undistributed income imposed by Section 4942 of the Code, and the Corporation shall not (i) engage in any act of self-dealing as defined in Section 4941(d) of the Code; (ii) retain any excess business holdings as defined in Section 4943© of the Code; (iii) make any investments in such manner as to subject the Corporation to any tax under Section 4944 of the Code; or (iv) make any taxable expenditures as defined in Section 4945 (d) of the Code.

ARTICLE XII

FISCAL YEAR

Section12.1 Fiscal Year

The fiscal year of the Corporation shall end on June 30 of each year unless and until changed by the Board of Directors.

ARTICLE XIII

AMENDMENTS

New By-Laws may be adopted or these By-Laws may be amended or repealed by the Board of Directors, except as otherwise provided by law or by the Articles in accordance to Section 4.9.

ATTACHMENT #3

PINER-OLIVET EDUCATIONAL FOUNDATION

2022-2023 Officers

PRESIDENT

Deanne Bonta 135 California Ave. Santa Rosa, CA 95405 (707) 544-1571

VICE PRESIDENT

Open

TREASURER

Danielle Foster 1581 Jennings Ave. Santa Rosa, CA 95401 (707) 542-6945

SECRETARY

Virginia Garcia 79 Hop Ranch Rd. Santa Rosa, CA 95403 (707) 542-4531

ATTACHMENT #4

ANNUAL OBJECTIVES & PLANNED ACTIVITIES

Our objectives for the 2022-2023 school year are:

- 1. To continue to fundraise for field trips, educational and music programs for each elementary school site.
- 2. To identify enrichment opportunities for Northwest Prep and POCS and proceed with fundraising.

| | | | | 1 | |
|-----------------------|----|-----|-----|---|----|
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| $\boldsymbol{\Gamma}$ | LL | ıν | ıu | | э. |

Fall 2022 - TBD Pancake Breakfast fundraiser / community building event for all

schools.

Spring 2023 - TBD See's Candy Fundraiser – helps to build up the reserve of funds

that will be utilized to fund enrichment programs.

April/May 2023 Fun Run/Color Run – a fundraiser to help finance field trips

throughout the district.

Summer 2023 – TBD Montgomery Village Concert / wine pouring fundraiser

Ongoing Annual Fund fundraiser via brochure and online/PayPal (soliciting

one time or monthly recurring donations from supporters) – an ongoing fundraiser for our general fund, building up the resources that we have to draw upon for educational and music programs.

Recurring POEF meetings are held the last Tuesday of every month.

ATTACHMENT #5

PINER-OLIVET EDUCATIONAL FOUNDATION 2022-2023

BANKING INFORMATION

Exchange Bank 1300 Guerneville Road Santa Rosa, CA 95403 (707) 542-3000

Individuals currently authorized to sign:

| 1. | Deanne Bonta | President |
|----|-------------------|-----------------|
| 2. | Danielle Foster | .Treasurer |
| 3. | Steve Charbonneau | .Superintendent |
| 4. | Virginia Garcia | Secretary |

ATTACHMENT #6



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

| th | ne terms and conditions of the policy ertificate holder in lieu of such endor | , cer | tain p | policies may require an er | ndorse | ement. A sta | tement on th | is certificate do | es not conf | er rights to the | |
|-------------------------------------|---|-------|-------------|----------------------------|------------------|----------------------------|----------------------------|---------------------|-------------------|------------------|-------|
| PRO | DUCER | | | | CONTA NAME: | ст Robert | V. Nuccio | | | | |
| R.\ | V. Nuccio & Associates Insurance | Brok | ers, | Inc. | PHONE (A/C, N | o, Ext): (800) | 364-2433 | | FAX (A/C, No): | (818) 980-1595 | 5 |
| 10 | 148 Riverside Drive | | | | E-MAIL ADDRE | | t@rvnuccio | | | | |
| Tol | luca Lake, CA 91602 | | | | | INS | SURER(S) AFFOI | RDING COVERAGE | | NAIC# | |
| | | | | | INSURE | RA: Firema | in's Fund Ins | surance Compai | ny | 21873 | |
| INSU | | | | | INSURE | RB: Nation | wide Life Ins | surance Compar | ny | 66869 | |
| Piner Olivet Educational Foundation | | | | | INSURER C: | | | | | | |
| 1370 San Miguel Ave. | | | | | INSURER D: | | | | | | |
| Santa Rosa , CA 95403 | | | | | INSURER E: | | | | | | |
| | | | | | INSURE | RF: | | | | | |
| | | | _ | NUMBER: | | | | REVISION NUM | | | |
| CE EX | THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| Α | GENERAL LIABILITY | ~ | | XPK80998373 | | 1/1/2022 | 1/1/2023 | EACH OCCURRENC | | 1,000,00 | 00 |
| | COMMERCIAL GENERAL LIABILITY | | | NANDO0054113 | | | | DAMAGE TO RENTE | D s | 100,00 | 00 |

| INSR LTR | TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|--|-----|------|---------------|----------------------------|--|-----------------------------------|----|-------------|
| A | GENERAL LIABILITY | ~ | | XPK80998373 | 1/1/2022 | 1/1/2023 | EACH OCCURRENCE | \$ | 1,000,000 |
| | COMMERCIAL GENERAL LIABILITY | | | NANPO0054113 | | 100 W (100 C C C C C C C C C C C C C C C C C C | DAMAGE TO RENTED PREMISES | \$ | 100,000 |
| | CLAIMS-MADE COCCUR | | | | | 2 | MEDICAL EXPENSE | \$ | 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| \sqcup | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | 20 | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- OTH- TORY LIMITS ER | | |
| 1 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| A | Directors and Officers | | | NPODO0061333 | 1/1/2022 | 1/1/2023 | | | \$1,000,000 |
| | Sexual Misconduct Liability RIPTION OF OPERATIONS / LOCATIONS / VEHICL | | | NANPO0054113 | 1/1/2022 | 1/1/2023 | | | 1,000,000 |

ERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured: / Sexual Misconduct Liability included. Event Description: Piner-Olivet Educational Foundation Start Date: 1/1/2022 End Date: 12/31/2022

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Piner-Olivet Union School District 3450 Coffey Lane Santa Rosa, CA 95403 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | Robert V. Nuccio |

ATTACHMENT #7

Attached are copies of the most recent taxes that were filed in 8/2021.

The current fiscal year ends on 6/30/2022 and the taxes for this year will be filed shortly thereafter.

| FOITH 990-N | Electronic Notice (e-Postcard) | OMB No. 1545-2085 | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| Department of the Treasury Internal Revenue Service | for Tax-Exempt Organization not Required to File Form 990 or 990-EZ | 2020 | | | | | | | | |
| | COR | Open to Public Inspection | | | | | | | | |
| A For the 2020 Calendar year, or | A For the 2020 Calendar year, or tax year beginning 2020-07-01 and ending 2021-06-30 | | | | | | | | | |
| B Check if available Terminated for Business Gross receipts are normally \$50,0 | FOUNDATION | D Employee Identification Number <u>94-2915172</u> | | | | | | | | |
| E Website: | Rosa, CA, US, 95403 F Name of Principal Officer: Danielle Foster | | | | | | | | | |

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

3450 Coffey Lane, Santa Rosa, CA, US, 95403

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 8/2/2021 3:55:06 PM.

Confirmation Number: 114784412206

Entity ID:

1147844

Entity Name:

PINER OLIVET EDUCATIONAL

FOUNDATION

Account Period Information

Account Period Beginning:

7/1/2020

Account Period Ending:

6/30/2021

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$0

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN:

942915172

Doing Business As: Website Address:

Entity's Mailing Address

3450 Coffey Lane Santa Rosa CA 95403

Principal Officer's Information

Danielle Foster 3450 Coffey Lane Santa Rosa CA 95403

Contact Information

Name:

Danielle Foster

Phone:

7073607107

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

Print

Log Out

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

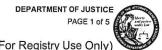
> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

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

Name of Organization

Piner-Olivet Educational Foundation



ANNUAL REGISTRATION RENEWAL FEE REPO TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

Check if:

| ORT | (For Registry U | se Only | | |
|---------------------------------------|--|---------|-----------------------------|---|
| end of the nent of a de section | | | | |
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| ess | | | | |
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| ration Nur | nber 052032 | | | |
| nization N | o. 1147844 | | | |
| No. 94 | -2915172 | | | |
| 01-307, 3 | 11, and 312) | | | |
| Revenue | | | Fee_ | 1 |
| en \$100,0 | 00,001 and \$100 m 000,001 and \$500 i 000 million | | \$800 \$1,000 \$1,200 | |
| / 2021 | list: | | | ł |
| | sets \$55431 | 1 27 | | |
| 73.00 | 30t3 \$ <u> </u> | 1.31 | | |
| | | | | |
| | parate page mation required. | | | |
| | zation and any | Yes | No | |
| | nancial interest? | | ✓ | |
| aritable pro | operty or funds? | | ✓ | |
| | | | ✓ | |
| ourposes, | or commercial | | 1 | |
| | | | 1 | |
| | | | ✓ | |
| | 0 | | 1 | |
| th | | ✓ | | |
| estricted r | net assets? | | 1 | |

| Name of Organization | ☐ Change of address | | | | | | | |
|---|------------------------------|--|--|---|--------|------------|--|--|
| List all DBAs and names the organiza | tion uses or | r has used | - Amended report | | | | | |
| | uon uses oi | i ilas useu | F | | | | | |
| 3450 Coffey Lane Address (Number and Street) | _ | | State Charity Registration Number 052032 | | | | | |
| Santa Rosa, CA 95403 | | | | | | | | |
| City or Town, State, and ZIP Code | | | | or Organization No. | (*) | | | |
| 707-360-7107 | | | | | | | | |
| Telephone Number E- | mail Addres | SS | Federal Emp | oloyer ID No. 94-2915172 | | | | |
| ANNUAL REGIS | TRATION | RENEWAL FEE SCHEDULE (11 Cal. Co Make Check Payable to Departmen | ode Regs. se nt of Justice | ctions 301-307, 311, and 312) | | | | |
| Total Revenue | Fee | Total Revenue | <u>Fee</u> | Total Revenue | | <u>Fee</u> | | |
| Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000 | \$25 \$50 \$75 | Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million | | Between \$20,000,001 and \$100 m Between \$100,000,001 and \$500 Greater than \$500 million | | | | |
| PART A - ACTIVITIES | | - | | | | | | |
| For your most recent full a | ccounting | period (beginning 07 / 01 / 2020 | ending 06 | / 30 / 2021) list: | | | | |
| Total Revenue \$ | 0 | | | | | | | |
| (including noncash contributions) | | Noncash Contributions \$ | 0 | Total Assets \$ 5543 | 1.37 | | | |
| Program Ex | penses \$_ | 305.00 Total E | xpenses \$ _ | 5173.00 | | | | |
| | | ZATION DURING THE PERIOD OF THIS | | | | | | |
| Note: All questions must be answ | vered. If yo | ou answer "yes" to any of the question | s below, you | must attach a separate page | | | | |
| | | for each "yes" response. Please revie | | | Yes | No | | |
| During this reporting period, were t officer, director or trustee thereof, e | here any co either direct | ontracts, loans, leases or other financial tr lly or with an entity in which any such offic | ransactions be cer, director or | etween the organization and any trustee had any financial interest? | | ✓ | | |
| 2. During this reporting period, was the | ere any the | eft, embezzlement, diversion or misuse of | the organizat | ion's charitable property or funds? | | 1 | | |
| 3. During this reporting period, were a | any organiza | ation funds used to pay any penalty, fine | or judgment? | | | 1 | | |
| 4. During this reporting period, were t coventurer used? | he services | of a commercial fundraiser, fundraising of | counsel for ch | aritable purposes, or commercial | | 1 | | |
| 5. During this reporting period, did the | organizatio | on receive any governmental funding? | | | | 1 | | |
| 6. During this reporting period, did the | organizatio | on hold a raffle for charitable purposes? | | | | 1 | | |
| 7. Does the organization conduct a ve | hicle donat | tion program? | | | | 1 | | |
| Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | | | | | | | | |
| 9. At the end of this reporting period, of | did the orga | anization hold restricted net assets, while | reporting nega | ative unrestricted net assets? | | 1 | | |
| declare under penalty of perjury that belief, the content is true, correct and | t I have ex | amined this report, including accompa s, and I am authorized to sign. | anying docun | nents, and to the best of my knowl | edge a | nd | | |
| * | | Danielle Foster | | Treasurer | 8/10/2 | 2021 | | |
| Signature of Authorized Agen | t | Printed Name | | Title | Da | | | |

ATTACHMENT #8

Piner Olivet Educational Foundation **Profit & Loss by Class**May 2021 through April 2022

| TOTAL | 37,046.60 | 00.0 | 0.00 | 18,152.83 | 305.00 25.00 | 18,893.00 | -329.23 | 0.00 | 0.00 | 0.00 | -329.23 |
|---------------------------|--|-------------------------------|--|----------------|--|---------------------------------|---------------------|--|---------------------|------------------|------------|
| POEF | 0.00 | 00.0 | 0.00 | 0.00 | 305.00 25.00 | 330.00 | -330.00 | 0.00 | 0.00 | 00:00 | -330.00 |
| Pancake Breakfast | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Montgomery Village | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00:00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Fun Run / Color Run | 37,046.60 37,046.60 37.046.60 | 0.00 | 0.00 | 18,152.83 | 00:00 | 18,893.00 37,045.83 | 0.77 | 0.00 | 0.00 | 0.00 | 0.77 |
| See's Candy | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Ordinary Income & Expense | Income Income Total Income Gross Profit | Expense Postage & Printing | Bank Service Charges Credit Card Fees | Event Expenses | insurance Tax filing fees / penalties | Miscellaneous Total Expenses | Net Ordinary Income | Other Income / Expenses Other Expense Allocated Profit | Total Other Expense | Net Other Income | Net Income |

Piner Olivet Educational Foundation

Balance Sheet

May 2021 through April 2022

| | April 30, 2022 |
|-------------------------------------|----------------|
| ASSETS | |
| Current Assets | |
| Checking / Savings | |
| | 2.22 |
| PayPal Account West America Bank | 0.00 |
| Exchange Bank - GF | 418.91 |
| | 54708.23 |
| Total Checking / Savings | 55127.14 |
| Total Current Assets | 55127.14 |
| TOTAL ASSETS | 55127.14 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| Color Run Funds Allocated | 14042.00 |
| Fire Relief - Funds Allocated | 1403.47 |
| SuperWalk - Funds Allocated | 1400.47 |
| Schaefer | 2020.50 |
| Olivet | 2749.31 |
| Jack London | 1968.88 |
| POCS | 830.00 |
| NWP | 530.50 |
| Total SuperWalk - Funds Allocated | 8099.19 |
| Total Other Current Liabilities | 15445.47 |
| Total Current Liabilities | 23544.66 |
| Total Liabilities | 23544.66 |
| Equity | |
| Retained Earnings | 31911.71 |
| Net Income | -329.23 |
| Total Equity | 31582.48 |
| TOTAL LIABILITIES & EQUITY | 55127.14 |

Agenda Item Summary

Action Item: 17.7 Approval of the Expanded Learning
Opportunities Program Plans for Jack London Elementary
School, Olivet Elementary Charter School, and Schaefer Charter
School

Regular Meeting of: May 11, 2022 Action Item Report Format: Oral

Attachment: Expanded Learning Opportunities Program Plan Guide

Presented by: Dr. Tina Rasori

Background

The Expanded Learning Opportunities Program (ELOP) provides funding for after school and summer school enrichment programs for transitional kindergarten through sixth grade.

"Expanded learning" means before school, after school, summer, or intersession learning program that focus on developing the academic, social, emotional, and physical needs and interests of pupils through hands-on, engaging learning experiences. It is the intent of the Legislature that expanded learning programs are pupil-centered, results driven, include community partners, and complement, but do not replicate, learning activities in the regular school day and school year.

Issue(s)

N/A

Fiscal Impact

ELOP funds are \$303,233-no fiscal impact to our budget.

Recommendation

Approve ELOP Plan

Expanded Learning Opportunities Program Plan Guide

EXPANDED LEARNING OPPORTUNITIES PROGRAM PLAN GUIDE

Prepared by: Expanded Learning Division

California Department of Education 1430 N Street, Suite 3400 Sacramento, CA 95814-5901 916-319-0923



This Program Plan Template Guide is required by California Education Code (EC) Section 46120(b)(2)

Note: This cover page is an example, programs are free to use their own logos and the name of their program.

Name of Local Educational Agency and Expanded Learning Opportunities Program Site(s)

Name of Local Educational Agency or Equivalent:

Contact Name:

Steve Charbonneau

Contact Email:

scharbonneau@pousd.org

Contact Phone:

707-522-3000

Instructions: Please list the school sites that your LEA selected to operate the Expanded Learning Opportunities Program (ELO-P). Add additional rows as needed.

- 1. Jack London Elementary School
- 2. Morrice Schaefer Elementary Charter School
- 3. Olivet Elementary Charter School

Purpose

This template will aid LEAs in the development of a program plan as required by EC Section 46120(b)(2). In this program plan, LEAs will describe program activities that support the whole child, and students' Social and Emotional Learning (SEL) and development.

Definitions

"Expanded learning" means before school, after school, summer, or intersession learning programs that focus on developing the academic, social, emotional, and physical needs and interests of pupils through hands-on, engaging learning experiences. It is the intent of the Legislature that expanded learning programs are pupil-centered, results driven, include community partners, and complement, but do not replicate, learning activities in the regular school day and school year. (EC Section 8482.1[a])

"Expanded learning opportunities" has the same meaning as "expanded learning" as defined in EC Section 8482.1. "Expanded learning opportunities" does not mean an extension of instructional time, but rather, opportunities to engage pupils in enrichment, play, nutrition, and other developmentally appropriate activities. (EC Section 46120[e][1])

Instructions

This Program Plan needs to be approved by the LEA's Governing Board in a public meeting and posted on the LEA's website.

The program plan template guide is considered a living document that is periodically reviewed and adjusted to reflect the needs of the community, updates in the law, and to provide continuous improvement in the development of an effective ELO-P.

The LEA is responsible for creating, reviewing, and updating the program plan every three years in accordance with EC Section 8482.3(g)(1). LEAs are encouraged to work collaboratively with partners and staff to develop and review the program plan. The LEA is responsible for the plan and the oversight of any community partners or subcontractors. The LEA should include any partners in the development and review of the plan. It is recommended that the plan be reviewed annually.

The Expanded Learning Division adopted the Quality Standards for Expanded Learning in California (Quality Standards) and introduced requirements for Continuous Quality Improvement (CQI) to help programs engage in reflection and be Expanded Learning Opportunities Program Plan Guide for Piner-Olivet Union School District

intentional about program management practices and activities delivered to students. To create the program plan, provide a narrative description in response to the prompts listed under each Quality Standard below. The LEA may customize and include additional prompts, such as describing SEL activities, or refining the plan. In addition to the narrative response, it may be useful to include tables, charts, or other visual representations that contribute to the understanding of the ELO-P. LEAs are encouraged to download and reference the Quality Standards in order to provide ongoing improvements to the program. The Quality Standards can be found on the California Department of Education's (CDE) Quality Standards and CQI web page, located at https://www.cde.ca.gov/ls/ex/qualstandcqi.asp.

1—Safe and Supportive Environment

Describe how the program will provide opportunities for students to experience a safe and supportive environment. Include if the program will be offered on the schoolsite or off campus. If not on site, describe where in the community it will be and how students will be supported to get there.

Our ELOP Program will provide opportunities for students to experience a safe and supportive environment on our school sites. For summer school, the program will be located at Jack London Elementary School. For enrichment activities during the 2022-2023 school year, the program will be housed at each of our 3 elementary school sites providing activities for students at each site.

2—Active and Engaged Learning

Describe how the program will provide opportunities for students to experience active and engaged learning that either supports or supplements, but does not duplicate, the instructional day.

The program will provide opportunities for students to experience active and engaged learning that supports and supplements the instructional day. For summer school, the program will provide opportunities to be active and engaged through movement activities, games, book clubs groups and math games. In addition, our partner, YMCA, will provide multiple opportunities for students to be active and engaged throughout the summer school program.

For enrichment activities during the 2022-2023 school year, the program will rotate three different activities for a period of time. Each of these activities are based on input from our educational partners and student surveys. Some examples include sports, arts and crafts, gardening, Makers, Zumba, etc.. We are partnering with the YMCA as well as possible other organizations to provide these offerings.

3—Skill Building

Describe how the program will provide opportunities for students to experience skill building.

The program will provide opportunities for students to experience skill building. For summer school, the program will provide opportunities to experience skill building through book clubs groups, interactive computer programs, and math games . In addition, our partner, YMCA, will provide multiple opportunities for students to work on skill building throughout the summer school program.

For enrichment activities during the 2022-2023 school year, the program will not only offer three different activities for a period of time, the program will also offer a tutoring component. This tutoring will be linked specifically with each student's STAR Reading or Math scores to provide targeted support for student skill building in reading and math.

4—Youth Voice and Leadership

Describe how the program will provide opportunities for students to engage in youth voice and leadership.

The program will provide opportunities for students to engage in youth voice and leadership. For summer school, the program will provide opportunities for students to engage in youth voice and leadership by working with other grade

levels to create a community within the summer school program. In addition, our partner, YMCA, will provide multiple opportunities for students to engage in youth voice and leadership throughout the summer school program.

For enrichment activities during the 2022-2023 school year, the program will provide opportunities for students to engage in youth voice and leadership. Students were offered a survey to provide input on which type of activities they would like to have as before school and after school options. In addition, students will be in activities that are multi-grade levels so they will have opportunities to work with other grade levels to create a community during the enrichment activities.

5—Healthy Choices and Behaviors

Describe how the program will provide opportunities for students to engage in healthy choices and behaviors. Describe how students will be served nutritious meals and/or snacks during the ELO-P hours of programing.

The program will provide opportunities for students to engage in healthy choices and behaviors. For summer school, the program will provide opportunities for students to engage in healthy choices and behaviors by incorporating movement, community circles as well as other physical activities. In addition, our partner, YMCA, will provide multiple opportunities for students to engage in healthy choices and behaviors..

For enrichment activities during the 2022-2023 school year, the program will provide opportunities for students to engage in healthy choices and behaviors. Students will be offered three different activities for a period of time. Each of these activities include some aspect of healthy choices and behaviors such as sports, arts and crafts, gardening, Makers, Zumba, etc..

We are working with our partner, YMCA and the local Food Bank, to provide students with nutritious meals and/or snacks during the ELO-P hours of programing.

6—Diversity, Access, and Equity

Describe how the program is designed to address cultural and linguistic diversity and provide opportunities for all students to experience diversity, access, and equity. Describe how the ELO-P will provide access and opportunity for students with disabilities.

The program is designed to address cultural and linguistic diversity and provide opportunities for all students to experience diversity, access, and equity. For summer school, the program is offered to all of our unduplicated students. In addition, our curriculum is culturally diverse and we provide a social-emotional component to our summer school program through community circles and community building activities.

For enrichment activities during the 2022-2023 school year, the program is offered to all of our unduplicated students. In addition, our program provides an array of exposure to different types of activities for students to experience. Each of these offerings all focus on working together, learning together and creating community. Some examples of the activities offered are sports, arts and crafts, gardening, Makers, Zumba, etc..

The ELO-P will provide access and opportunities for students with disabilities to participate in both summer school and enrichment activities.

7—Quality Staff

Describe how the program will provide opportunities for students to engage with quality staff.

Both our summer school and enrichment activities programs will provide opportunities for students to engage with quality staff. Piner-Olivet Union School District will staff the teachers, admin and office support for summer school. The YMCA will hire quality staff to support the summer school program. In addition, the YMCA will hire quality staff to implement the enrichment program for the 2022-2023 school year. Other organizations may be hired as well depending on quality staff and quality of program offerings.

8—Clear Vision, Mission, and Purpose

Describe the program's clear vision, mission, and purpose.

The program's vision and mission are the same as our district's vision and mission. The vision is "Inspiring joyful and innovative learning in an ever-changing world" and the mission is "As a community, we engage in authentic, dynamic, and relevant learning that develops each student's academic, emotional and social growth." The purpose of the program is to expand learning before school, after school and during the summer which focuses on developing the academic, social, emotional, and physical needs and interests of pupils through hands-on, engaging learning experiences. We are hoping to provide multiple opportunities to our students so they can engage in different activities throughout the school year to explore their interests and increase learning experiences.

9—Collaborative Partnerships

Describe the program's collaborative partnerships. Local educational agencies are encouraged to collaborate with non-LEA entities to administer and implement ELO-P programs.

The program's collaborative partnerships were brainstormed with our educational partners. To determine different possible partnerships and activities, the program lead met with all Instructional Leadership Teams, Parent Teacher Organizations, School Site Councils and the District English Language Advisory Committee. Throughout the meetings different ideas of organizations to partner with were discussed. One main partnership is with the YMCA who is already familiar with our school sites and district. The program is working with the YMCA during summer school and to help provide enrichment activities during the 2022-2023 school year.

10—Continuous Quality Improvement

Describe the program's Continuous Quality Improvement plan.

The program's Continuous Quality Improvement Plan will be based on several different factors. First, there will be check-in meetings with each of our partnering organizations. In addition, there will be possible surveys for students and parents to gain insight into how the program is implemented. Also, there will be input from different educational partners to determine what is working, what needs to be supported in order to continue to provide the best program possible for our students.

11—Program Management

Describe the plan for program management.

The plan for program management is to have a lead for the program who will conduct different checks and balances for the program throughout the program. For example, the program lead will have check-in meetings with each of our partnering organizations. During these check in meetings, logistics of the program will be discussed and next

steps will be determined. In addition, there will be possible surveys for students and parents to gain insight into how the program is implemented. Also, there will be input from different educational partners to determine what is working, what needs to be supported in order to continue to provide the best program possible for our students. The program lead will synthesize the data to determine next steps for the program.

General Questions

Existing After School Education and Safety (ASES) and 21st Community Learning Centers (21st CCLC) Elementary and Middle School grantees.

ASES, 21st CCLC Elementary/Middle School, and the ELO-P should be considered a single, comprehensive program. In coordinating all these funding streams to move towards a single program, the expectation is that the most stringent requirements will be adopted for program guidance. If one or both grants are held, please describe how the ELO-P funding will be used to create one comprehensive and universal Expanded Learning Program.

N/A

Transitional Kindergarten and Kindergarten

Programs serving transitional kindergarten or kindergarten pupils shall maintain a pupil-to-staff member ratio of no more than 10 to 1. (EC Section 46120[b][2][D]). Please address the proposed schedule and plan for recruiting and preparing staff to work in the program, including supporting them to understand how to work with younger children. How will the lower pupil-to-staff ratio be maintained? How will the curriculum and program be developmentally-informed to address this younger age group?

Each month, Y on Wheels will have a designated TK/K program offering that will have a lower pupil to staff ratio and be developmentally appropriate for the younger age group. We are working with the YMCA for the staffing of the program and to ensure that the curriculum and program will be developmentally-informed to address this younger age group.

Sample Program Schedule

Please submit a sample program schedule that describes how the ELO-P or other fund sources, including the California State Preschool Program for children enrolled in transitional kindergarten or kindergarten, will be combined with the instructional day to create a minimum of nine hours per day of programming (instructional day plus ELO-P or other supports). Also, submit a sample schedule for a minimum nine-hour summer or intersession day.

Sample Program for 9 hours per day of programming:

7:30-8:20 YMCA Before School Program (Breakfast and Books, Mindfulness)

8:20-1:45 School Day

1:45-4:30 YMCA After School Program

Sample for Y on Wheels After School Program:

6 weeks of programing:

Jack London: M- Basketball, T-Crafts, Th-Gardening Schaefer: M-Gardening, T-Basketball, Th-Crafts Olivet: M-Crafts, T-Gardening, Th- Basketball

6 weeks of programming: After School Tutoring

Jack London, Schaefer and Olivet: T/Th: 1 on 1 online tutoring

Sample schedule for 9 hour summer day: Summer School: June 3rd-July 15th, 2022

Student Day- 7:30-6:00

7:30-8:30-YMCA provides before school activities

8:30-11:30-Summer School with focus on Social Emotional Learning, Math and ELA

11:30-6:00- YMCA provides after school enrichment activities

Below are additional legal requirements for the ELO-P. Please ensure your Program Plan meets all of these legal requirements:

EC Section 46120(b)(2):

[LEAs] operating expanded learning opportunities programs may operate a before school component of a program, an after school component of a program, or both the before and after school components of a program, on one or multiple school sites, and shall comply with subdivisions (c), (d), and (g) of Section 8482.3, including the development of a program plan based on the following;

- (2) [LEAs] operating expanded learning opportunity programs pursuant to this section may operate a before school component of a program, an after school component of a program, or both the before and after school components of a program, on one or multiple schoolsites, and shall comply with subdivisions (c), (d), and (g) of Section 8482.3, including the development of a program plan based on all of the following:
- (A) The department's guidance.
- (B) Section 8482.6.
- (C) Paragraphs (1) to (9), inclusive, and paragraph (12) of subdivision (c) of Section 8483.3.
- (D) Section 8483.4, except that programs serving transitional kindergarten or kindergarten pupils shall maintain a pupil-to-staff member ratio of no more than 10 to 1.

EC Section 46120(b)(1)(A):

On schooldays, as described in Section 46100 and Sections 46110 to 46119, inclusive, and days on which school is taught for the purpose of meeting the 175-instructional-day offering as described in Section 11960 of Title 5 of the California Code of Regulations, in-person before or after school expanded learning opportunities that, when added to daily instructional minutes, are no less than nine hours of combined instructional time and expanded learning opportunities per instructional day.

EC Section 46120(b)(1)(B):

For at least 30 nonschooldays, during intersessional periods, no less than nine hours of in-person expanded learning opportunities per day.

EC Section 46120(b)(3):

[LEAs] shall prioritize services provided pursuant to this section at schoolsites in the lowest income communities, as determined by prior year percentages of pupils eligible for free and reduced-price meals, while maximizing the number of schools and neighborhoods with expanded learning opportunities programs across their attendance area.

EC Section 46120(b)(4):

[LEAs] may serve all pupils, including elementary, middle, and secondary school pupils, in expanded learning opportunity programs provided pursuant to this section.

EC Section 46120(b)(6):

[LEAs] are encouraged to collaborate with community-based organizations and childcare providers, especially those participating in state or federally subsidized childcare programs, to maximize the number of expanded learning opportunities programs offered across their attendance areas.

EC Section 46120(c):

A [LEA] shall be subject to the audit conducted pursuant to Section 41020 to determine compliance with subdivision (b).

EC Section 8482.3(d):

[LEAs] shall agree that snacks made available through a program shall conform to the nutrition standards in Article 2.5 (commencing with Section 49430) of Chapter 9 of Part 27 of Division 4 of Title 2.

[LEAs] shall agree that meals made available through a program shall conform to the nutrition standards of the United States Department of Agriculture's at-risk afterschool meal component of the Child and Adult Care Food Program (42 United States Code [U.S.C.] Section 1766).

EC Section 8482.6:

Every pupil attending a school operating a program . . . is eligible to participate in the program, subject to program capacity. A program established . . . may charge family fees. Programs that charge family fees shall waive the cost of these fees for pupils who are eligible for free or reduced-price meals, for a child that is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Section 11434a), or for a child who the program knows is in foster care. A program that charges family fees shall schedule fees on a sliding scale that considers family income and ability to pay.

EC sections 8483.4 and 46120(b)(2)(D):

The administrator of every program established pursuant to this article shall establish minimum qualifications for each staff position that, at a minimum, ensure that all staff members who directly supervise pupils meet the minimum qualifications for an instructional aide, pursuant to the policies of the school district. Selection of the program site supervisors shall be subject to the approval of the school site principal. The administrator shall also ensure that the program maintains a pupil-to-staff member ratio of no more than 20 to 1. All program staff and volunteers shall be subject to the health screening and fingerprint clearance requirements in current law and district policy for school personnel and volunteers in the school district, except that programs serving transitional kindergarten or kindergarten pupils shall maintain a pupil-to-staff member ratio of no more than 10 to 1.

EC Section 8482.3(c)(1)(A-B):

Each component of a program established pursuant to this article shall consist of the following two elements:

- (A) An educational and literacy element in which tutoring or homework assistance is provided in one or more of the following areas: language arts, mathematics, history and social science, computer training, or science.
- (B) An educational enrichment element that may include, but need not be limited to, fine arts, career technical education, recreation, physical fitness, and prevention activities.

PINER-OLIVET UNION SCHOOL DISTRICT 3450 COFFEY LANE

SANTA ROSA, CA 95403

REGULAR MEETING – GOVERNING BOARD MINUTES

April 13, 2022

1. CALL TO ORDER

The regular meeting of the Governing Board of the Piner-Olivet Union School District was called to order at 5:05 p.m., Wednesday, April 13, 2022 conducted remotely as a Zoom meeting ID 84765786968. President, Mardi Hinton, presided.

2. ROLL CALL

Governing Board

Mardi Hinton, President PRESENT Cindy Pryor, Vice-President PRESENT

Janae Franicevic, Clerk PRESENT

Tony Roehrick, Ed.D, Member PRESENT

Toni Smith, Member PRESENT

Staff

Dr. Steve Charbonneau, Superintendent and

Secretary to the Board

Dr. Kay Vang, Chief Business Official (CBO)

Cathy Manno, Executive Secretary

PUBLIC COMMENT ON CLOSED SESSION AGENDA 3.

The following individual addressed the Board during the time for public comment on the closed session agenda: Mr. Potter

4. ADJOURNMENT TO CLOSED SESSION

The meeting adjourned to closed session at 5:19 p.m.

5. CLOSED SESSION

- With respect to every item of business discussed in closed session pursuant to Gov. Code Section 54957:
 - 5.1.1 PUBLIC EMPLOYMENT DISCIPLINE/DISMISSAL/RELEASE

(No additional information required)

5.1.2 PUBLIC EMPLOYMENT-EMPLOYMENT/APPOINTMENT

Title: COVID-19 Liaison, HR/Personnel Tech, Temp. Custodian, Director of Innovative Learning, Principal, Reg. Ed.

5.1.3 PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Superintendent

- With respect to every item of business discussed in closed session pursuant to Gov. Code Section 54957.6: 5.2
 - 5.2.1 CONFERENCE WITH LABOR NEGOTIATOR

Name of Agency Negotiator: Dr. Steve Charbonneau

Name of organization representing employees: Piner-Olivet Educators' Association, CTA Affiliate

- 5.2.2 CONFERENCE WITH LABOR NEGOTIATOR
 - Name of Agency Negotiator: Dr. Steve Charbonneau

Name of organization representing employees: Piner-Olivet Classified Association, CSEA Affiliate

5.2.3 CONFERENCE WITH LABOR NEGOTIATOR

Name of Agency Negotiator: Dr. Steve Charbonneau

6. RECONVENE TO PUBLIC MEETING

The meeting reconvened to Open Session at 6:33 p.m.

7. REPORT OF CLOSED SESSION ACTION, IF ANY

Ms. Hinton commented that during Closed Session direction was given to the negotiating team.

8. FLAG SALUTE (Suspended during virtual meetings)

9. AGENDA MODIFICATIONS

There were none.

10. COMMUNICATIONS, PETITIONS AND DELEGATIONS

Ms. Hinton opened up communications, petitions and delegations. The following individuals addressed the Board during the time for public comment: Ms. McDonough, Ms. Gallagher, and Mr. Bushon.

Regular Meeting – Governing Board April 13, 2022 Page 2

11. COMMENTS FROM THE GOVERNING BOARD

There were none.

12. RECOGNITION OF EXCELLENCE

There were none.

13. SUPERINTENDENT'S REPORT

13.1 <u>Announcements</u>

Dr. Charbonneau thanked the staff for all of their hard work this school year.

14. ASSOCIATION REPORTS

14.1 POEA

Ms. McDonough updated the Board on the Association activities.

14.2 <u>POCA</u>

Ms. Wofford updated the Board on the Association activities.

15. BOARD POLICIES

There were none.

16. DISCUSSION/INFORMATION ITEMS

16.1 Summer School

Dr. Charbonneau gave an update on summer school 2022.

There were no public comments.

16.2 POUSD Initiatives and Achievements Presentation

Dr. Charbonneau gave a presentation on POUSD Initiatives and Achievements. There were no public comments.

16.3 Staffing Standards

There was a discussion about Staffing Standards. Ms. Hinton and Dr. Roehrick volunteered to work on the Staffing Standards and bring them back to a future board meeting. The following individuals addressed the Board during the time for public comment: Mr. Potter, Ms. Henry, and Ms. McCorkell.

16.4 Governing Board Priorities for the Budget

Ms. Hinton commented on the Governing Board priorities for the budget. There was no discussion on this item. There were no public comments.

17. ACTION ITEMS

17.1 <u>Approval of Resolution No. 563 Authorizing Filing of Application (s) for Preschool, Transitional Kindergarten and Full-Day Kindergarten Facility Grant Program</u>

Ms. Gibb, representative from Kings Consulting gave highlights of the facility grant program. Ms. Pryor moved to approve Resolution # 563 authorizing filing of application for Preschool, Transitional Kindergarten and Full-Day Kindergarten Facility Grant Program, seconded by Ms. Smith, all aye.

The following individual addressed the Board during the time for public comment: Mr. Bushon

Roll call vote: Ms. Franicevic- aye, Ms. Hinton- aye, Ms. Pryor- aye, Dr. Roehrick- aye, Ms. Smith- aye

17.2 Approval of Developer Fee Justification Study

Ms. Gibb, representative from Kings Consulting gave highlights of the Developer Fee Justification Study. Ms. Smith moved to approve the Developer Fee Justification Study, seconded by Ms. Franicevic, all aye.

The following individual addressed the Board during the time for public comment: Ms. Henry

Roll call vote: Ms. Franicevic- aye, Ms. Hinton- aye, Ms. Pryor- aye, Dr. Roehrick- aye, Ms. Smith- aye

17.3 <u>Consideration to Rescind the Reduction of 1.0(F.T.E.) Middle School Level (7-8) Teaching Service and 1.0 (F.T.E.) Elementary School Level Teaching Service</u>

Ms. Franicevic moved to rescind the Reduction of 1.0 (F.T.E.) Middle School Level (7-8) Teaching Service and 1.0 (F.T.E.) Elementary School Level Teaching Services, seconded by Dr. Roehrick, all aye.

There were no public comments.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton - aye, Ms. Pryor- aye, Dr. Roehrick - aye, Ms. Smith - aye

17.4 <u>Acceptance of the 2020-2021 Measure L General Obligation Bond Building Fund Financial Audit Report</u> The 2020-2021 Measure L General Obligation Bond Building Fund Financial Audit Report was accepted on the motion of Ms. Pryor, seconded by Ms. Smith, all aye.

There were no public comments.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

Approval of the A-G Completion Improvement Grant Program for Northwest Prep Charter School

The A-G Completion Improvement Grant Program for Northwest Prep Charter School was approved on the motion of Dr. Roderick, seconded by Ms. Pryor, all aye.

There were no public comments.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

17.6 Approval of the Northwest Prep Charter School 2022-2023 Calendar

The Northwest Prep Charter School 2022-2023 calendar was approved as presented on the motion of Dr. Roehrick, seconded by Ms. Smith, all aye.

There were no public comments.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

17.7 Approval of the Piner-Olivet Charter School 2022-2023 Calendar

The Piner-Olivet Charter School 2022-2023 calendar was approved as presented on the motion of Ms. Smith, seconded by Ms. Franicevic, all aye. There were no public comments.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

17.8 <u>Approval of the Governance Handbook</u>

The Governance Handbook was approved on the motion of Ms. Franicevic, seconded by Ms. Smith, all aye. There were no comments from the public.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

17.9 Approval of the #10 Communications, Petitions and Delegations

The following narrative of the #10 Communications, Petitions and Delegations: Any person wishing to be heard by the Board shall first be recognized by the president. Members of the public may have up to three minutes per speaker and up to 15 minutes per item, when more than one individual is addressing the same topic. The Board will not comment on items unless they are agendized, however the board reserves the right to clarify or correct any misinformation stated. Each individual speaker may only address the board one (1) time per un-agendized or agendized item. The Board may remove disruptive individuals and/or order the room cleared for persistent disruption or statements that threaten the safety of any person(s) at the meeting. When the room is ordered cleared due to a disturbance, further Board proceedings shall concern only matters appearing on the agenda. Anyone desiring an item to be placed on the prepared agenda shall notify the Secretary ten (10) working days prior to the meeting was approved on the motion of Ms. Pryor, seconded by Ms. Franicevic.

The following individuals addressed the Board during the time for public comment: Ms. Wehrer, Ms. Henry, and Mr. Bushon

Roll call vote: Ms. Franicevic- aye, Ms. Hinton – nay, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye (4-0)

Regular Meeting – Governing Board April 13, 2022 Page 4

17.10 Approval to Continue with AB 361 Virtual Meetings

Ms. Franicevic motion to discontinue with AB 361 Virtual meeting and resume to in person Board meeting starting on June 8th, seconded by Ms. Pryor.

The following individuals addressed the Board during the time for public comment: Ms. Sanchez, Mr. Bushon, Ms. McDonough, Ms. Henry, Ms. Wofford, and Ms. Voight

Dr. Roehrick motion to extend the meeting to 9:15pm., seconded by Ms. Franicevic Roll call vote: Ms. Franicevic- aye, Ms. Hinton – aye, Ms. Pryor- aye, Dr. Roehrick – aye, Ms. Smith – aye

18. CONSENT ITEMS

The following consent items were approved on the motion of Ms. Franicevic, seconded by Ms. Smith, all aye.

Roll call vote: Ms. Franicevic- aye, Ms. Hinton- aye, Ms. Pryor- aye, Dr. Roehrick- aye, Ms. Smith- aye

- 18.1 The minutes of regular Board Meeting of March 9, 2022,
- 18.2 The Personnel Action Report,
- 18.3 The vendor warrants,
- 18.4 The routine budget updates,
- 18.5 The Williams Settlement Quarterly Uniform Complaint Report Summary. Reporting period from January 1, 2022 through March 31, 2022
- 18.6 The lease agreement between Sonoma County Family YMCA and Piner-Olivet School District, and
- 18.7 The continue with AB 361 Virtual meetings, the public agency must reconsider the circumstances of the emergency every 30 days and determine that either the state of emergency continues to directly impact the ability of the members to meet safely in person; or, state or local officials continue to impose or recommend measures to promote social distancing. These findings must be made by majority vote. Gov. Code 54953 (e) (3).

19. ROUND TABLE COMMENTS FROM THE GOVERNING BOARD

Ms. Hinton commented that this is her last term of office.

20. FUTURE AGENDA ITEMS

20.1 The next regular board meeting - May 11, 2022

21. PUBLIC COMMENT ON CLOSED SESSION AGENDA

There was no Closed Session.

22. RECESS TO CLOSED SESSION

There was no Closed Session.

23. RECONVENE TO PUBLIC MEETING

There was no Closed Session.

24. REPORT OF CLOSED SESSION ACTION NOT ON THE ACTION AGENDA

There was no Closed Session.

25. ADJOURNMENT

The meeting adjourned at 9:08 p.m.

| Resi | pectfully | subn 🗸 | nitted, |
|------|-----------|--------|---------|

Dr. Steve Charbonneau Secretary to the Board

| A | P | P | R | O | V | \mathbf{E} | D: |
|---|---|---|---|---|---|--------------|----|
|---|---|---|---|---|---|--------------|----|

James Francisco Clark of the Doord

| Piner-C | Dlivet Union Sch | ool District | | | | PERSONNEL | ACTION REPORT | |
|--------------------|-------------------|--------------|-------------------|-----------|---------------------|---------------------------|----------------|----------------|
| TO: E | Board of Trustees | | | | | Meeting of: | May 11, 2022 | |
| | | | | | | | | |
| Name | Assignment | Salary | Funding Source | Effective | Type of Appointment | Information Assignment | Recommendation | Cost of Budget |
| Miller, Holly | Teacher | Step 23 | General ED | 6/2/2022 | Retire | Olivet | Acknowledge | |
| Berry, Deborah | Teacher | Step 28 | General ED | 6/2/2022 | Retire | POCS | Acknowledge | |
| Garlock, Lynn | Teacher | Step 25 | General ED | 6/2/2022 | Retire | SCH | Acknowledge | |
| Hart, William | Teacher | Step 26 | General ED | 6/2/2022 | Retire | SCH | Acknowledge | |
| Lecave, Donna | Teacher | Step 23 | General ED | 6/2/2022 | Retire | Jack London | Acknowledge | |
| Beck, Terry | Teacher | Step 11 | General ED | 6/3/2022 | Resigned | SCH | Acknowledge | |
| Harris, Kathy | Principal | Step 12 | General ED | 6/30/2022 | Retire | SCH | Acknowledge | |
| Valenzuela, George | Principal | Step 10 | General ED | 7/14/2022 | New Hire | SCH | Acknowledge | |

VENDOR WARRANTS

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amount |
|-----------------|---------------|-------------------------------|-------------|---|--------------------|-----------------|
| 1888507 | 04/01/2022 | Dossat, Alyssa | 09-4313 | Stale Ch# 1848057- reissue for Red Folder 21/22 | | 240.00 |
| 1888508 | 04/01/2022 | Zepeda, Jessica M | 01-5202 | Prof. Devel/Virtual Summit | | 275.00 |
| 1888509 | 04/01/2022 | Keobounleuang, Phetsamone | 01-3402 | Health reimb-Ortho | 500.00 | |
| | | | 01-5950 | Postage | 8.95 | 508.95 |
| 1888510 | 04/01/2022 | Aaction Rents | 09-4380 | Electric hammer/chisel-NWP | 78.00 | |
| | | | | rotary hammer drill-NWP | 65.79 | 143.79 |
| 1888511 | 04/01/2022 | Anova Center of Education | 01-5810 | SPED/ NPS 2021/2022 - LJ | 4,585.68 | |
| | | | | SPED/ NPS 2021/2022 - LS | 2,292.84 | |
| | | | | SPED/ NPS 2021/2022 - SG | 4,585.68 | |
| | | | | SPED/ NPS 2021/2022 - TS | 4,667.64 | 16,131.84 |
| 1888512 | 04/01/2022 | AT&T Mobility | 01-5900 | Mobile phone for maint super. | | 92.90 |
| 1888513 | 04/01/2022 | AT&T | 01-5900 | Calnet3 Billing / AT&T | | 153.70 |
| 1888514 | 04/01/2022 | California's Valued Trust | 01-9574 | Dental Coverage March 2022 | 9,384.01 | |
| | | | 01-9575 | Vision Coverage March 2022 | 2,507.82 | 11,891.83 |
| 1888515 | 04/01/2022 | CybrSchool LLC | 09-4340 | Cyberschool License | | 900.00 |
| 1888516 | 04/01/2022 | Fagen Friedman & Fulfrost LLP | 01-5823 | teacher supply-Olivet | | 7,922.50 |
| 1888517 | 04/01/2022 | Heinemann Publishing | 01-5202 | Prof. Development virtual event | 533.34 | |
| | | | 04-4310 | Fountas book clubs | 7,384.32 | |
| | | | 04-5202 | Prof. Development virtual event | 533.33 | |
| | | | 05-5202 | Prof. Development virtual event | 533.33 | 8,984.32 |
| 1888518 | 04/01/2022 | Hitmen Termite & Pest Control | 01-5630 | Rodent/Ants/Spider control-JL | | 214.00 |
| 1888519 | 04/01/2022 | Interstate Batteries | 01-4380 | toilet battery for all sites | 144.54 | |
| | | | 07-5630 | toilet battery for all sites | 48.18 | |
| | | | 09-5630 | toilet battery for all sites | 48.18 | 240.90 |
| 1888520 | 04/01/2022 | Kenwood Lumber & Hardware | 09-4380 | concrete ready mix 60lb | | 9.83 |
| 1888521 | 04/01/2022 | Office Depot | 01-4310 | Teacher supply-JL | 80.89 | |
| | | | 04-4310 | teacher supply-Olivet | 132.54 | |
| | | | 04-4350 | office supply-Olivet | 38.08 | |
| | | | 07-4311 | Bookcase-POCS | 156.23 | |
| | | | | Office supply-POCS | 71.94 | 479.68 |
| 1888522 | 04/01/2022 | PACE Supply Corp. | 01-4380 | maint supply-JL | | 22.42 |
| 1888523 | 04/01/2022 | Pacific Gas & Electric | 01-5510 | Acct # 0532988800-1 | 115.57 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 01-5520 | Acct # 0532988800-1 | 363.50 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 04-5510 | Acct # 0532988800-1 | 721.02 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |

043 - Piner-Olivet Union

preceding Checks be approved.

Page 1 of 8

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amount |
|-----------------|---------------|--------------------------------|-------------|--|--------------------|-----------------|
| 1888523 | 04/01/2022 | Pacific Gas & Electric | 04-5520 | Acct # 0532988800-1 Olivet/NWP/VC/DO/SCH | 2,635.94 | |
| | | | 05-5510 | Acct # 0532988800-1 Olivet/NWP/VC/DO/SCH | 1,756.28 | |
| | | | 05-5520 | Acct # 0532988800-1 Olivet/NWP/VC/DO/SCH | 1,049.93 | |
| | | | 09-5510 | Acct # 0532988800-1 Olivet/NWP/VC/DO/SCH | 62.23 | |
| | | | 09-5520 | Acct # 0532988800-1 Olivet/NWP/VC/DO/SCH | 25.38 | 6,729.85 |
| 1888524 | 04/01/2022 | Jan Radke | 07-5830 | Counseling service 2022 | | 2,362.50 |
| 1888525 | 04/01/2022 | Roberts Mechanical & Elect Inc | 01-4380 | Rm 15-themostat repair-Schaefer | 635.92 | |
| | | | | Rm 26-Defrost board and sensor repair-Schaefer | 169.01 | |
| | | | | Rm 3-themostat repair-Olivet | 23.01 | |
| | | | 01-5630 | Rm 10- thermostat repair-Schaefer | 170.00 | |
| | | | | Rm 14-Replace motor and blower wheel-Schaefer | 2,422.41 | |
| | | | | Rm 15-themostat repair-Schaefer | 918.50 | |
| | | | | Rm 26-Defrost board and sensor repair-Schaefer | 668.00 | |
| | | | | Rm 3-themostat repair-Olivet | 334.00 | 5,340.85 |
| 1888526 | 04/01/2022 | Sonoma Co Office Of Education | 01-5828 | Blow to the head form and envelopes | | 229.43 |
| 1888527 | 04/01/2022 | T-Mobile USA Inc. | 01-4310 | Mobile Hotspot | | 100.00 |
| 1888528 | 04/01/2022 | The Standard Insurance Co. | 01-9576 | Coverage for Feb 2022 | 174.00 | |
| | | | | Coverage for March 2022 | 163.49 | 337.49 |
| 1889383 | 04/06/2022 | | 04-2200 | overpymt of temp disability 12/16/21-12/24/21 | | 950.93 |
| 1889384 | | Martin, Tawnya E | 05-4313 | Stale Chk Red Folder 21/22 re-issue | | 400.00 |
| 1889385 | 04/06/2022 | All City Management Servcs Inc | 01-5880 | Crossguard 2021-2022 | 769.86 | |
| | | | 05-5880 | Crossguard 2021-2022 | 769.86 | |
| | | | 07-5880 | Crossguard 2021-2022 | 769.86 | |
| | | | 09-5880 | Crossguard 2021-2022 | 769.86 | 3,079.44 |
| 1889386 | 04/06/2022 | Amazon Capital Services, Inc. | 01-4310 | nurse supply-JL | 289.46 | |
| | | | | recess supplies-JL | 2,172.15 | |
| | | | 07-4310 | light bulb-POCS | 50.28 | |
| | | | | Nurse Supplies-POCS | 297.91 | 2,809.80 |
| 1889387 | 04/06/2022 | Art & Soul Music Studios | 09-5830 | Music lessons Mar 2022 | | 800.00 |

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

ESCAPE ONLINE
Page 2 of 8

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Chec Amoun |
|-----------------|---------------|---|-------------|---|--------------------|---------------|
| 1889388 | 04/06/2022 | City Of Santa Rosa | 01-5530 | City Water Acct# 023537 2021 - 2022 NWP/VC | 589.25 | |
| | | | 09-5530 | City Water Acct# 023537 2021 - 2022 NWP/VC | 317.29 | 906.54 |
| 1889389 | 04/06/2022 | Clover Stornetta Farms Inc | 13-4700 | District wide milk 2021-2022 | | 1,072.0 |
| 1889390 | 04/06/2022 | Fishman Supply | 01-4370 | Gloves sch nurse-JL | 131.10 | |
| | | | | microfiber towels-JL | 33.56 | 164.6 |
| 1889391 | 04/06/2022 | J.M. King Consulting, Inc. dba King Consulting | 25-5830 | 2021 Consulting Services | | 740.0 |
| 1889392 | 04/06/2022 | KYA Services LLC | 21-5830 | JL Bond/Landscape | | 31,462.1 |
| 1889393 | 04/06/2022 | Momentum in Teaching, LLC | 07-5202 | Pro Development | | 3,170.0 |
| 1889394 | 04/06/2022 | Office Depot | 07-4340 | Meyer printer and hard drive | 82.99 | |
| | | | | Printer brother-POCS | 238.69 | 321.6 |
| 1889395 | 04/06/2022 | Recology Sonoma Marin | 01-5560 | Waste bin-NWP/VC | 296.96 | |
| | | | 09-5560 | Waste bin-NWP/VC | 159.90 | 456.8 |
| 1889396 | 04/06/2022 | Recology Sonoma Marin | 01-5560 | Waste bin-JL/POCS | 486.65 | |
| | | | 07-5560 | Waste bin-JL/POCS | 324.44 | 811.0 |
| 1889397 | 04/06/2022 | Recology Sonoma Marin | 04-5560 | Waste bin-Olivet | | 458.9 |
| 1889398 | 04/06/2022 | Recology Sonoma Marin | 01-5560 | Waste bin-SCH/DO | 45.90 | |
| | | | 05-5560 | Waste bin-SCH/DO | 413.07 | 458.9 |
| 1889399 | 04/06/2022 | Sonoma Media Investments | 01-5825 | Public Hearing 4/13 Press Demo | | 199.0 |
| 1889400 | 04/06/2022 | Van Pelt Construction Services | 21-5830 | various project sitewide Mar 2022 | | 16,791.0 |
| 1890139 | 04/08/2022 | Nancy Morton | 01-9213 | Payroll Check NM | | 1,569.0 |
| 1890140 | 04/08/2022 | Aaction Rents | 01-4380 | Machine rental-JL/POCS | 328.00 | |
| | | | 07-4380 | Machine rental-JL/POCS | 218.67 | 546.6 |
| 1890141 | 04/08/2022 | Amazon Capital Services, Inc. | 07-4350 | Office Supplies | | 97.8 |
| 1890142 | 04/08/2022 | Clover Stornetta Farms Inc | 13-4700 | Milk site wide- 2021-2022 | | 448.0 |
| 1890143 | 04/08/2022 | Fishman Supply | 05-4370 | Noble Speed Scrub 15/Schaefer | | 5,272.5 |
| 1890144 | 04/08/2022 | Friedman's Home Improvement | 01-4380 | bit set-DO | 21.66 | |
| | | · | | Pliers long nose/Chain-Schaefer-DO | 102.50 | |
| | | | 09-4380 | maintence supply/parts-NWP | 43.72 | 167.8 |
| 1890145 | 04/08/2022 | H & M Landscaping Inc | 01-4380 | Play fiber-Olivet | | 151.9 |
| 1890146 | 04/08/2022 | · - | 01-4380 | Irrigation supplies-Olivet | | 434.2 |
| 1890147 | | JD's Appliance Repair LLC | 01-4380 | Staff rm refrigrepair/compressor | 530.15 | |
| | | | 0000 | replace-Olivet | | |
| | | | 01-5630 | Staff rm refrigrepair/compressor | 350.00 | 880.1 |
| 1890148 | 04/08/2022 | Kenwood Lumber & Hardware | 01-4380 | replace-Olivet Leaf Rake-Olivet | | 21.8 |
| 1890148 | | KYOCERA Document Solutions Northern California, Inc | 01-4360 | printer maint-JL/POCS | 68.75 | 21.0 |
| | | en issued in accordance with the District's Policy and authoriz | | · | ESCAPE | ONLIN |

043 - Piner-Olivet Union

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amoun |
|-----------------|---------------|--|-------------|---|--------------------|----------------|
| 1890149 | 04/08/2022 | KYOCERA Document Solutions Northern California, Inc | 07-5632 | printer maint-JL/POCS | 45.84 | 114.59 |
| 1890150 | 04/08/2022 | Mead Clark | 01-4380 | Quick Seal/Gorilla glue-Olivet-DO | | 18.76 |
| 1890151 | 04/08/2022 | PACE Supply Corp. | 01-4380 | Urinal Hanger, 2 wax John-Olivet | 16.41 | |
| | | | | Urinal Hanger-Olivet | 11.39 | 27.80 |
| 1890152 | 04/08/2022 | Positive Behavior Supports Cancelled on 04/25/2022 | Cancelled | Class Assist. SEL for Students with IEP's | | 4,555.00 |
| 1890153 | 04/08/2022 | Project Wayfinder Inc | 07-4340 | Books for all teachers | | 689.08 |
| 1890154 | 04/08/2022 | San Diego County Superintenden t of Schools | 01-5202 | Equity Conference-Olga Venegas | 400.00 | |
| | | | | Equity Conference-Tina Rasori | 400.00 | |
| | | | 04-5202 | Equity Conference-Anna Moore | 400.00 | 1,200.00 |
| 1890155 | 04/08/2022 | Santa Rosa Fire Equipment Inc | 01-4380 | Fire Alarm Repair/Service 2021/2022-NWP | 156.00 | |
| | | | 01-5630 | Fire Alarm Repair/Service 2021/2022-NWP | 2,800.00 | |
| | | | 09-5800 | Fire alarm repair/service 2021-2022 NWP | 2,000.00 | 4,956.00 |
| 1890860 | 04/13/2022 | Amazon Capital Services, Inc. | 07-4310 | Games for Strategic gaming course-Teachers-POCS | | 215.93 |
| 1890861 | 04/13/2022 | CDW Government Inc | 09-4310 | Chromebooks-NWP | | 4,714.38 |
| 1890862 | 04/13/2022 | Clover Stornetta Farms Inc | 13-4700 | Milk site wide 2021/2022 | | 214.50 |
| 1890863 | 04/13/2022 | Greenacre Homes Inc | 01-5810 | SPED/ NPS 2021/2022 - JG | | 4,811.32 |
| 1890864 | 04/13/2022 | Kenwood Lumber & Hardware | 09-4380 | maint supply-NWP | | 6.4 |
| 1890865 | 04/13/2022 | Office Depot | 04-4310 | Toner, Cannon, Cart-Olivet | 66.39 | |
| | | | 07-4310 | Basketball/Teacher supply-POCS | 10.19 | |
| | | | 07-4311 | Bookcase-POCS | 156.23 | 232.8 |
| 1890866 | 04/13/2022 | Pacific Gas & Electric | 07-5510 | Acct# 8775983334-3 POCS | 743.56 | |
| | | | 07-5520 | Acct# 8775983334-3 POCS | 8.24 | 751.80 |
| 1890867 | 04/13/2022 | Santa Rosa City Schools Business Services | 13-4700 | March Meals 2022 | | 34,965.00 |
| 1890868 | 04/13/2022 | School Specialty Inc | 07-4310 | Credits science curriculum fossil kits-POCS | 4,236.23- | |
| | | | | Science curriculum fossil kits-POCS | 6,015.91 | 1,779.68 |
| 1890869 | 04/13/2022 | Specialized Ed. of Calif.Inc. dba Sierra School of So County | 01-5810 | SPED/ NPS 2021/2022 - MC | | 3,807.30 |
| 1890870 | 04/13/2022 | Soliant Health, LLC | 01-5830 | 1:1 LPN-BH | | 1,784.2 |
| 1890871 | 04/13/2022 | Weeks Drilling & Pump Co Inc | 01-4380 | Well service March 2021-2022 NWP | 350.00 | |
| | | | 01-5630 | Well service March 2021-2022 Olivet | 350.00 | 700.0 |
| 1890872 | 04/13/2022 | West County Transportation | 01-5830 | 3rd QTR SE Transportation Costs | | 37,149.00 |
| 1891588 | | Wiggins, Kristy J | 01-5201 | Emp. milieage reimb. March 2022 | | 99.80 |
| 1891589 | 04/15/2022 | AAA NCNU CAR CARE PLUS, INC | 01-4380 | Truck repair and tires | 435.46 | |
| | | | 01-5630 | Truck repair and tires | 110.00 | 545.46 |
| 1891590 | 04/15/2022 | Alpha Analytical Labs, Inc. | 01-5830 | Well water testing-Olivet | | 119.0 |

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amount |
|-----------------|---------------|---|------------------------|---|--------------------|-----------------|
| 1891591 | 04/15/2022 | Clover Stornetta Farms Inc | 13-4700 | Milk site wide-2021-2022 | | 231.00 |
| 1891592 | 04/15/2022 | H & M Landscaping Inc | 01-4380 | Play Fiber Jack London | | 2,021.13 |
| 1891593 | 04/15/2022 | Hitmen Termite & Pest Control | 01-5630 | Rodent & Yellow Jacket Control @ JL/POCS | | 214.00 |
| 1891594 | 04/15/2022 | Horizon | 01-4380 | Grounds supply-JL/POCS | 28.39 | |
| | | | 07-5630 | Grounds supply-JL/POCS | 18.92 | 47.31 |
| 1891595 | 04/15/2022 | Kelly Moore Paint Co | 01-4380 | Paint for maint supply-JL/POCS | 65.39 | |
| | | | 07-4380 | Paint for maint supply-JL/POCS | 43.60 | 108.99 |
| 1891596 | 04/15/2022 | KYOCERA Document Solutions Northern California, Inc | 05-5632 | Riso maint-Schaefer | | 14.87 |
| 1891597 | 04/15/2022 | Office Depot | 04-4310 | School Supply-Olivet | 161.46 | |
| | | · | 05-4310 | Foil stickers stars-Schaefer | 3.81 | |
| | | 05-4350 | office supply-Schaefer | 55.23 | | |
| | | | | Ring speakers-Schaefer | 65.54 | |
| | | | | Water cups-Schaefer | 64.11 | |
| | | | 07-4310 | ready to use paint-POCS | 81.68 | |
| | | | 07-4311 | Tape-POCS | 74.83 | 506.66 |
| 1891598 | 04/15/2022 | Plumfield Academy | 01-5810 | SpED NPS-KP | | 1,793.88 |
| 1891599 | 04/15/2022 | Sonoma Co Office Of Education | 01-5828 | Behavior forms/study forms/envelopes-POCS | | 365.99 |
| 1892167 | 04/20/2022 | All City Management Serves Inc | 01-5880 | crossing guard 2021-2022 | 427.70 | |
| | | , , | 05-5880 | crossing guard 2021-2022 | 427.70 | |
| | | | 07-5880 | crossing guard 2021-2022 | 427.70 | |
| | | | 09-5880 | crossing guard 2021-2022 | 427.70 | 1,710.80 |
| 1892168 | 04/20/2022 | Amazon Capital Services, Inc. | 01-4310 | Professional Development books for teachers | 190.00 | · |
| | | | | RECESS SUPPLIES | 1,817.55 | |
| | | | 01-4390 | Flag for Olga | 55.03 | |
| | | | 01 1000 | Staff lanyard | 42.57 | |
| | | | 07-4310 | ELD Curriculum | 210.44 | |
| | | | 07-4311 | Professional Dev. Materials and Yearbook Supplies | 135.90 | |
| | | | 07-4390 | Professional Dev. Materials and Yearbook Supplies | 50.73 | 2,502.22 |
| 1892169 | 04/20/2022 | AT&T | 01-5900 | Calnet3 Billing / AT&T | | 1,249.49 |
| 1892170 | 04/20/2022 | Amicita Partners, Inc. dba Batteries Plus #620 | 01-4380 | Battery for sink sensor-Sch | | 28.73 |
| 1892171 | | City Of Santa Rosa | 05-5530 | City Water Acct# 026852 2021 - 2022 SCH | | 755.27 |
| 1892172 | | Clover Stornetta Farms Inc | 13-4700 | District Wide Milk - 2021-22 | | 412.50 |
| 1892173 | | Friedman's Home Improvement | 09-4380 | maint supply-NWP | | 22.05 |

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the

ESCAPE ONLINE Page 5 of 8

preceding Checks be approved.

| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amoun |
|-----------------|---------------|---|-------------|---|--------------------|----------------|
| 892174 | 04/20/2022 | Garibaldi Press LLC | 09-4350 | Wasc Materials | | 57.39 |
| 892175 | 04/20/2022 | KYOCERA Document Solutions Northern California, Inc | 09-5632 | maint for printer-NWP | | 394.79 |
| 892176 | 04/20/2022 | Mead Clark | 01-4380 | Paint supply-Schaefer | | 76.54 |
| 892177 | 04/20/2022 | Office Depot | 01-4310 | Film sheet Imnt-JL | 112.41 | |
| | | | | Paper Craft-JL | 61.64 | 174.05 |
| 892178 | 04/20/2022 | Soliant Health, LLC | 01-5830 | 1:1 LVN BH | | 1,403.00 |
| 892922 | 04/22/2022 | Alpha Analytical Labs, Inc. | 01-5830 | Well Water Testing - NWP 2021 - 2022 | 109.85 | |
| | | | 09-5830 | Well Water Testing - NWP 2021 - 2022 | 59.15 | 169.0 |
| 892923 | 04/22/2022 | Amazon Capital Services, Inc. | 01-4350 | Whiteboard for Phet | 105.32 | |
| | | | 07-4380 | Safety Team Radios | 95.28 | |
| | | | 09-4350 | Grad Certifcates | 37.58 | 238.1 |
| 892924 | 04/22/2022 | CDW Government Inc | 09-4310 | CBs for NWP | | 608.0 |
| 892925 | 04/22/2022 | Christy White Accountancy Corp | 01-5821 | 2020-21 Measure L Bond Audit | | 1,500.0 |
| 892926 | 04/22/2022 | City Of Santa Rosa | 01-5530 | City Water Acct# 023537 2021 - 2022 NWP | 294.63 | |
| | | | 09-5530 | City Water Acct# 023537 2021 - 2022 NWP | 158.64 | 453.2 |
| 892927 | 04/22/2022 | Clover Stornetta Farms Inc | 13-4700 | District Wide Milk 2021-2022 | | 165.0 |
| 892928 | 04/22/2022 | California's Valued Trust | 01-9574 | Dental coverage for Apr. 2022 | 9,004.80 | |
| | | | 01-9575 | Vison coverage for Apr. 2022 | 2,406.72 | 11,411.5 |
| 892929 | 04/22/2022 | Office Depot | 01-4350 | Office Supply-JL | 92.14 | |
| | | | 04-4310 | Teacher Supply-Olivet | 1,306.81 | |
| | | | 05-4310 | Teacher Supply-Sch | 525.92 | 1,924.8 |
| 892930 | 04/22/2022 | Piner-Olivet USD | 01-5890 | Bank Fee POUSD revolving | | 104.8 |
| 892931 | 04/22/2022 | PresenceLearning, Inc. | 01-5830 | SLP Eval. & Assessment | | 3,126.0 |
| 892932 | 04/22/2022 | Sonoma Co Office Of Education | 04-5828 | Envelopes-Azura | | 131.1 |
| 893554 | 04/27/2022 | Amazon Capital Services, Inc. | 01-4380 | Radios | | 97.2 |
| 893555 | 04/27/2022 | Anova Center of Education | 01-5810 | SPED/NPS 2021-2022- LJ | 4,585.68 | |
| | | | | SPED/NPS 2021-2022- LS | 4,585.68 | |
| | | | | SPED/NPS 2021-2022- SG | 4,585.68 | 13,757.0 |
| 893556 | 04/27/2022 | Bill's Lock & Safe Service | 09-4380 | Front Office Door repair/NWP | 453.39 | |
| | | | 09-5630 | Front Office Door repair/NWP | 190.00 | 643.3 |
| 893557 | 04/27/2022 | Fishman Supply | 01-4370 | Janitorial supply-NWP | 570.89 | |
| | | | 04-4370 | Janitorial supply-NWP | 781.68 | |
| | | | 07-4370 | Janitorial supply-NWP | 380.59 | 1,733.1 |
| 893558 | 04/27/2022 | Fulwider Outdoor Power Equip | 01-4380 | Repair and Serv. for Maint. Dept. All sites | | 96.2 |
| 893559 | 04/27/2022 | H & M Landscaping Inc | 01-4380 | Play fiber for JL and POCs | | 3,092.8 |
| 893560 | 04/27/2022 | Kelly Moore Paint Co | 01-4380 | Paint supply-JL/POCS | 79.73 | |
| | | • | 07-4380 | Paint supply-JL/POCS | 53.16 | 132.8 |

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ESCAPE ONLINE
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| Check Number | Check Date | Pay to the Order of | Fund-Object | Comment | Expensed Amount | Check Amount |
|-----------------|---------------|---|-------------|---|--------------------|-----------------|
| 1893561 | 04/27/2022 | KYOCERA Document Solutions Northern California, Inc | 01-5632 | JL/POCS - Copier Maintenance - Staff | 483.77 | |
| | | | | Room | | |
| | | | 07-5632 | JL/POCS - Copier Maintenance - Staff Room | 322.51 | 806.28 |
| 1893562 | 04/27/2022 | Lexia Learning Systems LLC | 09-4340 | Reading/Powerup Lit Homestudy | | 332.88 |
| | | 3 17 11 | | Subscription | | |
| 893563 | 04/27/2022 | Office Depot | 01-4350 | Office supply-JL | 19.63 | |
| | | | 07-4310 | Teacher supply-JL | 7.28 | 26.91 |
| 893564 | 04/27/2022 | Pacific Gas & Electric | 01-5510 | Acct # 0532988800-1 | 261.66 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 01-5520 | Acct # 0532988800-1 | 323.02 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 04-5510 | Acct # 0532988800-1 | 448.41 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 04-5520 | Acct # 0532988800-1 | 1,726.16 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 05-5510 | Acct # 0532988800-1 | 1,037.47 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 05-5520 | Acct # 0532988800-1 | 949.21 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 09-5510 | Acct # 0532988800-1 | 140.90 | |
| | | | | Olivet/NWP/VC/DO/SCH | | |
| | | | 09-5520 | Acct # 0532988800-1 | 23.77 | 4,910.60 |
| 000505 | 04/07/0000 | Desitive Debasies Ownered | 04 5000 | Olivet/NWP/VC/DO/SCH | | 4.555.00 |
| 893565 | | Positive Behavior Supports | 01-5830 | Class Assist. SEL for Students with IEP's | | 4,555.00 |
| 1893566 | | STLR Corporation dba Ryland School Consult. | 01-5830 | Fiscal Services Support | | 14,857.50 |
| 893567 | | School Nurse Supply | 04-4310 | nurse supplies | | 298.66 |
| 1893568 | 04/27/2022 | Shell Wex Bank | 01-4362 | Fuel for trucks 2021 - 2022 | 1,012.21 | |
| | | | 01-5890 | Fuel for trucks 2021 - 2022 | 67.73 | 1,079.94 |
| 1893569 | | Soliant Health, LLC | 01-5830 | 1:1 LPN BH | | 1,784.25 |
| ACH-00019985 | 04/08/2022 | Nancy N. Morton | Cancelled | | | 3,115.43 * |
| | | Cancelled on 04/14/2022 | | | | |
| | | | | Total Number of Checks | 122 | 326,655.59 |

| | Count | Amount |
|-----------|-------|------------|
| Cancel | 2 | 7,670.43 |
| Net Issue | _ | 318,985.16 |

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

ESCAPE ONLINE
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Checks Dated 04/01/2022 through 04/30/2022 Check Check Number Date Pay to the Order of Fund-Object Comment Expensed Check Amount Amount

| | Fund 5 | ummary | |
|------|---------------------------------|-------------|-----------------|
| Fund | Description | Check Count | Expensed Amount |
| 01 | General Fund | 79 | 173,625.88 |
| 04 | Olivet Charter School | 13 | 18,175.80 |
| 05 | Schaefer Charter School | 12 | 14,094.19 |
| 07 | Piner Olivet Charter School | 26 | 13,440.92 |
| 09 | Charter School Fund | 25 | 13,147.21 |
| 13 | Cafeteria | 7 | 37,508.00 |
| 21 | Building Fund | 2 | 48,253.16 |
| 25 | Capital Facilities Fund | 1 | 740.00 |
| | Total Number of Checks | 120 | 318,985.16 |
| | Less Unpaid Sales Tax Liability | | .00 |
| | Net (Check Amount) | | 318,985.16 |

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

ESCAPE ONLINE

BUDGET UPDATES

| Effective 04/04/2022 through 04/30/202 | 22 | | Fis | cal Year 202 |
|--|--|---------------------|------------------|--------------|
| Account | Description | | From | т |
| JE # BR22-00947 | JE Trans Date 04/04/2022 | et Revision | | |
| 05- 3212- 0- 1110- 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 3,313.00 | |
| 5- 3212- 0- 1110- 1000- 1130- 000- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 3,000.0 |
| 05- 3212- 0- 1110- 1000- 3101- 000- XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 200.0 |
| 5- 3212- 0- 1110- 1000- 3331- 000- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 44.0 |
| 5- 3212- 0- 1110- 1000- 3501- 000- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 15.0 |
| 5- 3212- 0- 1110- 1000- 3601- 000- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 54.0 |
| | | | 3,313.00 | 3,313.0 |
| JE# BR22-00948 | JE Trans Date 04/04/2022 | et Revision | | |
| 1- 3212- 0- 1110- 1000- 4310- 104- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 538.00 | |
| 1- 3212- 0- 1110- 1000- 4310- 600- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 500.00 | |
| 1- 3212- 0- 1110- 1000- 1130- 104- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 1,000.0 |
| 1- 3212- 0- 1110- 1000- 3331- 104- XTRA | Benefits - Medi, Instruction, Regular Educati, Extra work | CR | | 15.0 |
| 1- 3212- 0- 1110- 1000- 3501- 104- XTRA | Benefits - Sui, Instruction, Regular Educati, Extra work | CR | | 5.0 |
| 1- 3212- 0- 1110- 1000- 3601- 104- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 18.0 |
| | | | 1,038.00 | 1,038. |
| JE# BR22-00949 | JE Trans Date 04/04/2022 | | | |
| 7- 3212- 0- 1110- 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 2,414.00 | |
| 7- 3212- 0- 1110- 1000- 1130- 000- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 2,000. |
| 7- 3212- 0- 1110- 1000- 3101- 000- XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 339. |
| 7- 3212- 0- 1110- 1000- 3331- 000- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 29. |
| 7- 3212- 0- 1110- 1000- 3501- 000- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 10. |
| 7- 3212- 0- 1110- 1000- 3601- 000- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 36. |
| | | | 2,414.00 | 2,414. |
| JE# BR22-00950 | JE Trans Date 04/04/2022 | ase budget for rema | inder of 2021-22 | |
| 9- 0000- 0- 1305- 1000- 1130- 000- SG01 | Teachers' Sals, Instruction, Elective, Supp Grnt-G1 | CR | | 1,984. |
| 9- 0000- 0- 1305- 1000- 3331- 000- SG01 | Benefits - Medi,Instruction,Elective,Supp Grnt-G1 | CR | | 18.0 |
| 9- 0000- 0- 1305- 1000- 3601- 000- SG01 | Benefits - Wcom,Instruction,Elective,Supp Grnt-G1 | CR | | 14. |
| | Net increase to | Appropriations | .00 | 2,016. |
| JE # BR22-00951 | JE Trans Date 04/04/2022 | jet Revision | | |
| 5- 3212- 0- 1110- 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 666.00 | |
| 5- 3212- 0- 0000- 3700- 2230- 000- XTRA | Xtra,Food Services,Undistributed,Extra work | CR | | 500.0 |
| | Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = | 4/30/2022, | ESCAP | |
| Unposted JEs? = N, End Bud Bal? = | O, JE# Page Break? = N, Description? = A, Recap? = N) | | | Page 1 of |

| Effective 04/04/2022 through 04/30/20 | 22 | | Fisc | cal Year 202 |
|---|---|----------------------------------|-------------|---|
| Account | Description | | From | Т |
| (continued) JE # BR22-00951 | JE Trans Date 04/04/2022 | Revision | | |
| 05- 3212- 0- 0000- 3700- 3202- 000- XTRA | Benefits - Pers,Food Services,Undistributed,Extra work | CR | | 115.0 |
| 5- 3212- 0- 0000- 3700- 3312- 000- XTRA | Benefits - Oasd, Food Services, Undistributed, Extra work | CR | | 31.0 |
| 05- 3212- 0- 0000- 3700- 3332- 000- XTRA | Benefits - Medi, Food Services, Undistributed, Extra work | CR | | 8.0 |
| 05- 3212- 0- 0000- 3700- 3502- 000- XTRA | Benefits - Sui,Food Services,Undistributed,Extra work | CR | | 3.0 |
| 5- 3212- 0- 0000- 3700- 3602- 000- XTRA | Benefits - Wcom,Food Services,Undistributed,Extra work | CR | | 9.0 |
| | | | 666.00 | 666.0 |
| JE # BR22-00952 | JE Trans Date 04/04/2022 | Revision | | |
| 1- 3212- 0- 1110- 1000- 3101- 104- 0000 | Benefits - Strs,Instruction,Regular Educati,Not Required | DR | 11,474.00 | |
| 1- 3212- 0- 1110- 1000- 1130- 600- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 9,509.0 |
| 01- 3212- 0- 1110- 1000- 3331- 600- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 138.0 |
| 01- 3212- 0- 1110- 1000- 3501- 600- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 48.0 |
| 11- 3212- 0- 1110- 1000- 3601- 600- XTRA | Benefits - Wcom, Instruction, Regular Educati, Extra work | CR | | 170.0 |
| 1- 3212- 0- 1110- 1000- 3101- 600- XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 1,609. |
| | | _ | 11,474.00 | 11,474. |
| JE # BR22-00953 | JE Trans Date 04/04/2022 | eimbursement | | |
| 1- 0000- 0- 0000- 7200- 3402- 600- 0000 | | CR | | 500. |
| | Net increase to Ap | opropriations | .00 | 500.0 |
| JE # BR22-00954 | JE Trans Date 04/04/2022 | Increase to Clea | r Negatives | |
| 4- 0000- 0- 1110- 1000- 1130- 000- CELT | • | CR | | 1,361.0 |
| 4-0000-0-1110-1000-1149-000-SUBS | | CR | | 686.0 |
| 7-0000-0-1110-1000-1148-000-30D3 | Instructional A,Instruction,Regular Educati,Not Required | CR | | 582. |
| | | 0.1 | | |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 | · · · · · · · · · · · · · · · · · · · | CR | | 299. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 | Other Classifie, Security, Undistributed, Not Required | | | 299. 163. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 4- 0000- 0- 1110- 1000- 3421- 000- 0000 | Other Classifie, Security, Undistributed, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required | CR | | 163. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 4- 0000- 0- 1110- 1000- 3421- 000- 0000 4- 0000- 0- 1110- 1000- 3311- 000- SUBS | Other Classifie,Security,Undistributed,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Oasd,Instruction,Regular Educati,Substitutes | CR CR | | 163. 79. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 4- 0000- 0- 1110- 1000- 3421- 000- 0000 4- 0000- 0- 1110- 1000- 3311- 000- SUBS 4- 0000- 0- 1110- 1000- 3431- 000- 0000 | Other Classifie,Security,Undistributed,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Oasd,Instruction,Regular Educati,Substitutes H & W Benefits/,Instruction,Regular Educati,Not Required | CR CR CR | | 163. 79. 49. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 4- 0000- 0- 1110- 1000- 3421- 000- 0000 4- 0000- 0- 1110- 1000- 3311- 000- 0000 4- 0000- 0- 1110- 1000- 3601- 000- CELT | Other Classifie,Security,Undistributed,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Oasd,Instruction,Regular Educati,Substitutes H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Wcom,Instruction,Regular Educati,Celdt Testing | CR CR CR CR | | 163. 79. 49. 25. |
| 4- 0000- 0- 1110- 1000- 2100- 000- 0000 4- 0000- 0- 0000- 8300- 2900- 000- 0000 4- 0000- 0- 1110- 1000- 3421- 000- 0000 4- 0000- 0- 1110- 1000- 3311- 000- SUBS 4- 0000- 0- 1110- 1000- 3601- 000- CELT 4- 0000- 0- 1110- 1000- 3331- 000- CELT | Other Classifie, Security, Undistributed, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Oasd, Instruction, Regular Educati, Substitutes H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Wcom, Instruction, Regular Educati, Celdt Testing Benefits - Medi, Instruction, Regular Educati, Celdt Testing | CR CR CR CR CR | | 163. 79. 49. 25. 20. |
| 14-0000-0-1110-1000-2100-000-0000 14-0000-0-0000-8300-2900-000-0000 14-0000-0-1110-1000-3421-000-0000 14-0000-0-1110-1000-3311-000-SUBS 14-0000-0-1110-1000-3601-000-CELT 14-0000-0-1110-1000-3331-000-CELT 14-0000-0-1110-1000-3311-000-0000 | Other Classifie, Security, Undistributed, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Oasd, Instruction, Regular Educati, Substitutes H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Wcom, Instruction, Regular Educati, Celdt Testing Benefits - Medi, Instruction, Regular Educati, Celdt Testing Benefits - Oasd, Instruction, Regular Educati, Not Required | CR CR CR CR CR | | |
| 04-0000-0-1110-1000-1149-000-3083 04-0000-0-1110-1000-2100-000-0000 04-0000-0-0000-8300-2900-000-0000 04-0000-0-1110-1000-3421-000-0000 04-0000-0-1110-1000-3431-000-0000 04-0000-0-1110-1000-3601-000-CELT 04-0000-0-1110-1000-3331-000-CELT 04-0000-0-1110-1000-3311-000-0000 04-0000-0-1110-1000-3501-000-0000 | Other Classifie, Security, Undistributed, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Oasd, Instruction, Regular Educati, Substitutes H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Wcom, Instruction, Regular Educati, Celdt Testing Benefits - Medi, Instruction, Regular Educati, Celdt Testing Benefits - Oasd, Instruction, Regular Educati, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required | CR CR CR CR CR CR | | 163. 79. 49. 25. 20. 18. |

Selection Grouped by Org, Fiscal Year, JE# - Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/30/2022, Unposted JEs? = N, End Bud Bal? = O, JE# Page Break? = N, Description? = A, Recap? = N)

ESCAPE ONLINE

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| Effective 04/04/2022 through 04/30/202 | 22 | | Fisc | al Year 2022 |
|---|---|--|--------------|--|
| Account | Description | | From | To |
| | Net increase to | Appropriations | .00 | 3,300.00 |
| JE # BR22-00955 | JE Trans Date 04/04/2022 | jet Increase to Clear N | egatives | |
| 05- 0000- 0- 0000- 8300- 2900- 000- 0000 | Other Classifie, Security, Undistributed, Not Required | CR | | 1,928.00 |
| 05- 0000- 0- 1110- 1000- 3421- 000- 0000 | H & W Benefits/,Instruction,Regular Educati,Not Required | CR | | 1,315.00 |
| 05- 0000- 0- 0000- 8300- 3202- 000- 0000 | Benefits - Pers, Security, Undistributed, Not Required | CR | | 302.00 |
| 05- 0000- 0- 0000- 8300- 3312- 000- 0000 | Benefits - Oasd, Security, Undistributed, Not Required | CR | | 121.00 |
| 05- 0000- 0- 1110- 1000- 3431- 000- SUBS | H & W Benefits/,Instruction,Regular Educati,Substitutes | CR | | 68.00 |
| 05- 0000- 0- 0000- 8300- 3602- 000- 0000 | Benefits - Wcom, Security, Undistributed, Not Required | CR | | 34.00 |
| 05- 0000- 0- 1110- 1000- 3431- 000- 0000 | H & W Benefits/,Instruction,Regular Educati,Not Required | CR | | 30.00 |
| 05-0000-0-0000-8300-3332-000-0000 | Benefits - Medi, Security, Undistributed, Not Required | CR | | 28.0 |
| 05- 0000- 0- 1110- 1000- 3311- 000- SUBS | Benefits - Oasd, Instruction, Regular Educati, Substitutes | CR | | 17.0 |
| 05- 0000- 0- 1110- 1000- 3601- 000- SUBS | Benefits - Wcom, Instruction, Regular Educati, Substitutes | CR | | 16.0 |
| 05- 0000- 0- 1110- 1000- 3331- 000- SUBS | Benefits - Medi,Instruction,Regular Educati,Substitutes | CR | | 14.0 |
| 05- 0000- 0- 0000- 8300- 3502- 000- 0000 | Benefits - Sui, Security, Undistributed, Not Required | CR | | 10.0 |
| 05- 0000- 0- 1110- 1000- 3441- 000- 0000 | H & W Benefits/,Instruction,Regular Educati,Not Required | CR | | 10.0 |
| 05- 0000- 0- 1110- 1000- 3441- 000- SUBS | H & W Benefits/,Instruction,Regular Educati,Substitutes | CR | | 3.0 |
| 05- 0000- 0- 0000- 8300- 3452- 000- 0000 | H & W Benefits/, Security, Undistributed, Not Required | CR | | 1.0 |
| | | | | |
| | Net increase to | Appropriations | .00 | 3,897.0 |
| IF # BR22-00956 | | ··· · <u> </u> | | 3,897.0 |
| JE # BR22-00956 | JE Trans Date 04/04/2022 | et Increase to Clear N | | |
| 07-0000-0-1110-1000-2100-000-SG03 | JE Trans Date 04/04/2022 | jet Increase to Clear N | | 325.0 |
| 07- 0000- 0- 1110- 1000- 2100- 000- SG03 07- 0000- 0- 1110- 1000- 3401- 000- 0000 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required | get Increase to Clear N CR CR | | 325.0 264.0 |
| 07- 0000- 0- 1110- 1000- 2100- 000- SG03 07- 0000- 0- 1110- 1000- 3401- 000- 0000 07- 0000- 0- 1110- 1000- 1100- 000- 0000 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required | jet Increase to Clear N CR CR CR CR | | 325.0 264.0 150.0 |
| 07- 0000- 0- 1110- 1000- 2100- 000- SG03 07- 0000- 0- 1110- 1000- 3401- 000- 0000 07- 0000- 0- 1110- 1000- 1100- 000- 0000 07- 0000- 0- 1110- 1000- 3202- 000- SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 | get Increase to Clear N CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 |
| 07- 0000- 0- 1110- 1000- 2100- 000- SG03 07- 0000- 0- 1110- 1000- 3401- 000- 0000 07- 0000- 0- 1110- 1000- 1100- 000- 0000 07- 0000- 0- 1110- 1000- 3202- 000- SG03 07- 0000- 0- 1110- 1000- 3311- 000- SUBS | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes | get Increase to Clear N CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 | get Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required | crease to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3101-000-0000 07-0000-0-1110-1000-3332-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 | et Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3101-000-0000 07-0000-0-1110-1000-3332-000-SG03 07-0000-0-1110-1000-3602-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 | jet Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 |
| 07- 0000- 0- 1110- 1000- 2100- 000- SG03 07- 0000- 0- 1110- 1000- 3401- 000- 0000 07- 0000- 0- 1110- 1000- 1100- 000- 0000 07- 0000- 0- 1110- 1000- 3202- 000- SG03 07- 0000- 0- 1110- 1000- 3311- 000- SUBS 07- 0000- 0- 1110- 1000- 3312- 000- SG03 07- 0000- 0- 1110- 1000- 3101- 000- 0000 07- 0000- 0- 1110- 1000- 3602- 000- SG03 07- 0000- 0- 1110- 1000- 3502- 000- SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 | get Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-3100-000-SG03 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3101-000-0000 07-0000-0-1110-1000-3602-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 | jet Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 2.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3101-000-0000 07-0000-0-1110-1000-3332-000-SG03 07-0000-0-1110-1000-3602-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budge Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Substitutes Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Not Required | cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr | | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 2.0 1.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3302-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3601-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budge Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Not Required | et Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | egatives .00 | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 2.0 1.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-3100-000-SG03 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3101-000-0000 07-0000-0-1110-1000-3602-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Not Required | et Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | egatives .00 | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 2.0 1.0 |
| 07-0000-0-1110-1000-2100-000-SG03 07-0000-0-1110-1000-3401-000-0000 07-0000-0-1110-1000-1100-000-0000 07-0000-0-1110-1000-3202-000-SG03 07-0000-0-1110-1000-3311-000-SUBS 07-0000-0-1110-1000-3312-000-SG03 07-0000-0-1110-1000-3332-000-SG03 07-0000-0-1110-1000-3332-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 07-0000-0-1110-1000-3502-000-SG03 | JE Trans Date 04/04/2022 JE Posted 04/04/2022 Comment F07-0000 Budg Instructional A,Instruction,Regular Educati,Supp Grnt-G3 H & W Benefits,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required Benefits - Pers,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Oasd,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Strs,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Sui,Instruction,Regular Educati,Supp Grnt-G3 Benefits - Wcom,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Not Required Benefits - Medi,Instruction,Regular Educati,Not Required Net increase to | Jet Increase to Clear N CR CR CR CR CR CR CR CR CR CR CR CR CR | egatives .00 | 325.0 264.0 150.0 75.0 62.0 36.0 24.0 8.0 5.0 2.0 1.0 953.0 |

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| 700.0 | .00 | Appropriations | Net increase to A | |
| | d on P-1 | enue Revision base | JE Trans Date 04/05/2022 | JE# BR22-00958 |
| | 11,547.00 | CR | Trans Of Apport, Special Educati | 01- 6500- 0- 5001- 0000- 8792- 000- 0000 |
| | 61,471.00 | CR | Property Taxes, Special Educati | 01-6500-0-5001-0000-8097-000-0000 |
| 27,034.0 | | DR | Sp Ed-entitleme,Sp Ed-idea Bas | 01- 3310- 0- 5001- 0000- 8181- 000- 0000 |
| | 7,203.00 | CR | Sp Ed-entitleme,Sp Ed-idea Bas | 01- 3310- 0- 5001- 0000- 8181- 600- PRSC |
| | 3,495.00 | CR | Sp Ed-discretio,Sp Ed-idea Pres | 01- 3315- 0- 5001- 0000- 8182- 000- 0000 |
| 27,034.0 | 83,716.00 | Appropriations | Net decrease to A | |
| | London | et Increase for Jack | JE Trans Date 04/05/2022 | JE# BR22-00959 |
| | 1,000.00 | DR | Repairs, Maintenance, Undistributed, Not Required | 01- 8150- 0- 0000- 8110- 5630- 104- 0000 |
| 1,000.00 | | CR | Maintenance Sup, Maintenance, Undistributed, Not Required | 01-8150-0-0000-8110-4380-104-0000 |
| 1,000.0 | 1,000.00 | | | |
| | | et Revision | JE Trans Date 04/07/2022 | JE# BR22-00960 |
| 81.0 | | CR | Maintenance Sup, Maintenance, Undistributed, Not Required | 01- 8150- 0- 0000- 8110- 4380- 101- 0000 |
| 01.0 | 81.00 | DR | Maintenance Sup, Maintenance, Undistributed, Not Required | 01-8150-0-0000-8110-4380-600-0000 |
| 4,100.0 | 000 | CR | Maintenance Sup, Maintenance, Undistributed, Not Required | 01-8150-0-0000-8110-4380-104-0000 |
| 1,10010 | 2,100.00 | DR | Professional/co,Maintenance,Undistributed,Not Required | 01-8150-0-0000-8110-5830-104-0000 |
| | 1,000.00 | DR | Repairs, Maintenance, Undistributed, Not Required | 01-8150-0-0000-8110-5630-104-0000 |
| | 1,000.00 | DR | Repairs, Maintenance, Undistributed, Not Required | 01-8150-0-0000-8110-5630-103-0000 |
| 4,181.0 | 4,181.00 | | | |
| | | Reinspection | JE Trans Date 04/12/2022 | JE# BR22-00961 |
| 27,000.0 | | CR | Professional/co,Maintenance,Undistributed,Not Required | 01-8150-0-0000-8110-5830-600-0000 |
| 27,000.0 | .00 | Appropriations | Net increase to A | |
| | PO#B22-00037 | ase budget to cover | JE Trans Date 04/13/2022 | JE# BR22-00962 |
| 366.0 | 1 0//222 00007 | CR | Graphics, School Administ, Undistributed, Not Required | 07-0000-0-0000-2700-5828-000-0000 |
| 366.0 | .00 | Appropriations | Net increase to A | |
| s) | e Behavior Supports) | et Revision (Positive | JE Trans Date 04/13/2022 | JE # BR22-00963 |
| 8,200.0 | | CR | Professional/co,Guidance & Coun,Spec Ed, 5-22,Not Required | 1-6500-0-5760-3110-5830-600-0000 |

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|----------|--------------------|-------------------------|-----------------------------|------------------------------------|--------------------------|---|
| 8,200.0 | .00 | Appropriations | Net increase to A | | | |
| | | Year Revenue | Comment F01-3315 Prior | 4/13/2022 JE Posted 04/13/2022 | JE Trans Date 04/13/2022 | JE# BR22-00964 |
| 9,587.0 | | DR | | Sp Ed-discretio,Sp Ed-idea Pres | ; | - 3315- 0- 5001- 0000- 8182- 000- AR00 |
| 12,952.0 | | DR | | Sp Ed-discretio,Sp Ed-idea Pres | \$ | - 3315- 0- 5001- 0000- 8182- 000- PY00 |
| 22,539.0 | .00 | Appropriations | Net increase to A | | | |
| | I Grant Allocation | D Early Inter Preschool | Comment F01-6547 SpED | 4/13/2022 JE Posted 04/13/2022 | JE Trans Date 04/13/2022 | JE# BR22-00965 |
| 41,388.0 | | DR | • | All Other State,Sp Ed Int Pres | , | - 6547- 0- 5001- 0000- 8590- 000- 0000 |
| 41,388.0 | .00 | Appropriations | Net increase to A | | | |
| | egatives | et Revision to clear ne | Comment F01-6500 Budge | 4/13/2022 JE Posted 04/13/2022 | JE Trans Date 04/13/2022 | JE# BR22-00966 |
| 90.0 | | CR | Spec Ed - K-12, Not Require | H & W Benefits/,Spec Ed-separat | ı | - 6500- 0- 5770- 1110- 3432- 600- 0000 |
| 17.0 | | CR | Spec Ed - K-12, Not Require | H & W Benefits/,Spec Ed-resourc | 1 | - 6500- 0- 5770- 1120- 3432- 600- 0000 |
| 107.0 | .00 | Appropriations | Net increase to A | | | |
| | enance | et - NWP Printer Mainte | Comment Increase Budget | 4/14/2022 JE Posted 04/14/2022 | JE Trans Date 04/14/2022 | JE # BR22-00967 |
| | 247.00 | DR | listributed,Not Required | Copier Costs, School Administ, Un | (| - 0000- 0- 0000- 2700- 5632- 000- 0000 |
| | 247.00 | Appropriations | Net decrease to A | | | |
| | enance | et - NWP Printer Mainte | Comment Increase Budget | 4/14/2022 JE Posted 04/14/2022 | JE Trans Date 04/14/2022 | JE# BR22-00968 |
| 247.0 | | CR | distributed, Not Required | Copier Costs, School Administ, Un | (| 9- 0000- 0- 0000- 2700- 5632- 000- 0000 |
| 247.0 | .00 | Appropriations | Net increase to A | | | |
| | enance | et - NWP Printer Mainte | Comment Increase Budget | | JE Trans Date 04/14/2022 | JE# BR22-00969 |
| 247.0 | | CR | listributed,Not Required | Copier Costs, School Administ, Uni | (| 0-0000-0-0000-2700-5632-000-0000 |
| 247.0 | .00 | Appropriations | Net increase to A | | | |
| | legatives | et Revision to Clear N | Comment F05-3010 Budge | 4/14/2022 JE Posted 04/14/2022 | JE Trans Date 04/14/2022 | JE# BR22-00970 |
| 11.0 | | CR | • | H & W Benefits/,Instruction,Readi | | 5-3010-0-1570-1000-3432-000-0000 |
| | 11.00 | DR | g,Not Required | Instructional M,Instruction,Readin | 1 | 5-3010-0-1570-1000-4310-000-0000 |
| 11.0 | 11.00 | | | | | |

| 1 | _ | | | |
|----------|----------------------|---|--|---|
| | From | cription | Des | Account |
| | | Comment F01-3315 Prior Year Revenue | JE Trans Date 04/14/2022 | JE # BR22-00971 |
| | 9,587.00 | CR | Sp Ed-discretio, Sp Ed-idea Pres | 1- 3315- 0- 5001- 0000- 8182- 000- AR00 |
| | 12,952.00 | CR | Sp Ed-discretio, Sp Ed-idea Pres | 1- 3315- 0- 5001- 0000- 8182- 000- PY00 |
| .(| 22,539.00 | Net decrease to Appropriations | | |
| | | Comment F01-6547 Budget Set Up | JE Trans Date 04/14/2022 | JE # BR22-00972 |
| 41,388.0 | | | Professional/co,Spec Ed-separat,N | 1- 6547- 0- 5731- 1110- 5830- 600- 0000 |
| | | | Troiseasiananos, opos Eu copulat, i | 1-0347-0-3731-1110-3030-000-0000 |
| 41,388.0 | | Net increase to Appropriations | | |
| | n revised allocation | Comment F01-3315 Decrease budget based of | JE Trans Date 04/14/2022 | JE # BR22-00973 |
| | 3,495.00 | Ion-intensive P,Not Required DR | Professional/co,Spec Ed-separat,N | 1- 3315- 0- 5731- 1110- 5830- 600- 0000 |
| .0 | 3,495.00 | Net decrease to Appropriations | | |
| | | 0 (504,0040) | IET - D - 04/44/0000 - IED - 104/44/0000 | IF " DD00 00074 |
| 19.831.0 | Revised Allocation | Comment F01-3310 Increase Expenditures w/ | JE Trans Date 04/14/2022 | JE # BR22-00974 |
| 19,831.0 | | Spec Ed - Presc,Not Required CR | Professional/co,Spec Ed-separat,S | 1- 3310- 0- 5730- 1110- 5830- 600- 0000 |
| 19,831.0 | .00 | Net increase to Appropriations | | |
| | | Comment F01-6500 Decrease Budget | JE Trans Date 04/14/2022 | JE# BR22-00975 |
| | 19,831.00 | Spec Ed - Presc,Not Required DR | Professional/co,Spec Ed-separat,S | 1- 6500- 0- 5730- 1110- 5830- 600- 0000 |
| .(| 19,831.00 | Net decrease to Appropriations | | |
| | | Comment F09-0000 Increase local revenue | JE Trans Date 04/15/2022 | JE # BR22-00976 |
| 700.0 | | DR | All Other Local, Unrestricted/no | 9-0000-0-0000-0000-8699-000-0000 |
| 700 | | | | |
| 700.0 | .00 | Net increase to Appropriations | | |
| | vater bill | Comment F05-0000 Increase budget for SRC | JE Trans Date 04/15/2022 | JE# BR22-00977 |
| 3,000.0 | | ot Required CR | Water, Operations, Undistributed, No | 5- 0000- 0- 0000- 8210- 5530- 000- 0000 |
| 3,000.0 | .00 | Net increase to Appropriations | | |
| | | Comment SpED Psych contract - Debra Groff | JE Trans Date 04/18/2022 | JE # BR22-00978 |
| 4,875.0 | | | Professional/co,Psychological S, S | 1- 6500- 0- 5770- 3120- 5830- 600- 0000 |
| 4,875.0 | .00 | Net increase to Appropriations | | |

| 7 | From | | Description | Account |
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| | ntract | Increase budget for NPS cor | <u> </u> | JE# BR22-00979 |
| 3,000.0 | | | Non-public Scho, Spec Ed-nonpubl, Spec Ed - K-12, Not Req | 01- 6500- 0- 5770- 1180- 5810- 600- 0000 |
| 3,000.0 | .00 | ase to Appropriations | Net increase | |
| | | Increase Budget for Buses | E Trans Date 04/19/2022 | JE#BR22-00980 |
| 40.0 | | CR | FT transport,Instruction,Regular Educati,FT - Goal 1 | 09- 0000- 0- 1110- 1000- 5806- 000- FT01 |
| 40.0 | .00 | ase to Appropriations | Net increase | |
| | e I Bond | Increase Budget for Measure | E Trans Date 04/19/2022 | JE # BR22-00981 |
| 500.0 | <u> </u> | CR | Audit Costs,External Financ,Undistributed,Not Required | 01- 0000- 0- 0000- 7190- 5821- 600- 0000 |
| 500.0 | .00 | ase to Appropriations | Not increase | |
| | | | Net increase | |
| | e L Bond | Increase Budget for Measure | E Trans Date 04/19/2022 | JE# BR22-00982 |
| 40.0 | | CR | Audit Costs, External Financ, Undistributed, Not Required | 01- 0000- 0- 0000- 7190- 5821- 600- 0000 |
| 40.0 | .00 | ase to Appropriations | Net increase | |
| | nd Gown | Budget for NWP Grad Cap a | E Trans Date 04/20/2022 | JE # BR22-00983 |
| 760.0 | | CR | Instructional M,Instruction,Regular Educati,Not Required | 9- 0000- 0- 1110- 1000- 4310- 000- 0000 |
| 760.0 | .00 | ase to Appropriations | Net increase | |
| | | Increase Revenue Budget | E Trans Date 04/20/2022 | JE# BR22-00984 |
| 60,000.0 | | DR | Mitigation/deve,Non-Agency | 25- 9010- 0- 0000- 0000- 8681- 000- 0000 |
| 60,000.0 | .00 | ase to Appropriations | Net increase | |
| | Safe invoice | oudget to cover Bill's Lock & S | E Trans Date 04/21/2022 JE Posted 04/21/2022 Comment Increase but | JE # BR22-00985 |
| 400.0 | | | Maintenance Sup, Maintenance, Undistributed, Not Required | 09- 0000- 0- 0000- 8110- 4380- 000- 0000 |
| 400.0 | .00 | ase to Appropriations | Net increase | |
| | gatives | Budget Increase to Clear Ne | E Trans Date 04/21/2022 | JE#BR22-00986 |
| 99.0 | g | CR | Teachers' Sals, Instruction, Regular Educati, Extra work | 04- 3215- 0- 1110- 1000- 1130- 000- XTRA |
| 6.0 | | CR | Benefits - Oasd,Instruction,Regular Educati,Extra work | 04- 3215- 0- 1110- 1000- 3311- 000- XTRA |
| 2.0 | | CR | Benefits - Wcom,Instruction,Regular Educati,Extra work | 04- 3215- 0- 1110- 1000- 3601- 000- XTRA |
| 2.0 | | CR | Benefits - Medi,Instruction,Regular Educati,Extra work | 04- 3215- 0- 1110- 1000- 3331- 000- XTRA |

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|---|------------------------|--|-----------------------|------------|--------------|
| | Account | Description | | From | Т |
| (continued) JE# | BR22-00986 | JE Trans Date 04/21/2022 | t Increase to Clear | Negatives | |
| 04- 3215- 0- 1110- 1000- 3 | 3501-000-XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 1.00 |
|)4- 3215- 0- 1110- 1000- 4 | 4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 110.00 | |
| | | | | 110.00 | 110.0 |
| | BR22-00987 | JE Trans Date 04/21/2022 | to cover invoices | | |
| 01-0000-0-0000-7200-5 | | Professional/co,Other General A,Undistributed,Not Required | CR | | 20,000.00 |
| | | Net increase to A | appropriations | .00 | 20,000.0 |
| IF # | BR22-00988 | JE Trans Date 04/21/2022 | at Revision | | |
| 05- 3212- 0- 1110- 1000- 1 | | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 3,216.0 |
| 05- 3212- 0- 1110- 1000- 3 05- 3212- 0- 1110- 1000- 3 | | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 56.0 |
| 05- 3212- 0- 1110- 1000- 3 05- 3212- 0- 1110- 1000- 3 | | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 45.0 |
| 05- 3212- 0- 1110- 1000- 3 05- 3212- 0- 0000- 3140- 3 | | H & W Benefits/,Health Services,Undistributed,Not Required | CR | | 16.0 |
| 05- 3212- 0- 0000- 3140- 3 05- 3212- 0- 1110- 1000- 3 | | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 16.0 |
|)5- 3212- 0- 1110- 1000- 4 | | Instructional M,Instruction,Regular Educati,Not Required | DR | 3,349.00 | 10.0 |
| | | | | 3,349.00 | 3,349.0 |
| IF.# | 5 DD00 00000 | IE Trans Date 04/04/0000 IE Dasted 04/04/0000 Comment F04 0000 Dudge | 4 Davidaia a 4a Olasa | Namatina | |
| | BR22-00989 | JE Trans Date 04/21/2022 JE Posted 04/21/2022 Comment F04-0000 Budge Teacher Substit,Instruction,Regular Educati,Substitutes | CR | negatives | 1,410.0 |
|)4- 0000- 0- 1110- 1000- 1 | | Teachers' Sals,Instruction,Regular Educati,Extra work | CR | | 713.0 |
|)4- 0000- 0- 1110- 1000- 1 | | H & W Benefits/,Instruction,Regular Educati,Extra work | CR | | 600.0 |
| 04-0000-0-1110-1000-3 | | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 121.0 |
| 04- 0000- 0- 1110- 1000- 3 04- 0000- 0- 1110- 1000- 3 | | Benefits - Oasd, Instruction, Regular Educati, Substitutes | CR | | 58.0 |
| 04- 0000- 0- 1110- 1000- 3 04- 0000- 0- 0000- 8210- 3 | | H & W Benefits/, Operations, Undistributed, Not Required | CR | | 39.0 |
| 04- 0000- 0- 0000- 82 10- 3 04- 0000- 0- 1110- 1000- 3 | | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 13.0 |
| 04- 0000- 0- 1110- 1000- 3 04- 0000- 0- 1110- 1000- 3 | | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 11.0 |
| 04- 0000- 0- 1110- 1000- 3 04- 0000- 0- 0000- 8300- 3 | | H & W Benefits/,Security,Undistributed,Not Required | CR | | 9.0 |
| 04- 0000- 0- 0000- 8300- 3 04- 0000- 0- 1110- 1000- 3 | | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 4.0 |
|)4- 0000- 0- 1110- 1000- 3)4- 0000- 0- 0000- 8210- 3 | | Benefits - Oasd,Operations,Undistributed,Not Required | CR | | 2.0 |
| | | Net increase to A | appropriations | .00 | 2,980.0 |
| | BR22-00990 | JE Trans Date 04/21/2022 | for Interest ohi 866 | 80 | |
| 25- 0000- 0- 0000- 0000- 8 | | Interest, Unrestricted/no | DR | , <u> </u> | 1,200.0 |
| 07- 0000- 0- 0000- 0000- 0 | | Interest, Unrestricted/no | DR | | 500.0 |
| 04- 0000- 0- 0000- 0000- 8 | | Interest,Unrestricted/no | DR | | 500.0 |
| Selection Grouped by Org, | , Fiscal Year, JE# - S | orted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4 | 1/30/2022, | ESCAP | E ONLINE |
| | | O, JE# Page Break? = N, Description? = A, Recap? = N) | | | Page 8 of |

| Ad | count | Description | | From | Т |
|----------------------------------|----------|---|----------------------|-----------|---------|
| (continued) JE # BR22- | 00990 | JE Trans Date 04/21/2022 | for Interest obj 866 | | |
| 05- 0000- 0- 0000- 0000- 8660- 0 | 00-0000 | Interest,Unrestricted/no | DR | | 500.0 |
| 4- 0000- 0- 0000- 0000- 8660- 0 | 000-0000 | Interest,Unrestricted/no | DR | | 100.0 |
| 13- 5310- 0- 0000- 0000- 8660- 0 | 000-0000 | Interest, Child Nutrition | DR | | 50.0 |
| 7- 0000- 0- 0000- 0000- 8660- 0 | 000-0000 | Interest,Unrestricted/no | DR | | 50.0 |
| | | Net increase to A | opropriations | .00 | 2,900.0 |
| JE # BR22 - | 00991 | JE Trans Date 04/21/2022 | udget | | |
| 25- 0000- 0- 0000- 0000- 8660- 0 | 000-0000 | Interest,Unrestricted/no | CR | 1,200.00 | |
| | | Net decrease to A | opropriations | 1,200.00 | .0 |
| JE # BR22- | 00992 | JE Trans Date 04/21/2022 | Revision to Clear | Negatives | |
| 1- 3212- 0- 1110- 1000- 1130- 1 | 04- XTRA | Teachers' Sals,Instruction,Regular Educati,Extra work | CR | <u> </u> | 1,050.0 |
| 1- 3212- 0- 0000- 3140- 3432- 1 | 04-0000 | H & W Benefits/, Health Services, Undistributed, Not Required | CR | | 82.0 |
| 1- 3212- 0- 1110- 1000- 3601- 1 | 04- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 19.0 |
| 1- 3212- 0- 1110- 1000- 3331- 1 | 04- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 14.0 |
| 01- 3212- 0- 1110- 1000- 3501- 1 | 04- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 5.0 |
| 01- 3212- 0- 0000- 7200- 4400- 6 | 000-0000 | Equipment Under, Other General A, Undistributed, Not Required | DR | 1,170.00 | |
| | | | | 1,170.00 | 1,170.0 |
| JE# BR22- | 00993 | JE Trans Date 04/21/2022 | Revision to Clear | Negatives | |
| 1- 3212- 0- 0000- 2700- 3502- 1 | 04-0000 | Benefits - Sui, School Administ, Undistributed, Not Required | CR | | 1.0 |
| 1- 3212- 0- 0000- 8110- 4380- 1 | 01-0000 | Maintenance Sup, Maintenance, Undistributed, Not Required | DR | 1.00 | |
| | | | | 1.00 | 1.0 |
| JE # BR22- | 00994 | JE Trans Date 04/22/2022 | Revision | | |
| 7- 3212- 0- 1110- 1000- 1130- 0 | 00- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 2,000.0 |
| 7-3212-0-1110-1000-3101-0 | 00- XTRA | Benefits - Strs, Instruction, Regular Educati, Extra work | CR | | 339.0 |
| 7- 3212- 0- 1110- 1000- 3331- 0 | 00- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 29.0 |
| 7-3212-0-1110-1000-3501-0 | 00- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 10.0 |
| 7- 3212- 0- 1110- 1000- 3601- 0 | 00- XTRA | Benefits - Wcom, Instruction, Regular Educati, Extra work | CR | | 36.0 |
| 7- 3212- 0- 1110- 1000- 4310- 0 | 000-0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 2,414.00 | |
| | | | | 2,414.00 | 2,414.0 |
| JE# BR22- | 00995 | JE Trans Date 04/21/2022 | Revision | | |

| Effective 04/04/20 | 022 through 04/30/202 | | | FISC | al Year 2022 |
|----------------------|------------------------------|---|---------------------|---------------|--------------|
| | Account | Description | | From | T |
| (continued) | JE# BR22-00995 | JE Trans Date 04/21/2022 | et Revision | | |
| 04- 3215- 0- 0000- 3 | 3700- 3502- 000- XTRA | Benefits - Sui, Food Services, Undistributed, Extra work | DR | 1.00 | |
| 04- 3215- 0- 0000- 3 | 3700- 3332- 000- XTRA | Benefits - Medi, Food Services, Undistributed, Extra work | DR | 4.00 | |
| 04- 3215- 0- 0000- 3 | 3700- 3602- 000- XTRA | Benefits - Wcom, Food Services, Undistributed, Extra work | DR | 4.00 | |
| 04- 3215- 0- 0000- 3 | 3700- 3312- 000- XTRA | Benefits - Oasd, Food Services, Undistributed, Extra work | DR | 17.00 | |
| 4- 3215- 0- 0000- 3 | 3700- 3202- 000- XTRA | Benefits - Pers, Food Services, Undistributed, Extra work | DR | 60.00 | |
| 4- 3215- 0- 0000- 3 | 3700- 2230- 000- XTRA | Xtra,Food Services,Undistributed,Extra work | DR | 266.00 | |
| 04- 3215- 0- 1110- 1 | 1000-4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 316.00 | |
| 04- 3215- 0- 1110- 1 | 1000- 1130- 000- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 553.00 |
| 04- 3215- 0- 1110- 1 | 1000- 3101- 000- XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 94.00 |
| 04- 3215- 0- 1110- 1 | 1000- 3331- 000- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 8.00 |
| | 1000- 3501- 000- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 3.00 |
| | 1000- 3601- 000- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 10.00 |
| | | | | 668.00 | 668.00 |
| | JE# BR22-00996 | JE Trans Date 04/21/2022 | et Revision | | |
| 5- 3212- 0- 1110- 1 | 1000- 1130- 000- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 2,000.0 |
| | 1000- 3101- 000- XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 113.00 |
| | 1000- 3331- 000- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 29.00 |
| | 1000- 3501- 000- XTRA | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 10.00 |
| | 1000- 3601- 000- XTRA | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 36.0 |
| | 1000-4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 2,188.00 | |
| | | | | 2,188.00 | 2,188.0 |
| | JE# BR22-00997 | JE Trans Date 04/22/2022 | Change Order for Ma | arquees & NWP | |
| 21- 0000- 0- 0000- 8 | 8500-6150-000-0000 | Site Support Co, Facilities Acqu, Undistributed, Not Required | CR | | 1,797.00 |
| 21- 0000- 0- 0000- 8 | 8500-6100-000-0000 | Sites & Improve, Facilities Acqu, Undistributed, Not Required | CR | | 34,142.00 |
| 21- 0000- 0- 0000- 8 | 8500-6100-209-0000 | Sites & Improve, Facilities Acqu, Undistributed, Not Required | CR | | 7,266.00 |
| 21- 0000- 0- 0000- 8 | 8500-6150-209-0000 | Site Support Co,Facilities Acqu,Undistributed,Not Required | CR | | 383.00 |
| | | Net increase to | Appropriations | .00 | 43,588.0 |
| | JE # BR22-00998 | JE Trans Date 04/24/2022 | r Engery Annual Se | rvice | |
| 1- 8150- 0- 0000- 8 | 8110- 5830- 103- 0000 | Professional/co,Maintenance,Undistributed,Not Required | CR | | 2,000.00 |
| 1- 8150- 0- 0000- 8 | 8110- 5830- 102- 0000 | Professional/co,Maintenance,Undistributed,Not Required | CR | | 2,000.00 |
| 1- 8150- 0- 0000- 8 | 8110- 5830- 104- 0000 | Professional/co,Maintenance,Undistributed,Not Required | CR | | 300.00 |
| 1- 8150- 0- 0000- 8 | 8110- 5830- 109- 0000 | Professional/co,Maintenance,Undistributed,Not Required | CR | | 1,040.0 |
| | 8110-5830-209-0000 | Professional/co,Maintenance,Undistributed,Not Required | CR | | 336.0 |
| | | orted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = | 4/30/2022, | ESCAPE | |
| Unposted | d JEs? = N, End Bud Bal? = 0 | O, JE# Page Break? = N, Description? = A, Recap? = N) | | | Page 10 of 2 |

| Effective 04/04/2022 through 04/30/202 | | | T ISO | cal Year 202 |
|--|---|------------------|-------------|--------------|
| Account | Description | | From | Т |
| | Net increase to A | ppropriations | .00 | 5,676.0 |
| JE # BR22-00999 | JE Trans Date 04/24/2022 | erty Taxes | | |
| - 0000- 0- 0000- 0000- 8044- 000- 0000 | Supplemental Ta,Unrestricted/no | DR | | 39,660.0 |
| - 0000- 0- 0000- 0000- 8045- 000- 0000 | Ed Revenue Augm,Unrestricted/no | CR | 53,221.00 | |
| | Net decrease to Ap | ppropriations | 53,221.00 | 39,660.0 |
| JE # BR22-01000 | JE Trans Date 04/24/2022 | Revision to Clea | r Negative | |
| - 3010- 0- 1570- 1000- 3432- 104- 0000 | H & W Benefits/,Instruction,Reading,Not Required | CR | | 17.0 |
| - 3010- 0- 1570- 1000- 4310- 104- 0000 | Instructional M,Instruction,Reading,Not Required | DR | 17.00 | |
| | | | 17.00 | 17.0 |
| JE # BR22-01001 | JE Trans Date 04/24/2022 | Povision to Clos | r Nogativos | |
| - 3010- 0- 1570- 1000- 3432- 000- 0000 | H & W Benefits/, Instruction, Reading, Not Required | CR | Negatives | 12.0 |
| | | | 2.00 | 12. |
| - 3010- 0- 1570- 1000- 3442- 000- 0000 | H & W Benefits/,Instruction,Reading,Not Required | DR | 2.00 | |
| - 3010- 0- 1570- 1000- 4340- 000- 0000 | Computer Sftwar, Instruction, Reading, Not Required | DR | 10.00 | |
| | | _ | 12.00 | 12. |
| JE # BR22-01002 | JE Trans Date 04/24/2022 | Revision | | |
| - 4035- 0- 0000- 7210- 7310- 000- 0000 | Dir Supp/indr C,General Admin C,Undistributed,Not Required | DR | 35.00 | |
| - 4035- 0- 1110- 1000- 1100- 000- 0000 | Teachers' Salar, Instruction, Regular Educati, Not Required | CR | | 35. |
| | | | 35.00 | 35. |
| UE // BB00 04000 | | | | |
| JE # BR22-01003 - 0000- 0- 0000- 7210- 7310- 000- 0000 | JE Trans Date 04/24/2022 JE Posted 04/24/2022 Comment F04 Indirect Cost Dir Supp/indr C,General Admin C,Undistributed,Not Required | CR | | 35.0 |
| | | | | |
| | Net increase to A | propriations | .00 | 35. |
| JE # BR22-01004 | JE Trans Date 04/24/2022 JE Posted 04/24/2022 Comment F05-3010 Budget | | r Negatives | |
| - 3010- 0- 1570- 1000- 3202- 000- 0000 | Benefits - Pers, Instruction, Reading, Not Required | CR | | 95.0 |
| - 3010- 0- 1570- 1000- 4310- 000- 0000 | Instructional M,Instruction,Reading,Not Required | DR | 95.00 | |
| | | _ | 95.00 | 95. |
| JE # BR22-01005 | JE Trans Date 04/24/2022 | Revision | | |
| | | | | ONLIN |

| Account | Description | | From | Te |
|--|---|-------------------|-------------|---------|
| (continued) JE # BR22-01005 | JE Trans Date 04/24/2022 | Revision | | |
| 05- 3010- 0- 0000- 7210- 7310- 000- 0000 | Dir Supp/indr C,General Admin C,Undistributed,Not Required | DR | 543.00 | |
| 05- 0000- 0- 0000- 7210- 7310- 000- 0000 | Dir Supp/indr C,General Admin C,Undistributed,Not Required | CR | | 543.00 |
| 05- 3010- 0- 1570- 1000- 4310- 000- 0000 | Instructional M,Instruction,Reading,Not Required | CR | | 543.00 |
| | Net increase to A | ppropriations | 543.00 | 1,086.0 |
| JE # BR22-01006 | JE Trans Date 04/24/2022 | ue | | |
| 13- 5810- 0- 0000- 0000- 8290- 000- 0000 | All Other Feder,Other Federal | DR | | 614.00 |
| | Net increase to A | ppropriations | .00 | 614.00 |
| JE # BR22-01007 | JE Trans Date 04/24/2022 | Revision to Clear | Negatives | |
| 13- 5310- 0- 0000- 3700- 2200- 000- 0000 | Classified Supp, Food Services, Undistributed, Not Required | CR | | 75.00 |
| 13-5310-0-0000-3700-3202-000-0000 | Benefits - Pers, Food Services, Undistributed, Not Required | CR | | 17.00 |
| 13- 5310- 0- 0000- 3700- 3312- 000- 0000 | Benefits - Oasd, Food Services, Undistributed, Not Required | CR | | 5.00 |
| 13-5310-0-0000-3700-3332-000-0000 | Benefits - Medi, Food Services, Undistributed, Not Required | CR | | 1.00 |
| 13-5310-0-0000-3700-3602-000-0000 | Benefits - Wcom, Food Services, Undistributed, Not Required | CR | | 1.00 |
| 13- 5310- 0- 0000- 3700- 3452- 000- 0000 | H & W Benefits/,Food Services,Undistributed,Not Required | CR | | 1.00 |
| | Net increase to A | ppropriations | .00 | 100.00 |
| JE # BR22-01008 | JE Trans Date 04/25/2022 | Revision to Clear | Negatives | |
| 01- 3213- 0- 0000- 8210- 3422- 104- 0000 | H & W Benefits/, Operations, Undistributed, Not Required | CR | | 4.00 |
| 01- 3213- 0- 1110- 1000- 4310- 104- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 4.00 | |
| | | | 4.00 | 4.00 |
| JE # BR22-01009 | JE Trans Date 04/25/2022 | Revision to Cover | r Negatives | |
| 04- 3213- 0- 0000- 8210- 3422- 000- 0000 | H & W Benefits/, Operations, Undistributed, Not Required | CR | ricgatives | 5.00 |
| 04-3213-0-1110-1000-4390-000-0000 | Other Supplies,Instruction,Regular Educati,Not Required | DR | 5.00 | 0.00 |
| | | | 5.00 | 5.00 |
| JE # BR22-01010 | JE Trans Date 04/25/2022 | Revision | | |
| 04- 3213- 0- 0000- 7200- 2900- 600- 0000 | Other Classifie,Other General A,Undistributed,Not Required | DR | 6,172.00 | |
| | Benefits - Pers, Other General A, Undistributed, Not Required | DR | 1,366.00 | |
| 04- 3213- 0- 0000- 7200- 3202- 600- 0000 | Benefits - Oasd, Other General A, Undistributed, Not Required | DR | 384.00 | |
| 04- 3213- 0- 0000- 7200- 3202- 600- 0000 04- 3213- 0- 0000- 7200- 3312- 600- 0000 | | | | |
| | Benefits - Medi,Other General A,Undistributed,Not Required | DR | 89.00 | |

| Effective 04/04/2022 | 2 through 04/30/202 | 2 | | Fis | cal Year 202 |
|------------------------|---------------------------|--|-------------------|------------|--------------|
| | Account | Description | | From | Т |
| (continued) JE | E # BR22-01010 | JE Trans Date 04/25/2022 | Revision | | |
| 4- 3213- 0- 0000- 720 | 0- 3432- 600- 0000 | H & W Benefits/,Other General A,Undistributed,Not Required | DR | 91.00 | |
| 4- 3213- 0- 0000- 720 | 0-3442-600-0000 | H & W Benefits/,Other General A,Undistributed,Not Required | DR | 18.00 | |
| 4- 3213- 0- 0000- 720 | 0-3452-600-0000 | H & W Benefits/,Other General A,Undistributed,Not Required | DR | 2.00 | |
| 4- 3213- 0- 0000- 720 | 0-3502-600-0000 | Benefits - Sui, Other General A, Undistributed, Not Required | DR | 30.00 | |
| 4- 3213- 0- 0000- 720 | 0-3602-600-0000 | Benefits - Wcom,Other General A,Undistributed,Not Required | DR | 111.00 | |
| 4- 3213- 0- 1110- 100 | 0-4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | CR | | 8,864.0 |
| | | | | 8,864.00 | 8,864.0 |
| JE | E # BR22-01011 | JE Trans Date 04/25/2022 | Revision - Custo | odian | |
| 4- 3213- 0- 0000- 8210 | | Classified Supp, Operations, Undistributed, Not Required | DR | 7,575.00 | |
| 4- 3213- 0- 0000- 8210 | | Benefits - Pers, Operations, Undistributed, Not Required | DR | 3,238.00 | |
| 4- 3213- 0- 0000- 8210 | | Benefits - Oasd, Operations, Undistributed, Not Required | DR | 877.00 | |
| 4- 3213- 0- 0000- 8210 | 0-3332-000-0000 | Benefits - Medi, Operations, Undistributed, Not Required | DR | 205.00 | |
| 4- 3213- 0- 0000- 8210 | | Benefits - Sui, Operations, Undistributed, Not Required | DR | 71.00 | |
| 4- 3213- 0- 0000- 8210 | | Benefits - Wcom, Operations, Undistributed, Not Required | DR | 253.00 | |
| 4- 3213- 0- 1110- 100 | | Instructional M,Instruction,Regular Educati,Not Required | CR | | 12,219.0 |
| | | | | 12,219.00 | 12,219.0 |
| JE | E # BR22-01012 | JE Trans Date 04/25/2022 | Revision - COVI | D Liaison | |
| 4- 3213- 0- 0000- 720 | 0- 2930- 600- XTRA | OthrClXtra,Other General A,Undistributed,Extra work | DR | 525.00 | |
| 4- 3213- 0- 0000- 720 | 0- 3202- 600- XTRA | Benefits - Pers, Other General A, Undistributed, Extra work | DR | 330.00 | |
| 4- 3213- 0- 0000- 720 | 0- 3312- 600- XTRA | Benefits - Oasd,Other General A,Undistributed,Extra work | DR | 33.00 | |
| 4- 3213- 0- 0000- 720 | 0- 3332- 600- XTRA | Benefits - Medi,Other General A,Undistributed,Extra work | DR | 7.00 | |
| 4- 3213- 0- 0000- 720 | 0- 3502- 600- XTRA | Benefits - Sui,Other General A,Undistributed,Extra work | DR | 3.00 | |
| 4- 3213- 0- 0000- 720 | 0- 3602- 600- XTRA | Benefits - Wcom, Other General A, Undistributed, Extra work | DR | 9.00 | |
| 4- 3213- 0- 1110- 100 | 0-4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | CR | | 907.0 |
| | | | | 907.00 | 907.0 |
| JE | E# BR22-01013 | JE Trans Date 04/25/2022 | Revision - Floati | ng Teacher | |
| 4- 3213- 0- 1110- 100 | 0- 1100- 000- 0000 | Teachers' Salar, Instruction, Regular Educati, Not Required | DR | 9,116.00 | |
| 4- 3213- 0- 1110- 100 | 0- 3101- 000- 0000 | Benefits - Strs,Instruction,Regular Educati,Not Required | DR | 1,543.00 | |
| 4- 3213- 0- 1110- 100 | 0- 3331- 000- 0000 | Benefits - Medi,Instruction,Regular Educati,Not Required | DR | 132.00 | |
| 4- 3213- 0- 1110- 100 | 0- 3501- 000- 0000 | Benefits - Sui,Instruction,Regular Educati,Not Required | DR | 46.00 | |
| 4- 3213- 0- 1110- 100 | | Benefits - Wcom,Instruction,Regular Educati,Not Required | DR | 163.00 | |
| 4- 3213- 0- 1110- 1000 | | Instructional M,Instruction,Regular Educati,Not Required | CR | | 11,000.0 |
| Selection Grouped by C | Org, Fiscal Year, JE# - S | orted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/ | 30/2022, | ESCAP | E ONLIN |
| Unposted JEs | s? = N, End Bud Bal? = | O, JE# Page Break? = N, Description? = A, Recap? = N) | | | Page 13 of |

| | From | | Description | Account |
|----------|-----------|-----------------------|---|--|
| 11,000. | 11,000.00 | | | |
| | <u> </u> | net Revision - PA Sut | E Trans Date 04/25/2022 | JE # BR22-01014 |
| | 8,280.00 | DR | Instr Aides - S,Instruction,Regular Educati,Substitutes | 04- 3213- 0- 1110- 1000- 2140- 000- SUBS |
| | 1,897.00 | DR | Benefits - Pers,Instruction,Regular Educati,Substitutes | 04- 3213- 0- 1110- 1000- 3202- 000- SUBS |
| | 513.00 | DR | Benefits - Oasd,Instruction,Regular Educati,Substitutes | 14- 3213- 0- 1110- 1000- 3312- 000- SUBS |
| | 120.00 | DR | Benefits - Medi,Instruction,Regular Educati,Substitutes | 04- 3213- 0- 1110- 1000- 3332- 000- SUBS |
| | 42.00 | DR | Benefits - Sui,Instruction,Regular Educati,Substitutes | 14- 3213- 0- 1110- 1000- 3502- 000- SUBS |
| | 148.00 | DR | Benefits - Wcom,Instruction,Regular Educati,Substitutes | 04- 3213- 0- 1110- 1000- 3602- 000- SUBS |
| 11,000.0 | | CR | Instructional M,Instruction,Regular Educati,Not Required | 4-3213-0-1110-1000-4310-000-0000 |
| 11,000. | 11,000.00 | | | |
| | | Pudget Devision | E Trans Date 04/25/2022 | JE # BR22-01015 |
| 1.0 | | CR | E Trans Date 04/25/2022 JE Posted 04/25/2022 Comment F07-1400 EPA Benefits - Medi,Instruction,Regular Educati,Not Required | 77- 1400- 0- 1110- 1000- 3331- 000- 0000 |
| 2.0 | | CR | H & W Benefits/,Instruction,Regular Educati,Not Required | |
| 1.0 | | CR | Benefits - Sui,Instruction,Regular Educati,Not Required | 17-1400-0-1110-1000-3421-000-0000 |
| 358.0 | | CR | Teachers' Salar,Instruction,Regular Educati,Not Required | 97- 1400- 0- 1110- 1000- 3501- 000- 0000 97- 1400- 0- 1110- 1000- 1100- 000- 0000 |
| 362.0 | | DR | EPA Rev,EPA | 07- 1400- 0- 1110- 1000- 1100- 000- 0000 07- 1400- 0- 0000- 0000- 8012- 000- 0000 |
| 724. | .00 | Appropriations | Net increase to | |
| | | Davida - Davida - All | F Tarina Data 04/05/0000 | IF # PP00 04040 |
| | 9,870.00 | CR | E Trans Date 04/25/2022 | JE # BR22-01016 |
| | 9,070.00 | | LFA Nev,LFA | 9- 1400- 0- 0000- 0000- 8012- 000- 0000 |
| .1 | 9,870.00 | Appropriations | Net decrease to | |
| | er Q3 | Revise Expenses pe | E Trans Date 04/25/2022 | JE # BR22-01017 |
| | 9,870.00 | DR | Teachers' Salar, Instruction, Regular Educati, Not Required | 9- 1400- 0- 1110- 1000- 1100- 000- 0000 |
| | 9,870.00 | Appropriations | Net decrease to | |
| | r Q3 | Revise Allocation pe | E Trans Date 04/25/2022 | JE # BR22-01018 |
| | 10,406.00 | CR | EPA Rev,EPA | 1- 1400- 0- 0000- 0000- 8012- 000- 0000 |
| | 10,406.00 | DR | Teachers' Salar, Instruction, Regular Educati, Not Required | 1- 1400- 0- 1110- 1000- 1100- 104- 0000 |
| | 20,812.00 | Appropriations | Net decrease to | |
| | | get Revision | E Trans Date 04/25/2022 | JE # BR22-01019 |

| Account | | | | |
|--|--|-------------------|--------------|---------|
| | Description | | From | Т |
| (continued) JE # BR22-01019 | JE Trans Date 04/25/2022 | Revision | | |
| 7- 3010- 0- 1110- 1000- 3432- 000- 0000 | H & W Benefits/,Instruction,Regular Educati,Not Required | DR | 52.00 | |
| 7- 3010- 0- 1110- 1000- 3442- 000- 0000 | H & W Benefits/,Instruction,Regular Educati,Not Required | DR | 23.00 | |
| 7-3010-0-1110-1000-4310-000-0000 | Instructional M,Instruction,Regular Educati,Not Required | CR | | 75.0 |
| | | _ | 75.00 | 75.0 |
| JE # BR22-01020 | JE Trans Date 04/25/2022 | Revision to Clea | Negatives | |
| 1- 4203- 0- 4760- 1000- 2100- 600- 0000 | Instructional A,Instruction,Bilingual,Not Required | DR | 85.00 | |
| 1- 4203- 0- 4760- 1000- 3202- 600- 0000 | Benefits - Pers, Instruction, Bilingual, Not Required | DR | 18.00 | |
| 1- 4203- 0- 4760- 1000- 3312- 600- 0000 | Benefits - Oasd, Instruction, Bilingual, Not Required | DR | 6.00 | |
| 1- 4203- 0- 4760- 1000- 3332- 600- 0000 | Benefits - Medi, Instruction, Bilingual, Not Required | DR | 1.00 | |
| 1- 4203- 0- 4760- 1000- 3432- 600- 0000 | H & W Benefits/,Instruction,Bilingual,Not Required | CR | | 109.0 |
| 1- 4203- 0- 4760- 1000- 3452- 600- 0000 | H & W Benefits/,Instruction,Bilingual,Not Required | CR | | 2.0 |
| 1- 4203- 0- 4760- 1000- 3602- 600- 0000 | Benefits - Wcom,Instruction,Bilingual,Not Required | DR | 1.00 | |
| | | | 111.00 | 111.0 |
| JE # BR22-01021 | JE Trans Date 04/25/2022 | Revision to Clea | Negatives | |
| 4- 3212- 0- 0000- 2700- 2440- 000- 0000 | Clerical&office,School Administ,Undistributed,Not Required | CR | | 1,224.0 |
| 4- 3212- 0- 0000- 2700- 3312- 000- 0000 | Benefits - Oasd, School Administ, Undistributed, Not Required | CR | | 76.0 |
| 4- 3212- 0- 0000- 2700- 3602- 000- 0000 | Benefits - Wcom, School Administ, Undistributed, Not Required | CR | | 19.0 |
| 4- 3212- 0- 0000- 2700- 3332- 000- 0000 | Benefits - Medi, School Administ, Undistributed, Not Required | CR | | 18.0 |
| 4- 3212- 0- 0000- 2700- 3502- 000- 0000 | Benefits - Sui, School Administ, Undistributed, Not Required | CR | | 13.0 |
| 4- 3212- 0- 0000- 3140- 3432- 000- 0000 | H & W Benefits/, Health Services, Undistributed, Not Required | CR | | 10.0 |
| 4- 3212- 0- 1110- 1000- 2100- 000- 0000 | Instructional A,Instruction,Regular Educati,Not Required | DR | 1,247.00 | |
| 4- 3212- 0- 1110- 1000- 3312- 000- 0000 | Benefits - Oasd, Instruction, Regular Educati, Not Required | DR | 76.00 | |
| 4- 3212- 0- 1110- 1000- 3602- 000- 0000 | Benefits - Wcom,Instruction,Regular Educati,Not Required | DR | 19.00 | |
| 4- 3212- 0- 1110- 1000- 3332- 000- 0000 | Benefits - Medi,Instruction,Regular Educati,Not Required | DR | 18.00 | |
| | | | 1,360.00 | 1,360.0 |
| JE # BR22-01022 | JE Trans Date 04/25/2022 | t Revision to Cle | ar Negatives | |
| 5- 3213- 0- 0000- 8210- 3422- 000- 0000 | H & W Benefits/,Operations,Undistributed,Not Required | CR | | 5.0 |
| 5- 3213- 0- 1110- 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 5.00 | |
| | | | 5.00 | 5.0 |
| JE # BR22-01023 | JE Trans Date 04/25/2022 | Revision to Clea | Negatives | |
| 7- 3213- 0- 0000- 8210- 3422- 000- 0000 | H & W Benefits/, Operations, Undistributed, Not Required | CR | | 3.0 |
| Selection Grouped by Org, Fiscal Year, JE# - S | Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/3 O, JE# Page Break? = N, Description? = A, Recap? = N) | 30/2022, | ESCAPE | ONLINI |

| Effective 04/04/20 | 022 through 04/30/202 | 2 | | FISC | al Year 2022 |
|---------------------------------|------------------------|---|-------------------|------------|--------------|
| | Account | Description | | From | T |
| (continued) | JE# BR22-01023 | JE Trans Date 04/25/2022 | Revision to Clear | Negatives | |
| 07- 3213- 0- 1110- 1 | 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 3.00 | |
| | | | | 3.00 | 3.00 |
| | JE # BR22-01024 | JE Trans Date 04/25/2022 | Povision to Clear | Nogativos | |
| 00 3313 0 0000 9 | 8210- 3422- 000- 0000 | H & W Benefits/, Operations, Undistributed, Not Required | CR | ivegatives | 2.00 |
| | 1000- 4310- 000- 0000 | Instructional M,Instruction,Regular Educati,Not Required | DR | 2.00 | 2.00 |
| 09-3213-0-1110- | 1000-4310-000-0000 | instructional M, instruction, Negular Educati, Not Negulieu | DK | 2.00 | |
| | | | | 2.00 | 2.00 |
| | JE # BR22-01025 | JE Trans Date 04/25/2022 | Revision to Clear | Negatives | |
| 05_ 7425_ 0_ 1110_ ⁴ | 1000- 3201- 000- 0000 | Benefits - Pers,Instruction,Regular Educati,Not Required | CR | regatives | 84.00 |
| | 1000-3201-000-0000 | Benefits - Oasd,Instruction,Regular Educati,Not Required | CR | | 23.00 |
| | 1000- 3311- 000- 0000 | Teachers' Sals, Instruction, Regular Educati, Not Required | DR | 107.00 | 20.00 |
| 03-7423-0-1110- | 1000-1130-000-0000 | Touchord Gale, mediation, regular Educati, rect required | Dit | 107.00 | |
| | | | | 107.00 | 107.00 |
| | JE # BR22-01026 | JE Trans Date 04/25/2022 | Revision to Clear | Negatives | |
| 01- 1100- 0- 1110- 1 | 1000-4313-104-0000 | Teacher Allowan, Instruction, Regular Educati, Not Required | CR | rogativoo | 300.00 |
| | 3140- 4310- 104- 0000 | Instructional M,Health Services,Undistributed,Not Required | DR | 10.00 | |
| | 3140- 2200- 104- 0000 | Classified Supp, Health Services, Undistributed, Not Required | DR | 218.00 | |
| | 3140- 3202- 104- 0000 | Benefits - Pers, Health Services, Undistributed, Not Required | DR | 50.00 | |
| | 3140- 3312- 104- 0000 | Benefits - Oasd, Health Services, Undistributed, Not Required | DR | 14.00 | |
| | 3140- 3332- 104- 0000 | Benefits - Medi, Health Services, Undistributed, Not Required | DR | 3.00 | |
| | 3140- 3502- 104- 0000 | Benefits - Sui, Health Services, Undistributed, Not Required | DR | 1.00 | |
| | 3140- 3602- 104- 0000 | Benefits - Wcom, Health Services, Undistributed, Not Required | DR | 4.00 | |
| | | | | 300.00 | 300.00 |
| | JE # BR22-01027 | JE Trans Date 04/25/2022 | Povision | | |
| 00-000-0 1110 1 | 1000- 4313- 000- 0000 | Teacher Allowan, Instruction, Regular Educati, Not Required | CR | | 38.00 |
| 09-0000-0-1110- | 1000-4313-000-0000 | reactier Allowari, instruction, regular Educati, Not Required | OIC | | 30.00 |
| | | Net increase to Ap | ppropriations | .00 | 38.00 |
| | JE # BR22-01028 | JE Trans Date 04/26/2022 | e budget | | |
| 01-0000-0-0000-7 | 7200- 5890- 600- 0000 | Bank Fees,Other General A,Undistributed,Not Required | CR | | 500.00 |
| | | Net increase to Ap | ppropriations | .00 | 500.00 |

Selection Grouped by Org, Fiscal Year, JE# - Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/30/2022, Unposted JEs? = N, End Bud Bal? = O, JE# Page Break? = N, Description? = A, Recap? = N)

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| Account | Description | | From | T |
|---|--|---|--|---|
| JE # BR22-01029 | JE Trans Date 04/25/2022 | t Revision to Clear N | | P |
| 09- 0000- 0- 1110- 1000- 1100- 000- 0000 | Teachers' Salar, Instruction, Regular Educati, Not Required | CR | vegatives | 9,870.00 |
| 09- 0000- 0- 1110- 1000- 1100- 000- 0000 09- 0000- 0- 1110- 1000- 1130- 000- XTRA | Teachers' Sals, Instruction, Regular Educati, Extra work | CR | | 850.00 |
| 09-0000-0-1110-1000-1130-000-XIIX | Teachers' Sals,Instruction,Regular Educati,Celdt Testing | CR | | 211.00 |
| 09-0000-0-1110-1000-3101-000-XTRA | Benefits - Strs,Instruction,Regular Educati,Extra work | CR | | 144.00 |
| 09- 0000- 0- 1110- 1000- 3101- 000- XIIVA | Benefits - Oasd, Instruction, Elective, Supp Grnt-G1 | CR | | 60.00 |
| 09-0000-0-1303-1000-3311-000-3&11 | Benefits - Strs,Instruction,Regular Educati,Celdt Testing | CR | | 59.00 |
| 09- 0000- 0- 1110- 1000- 3101- 000- GEET | Benefits - Wcom,Instruction,Regular Educati,Extra work | CR | | 15.00 |
| 09- 0000- 0- 1110- 1000- 3001- 000- XTRA | Benefits - Medi,Instruction,Regular Educati,Extra work | CR | | 13.00 |
| 09-0000-0-0000-8210-3422-000-0000 | H & W Benefits/,Operations,Undistributed,Not Required | CR | | 8.00 |
| 09- 0000- 0- 0000- 82 10- 3422- 000- 0000 09- 0000- 0- 1110- 1000- 3601- 000- CELT | Benefits - Wcom,Instruction,Regular Educati,Celdt Testing | CR | | 8.00 |
| 09-0000-0-1110-1000-3301-000-CELT | Benefits - Medi,Instruction,Regular Educati,Celdt Testing | CR | | 7.00 |
| 09- 0000- 0- 1110- 1000- 3331- 000- CELT | Benefits - Sui,Instruction,Regular Educati,Extra work | CR | | 4.00 |
| 09- 0000- 0- 1110- 1000- 3501- 000- XTRA | Benefits - Sui, Instruction, Regular Educati, Edit Testing | CR | | 2.00 |
| 19-0000-0-1110-1000-3501-000-CEL1 | Deficitio - Sui, instruction, regular Educati, Selut resting | OIX | | 2.00 |
| | Net increase to Ap | ppropriations | .00 | 11,251.0 |
| JE # BR22-01030 | JE Trans Date 04/28/2022 | to Cover Negatives | & Annual Debt Disc | losu |
| 01-0000-0-0000-7200-5830-600-0000 | Professional/co,Other General A,Undistributed,Not Required | CR | | 5,000.0 |
| | Not increase to A | | | |
| | Net increase to Ap | ppropriations | .00 | 5,000.0 |
| JE # BR22-01031 | | · · · | | 5,000.00 |
| JE # BR22-01031 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev,EPA | · · · | | , |
| 01- 1400- 0- 0000- 0000- 8012- 000- 0000 | JE Trans Date 04/28/2022 | evise Allocation per | | 10,406.00 |
| JE # BR22-01031 01- 1400- 0- 0000- 0000- 8012- 000- 0000 01- 1400- 0- 1110- 1000- 1100- 104- 0000 | JE Trans Date 04/28/2022 | evise Allocation per DR CR | Q3 | 10,406.0 10,406.0 |
| 1- 1400- 0- 0000- 0000- 8012- 000- 0000 | JE Trans Date 04/28/2022 | evise Allocation per DR CR | | 10,406.0 10,406.0 |
| 01- 1400- 0- 0000- 0000- 8012- 000- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev,EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA Bu | evise Allocation per DR CR ppropriations | Q3 | 10,406.0 10,406.0 |
| JE # BR22-01032 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev,EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Application | evise Allocation per DR CR ppropriations | Q3 | 10,406.0 10,406.0 |
| JE # BR22-01032 07- 1400- 0- 1110- 1000- 3331- 000- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev,EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA Bu | evise Allocation per DR CR ppropriations | Q3 .00 | 10,406.0 10,406.0 |
| JE # BR22-01032 07- 1400- 0- 1110- 1000- 3331- 000- 0000 07- 1400- 0- 1110- 1000- 3421- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Re EPA Rev,EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA Be Benefits - Medi,Instruction,Regular Educati,Not Required | evise Allocation per DR CR ppropriations udget Revision DR | .00 | 10,406.0 10,406.0 |
| JE # BR22-01032 07- 1400- 0- 1110- 1000- 3331- 000- 0000 07- 1400- 0- 1110- 1000- 3501- 000- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev.EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA But Benefits - Medi,Instruction,Regular Educati,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required | evise Allocation per DR CR ppropriations udget Revision DR DR | .00 1.00 2.00 | 10,406.0 10,406.0 |
| JE # BR22-01032 77- 1400- 0- 1110- 1000- 3421- 000- 0000 77- 1400- 0- 1110- 1000- 3501- 000- 0000 77- 1400- 0- 1110- 1000- 3501- 000- 0000 77- 1400- 0- 1110- 1000- 3101- 000- 0000 77- 1400- 0- 1110- 1000- 3101- 000- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev, EPA Teachers' Salar, Instruction, Regular Educati, Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA Book Benefits - Medi, Instruction, Regular Educati, Not Required H & W Benefits/, Instruction, Regular Educati, Not Required Benefits - Sui, Instruction, Regular Educati, Not Required | evise Allocation per DR CR ppropriations udget Revision DR DR DR DR | .00 1.00 2.00 1.00 | 10,406.0 10,406.0 |
| JE # BR22-01032 07- 1400- 0- 1110- 1000- 3331- 000- 0000 07- 1400- 0- 1110- 1000- 3501- 000- 0000 07- 1400- 0- 1110- 1000- 3501- 000- 0000 07- 1400- 0- 1110- 1000- 3501- 000- 0000 07- 1400- 0- 1110- 1000- 3101- 000- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev.EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Ap JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F07-1400 EPA Be Benefits - Medi,Instruction,Regular Educati,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Sui,Instruction,Regular Educati,Not Required Teachers' Salar,Instruction,Regular Educati,Not Required | evise Allocation per DR CR ppropriations udget Revision DR DR DR DR DR CR | 1.00 2.00 1.00 358.00 | 10,406.00 10,406.00 20,812.0 0 |
| 01- 1400- 0- 0000- 0000- 8012- 000- 0000 01- 1400- 0- 1110- 1000- 1100- 104- 0000 | JE Trans Date 04/28/2022 JE Posted 04/28/2022 Comment F01-1400 EPA Rev,EPA Teachers' Salar,Instruction,Regular Educati,Not Required Net increase to Application Net increase to Application Benefits - Medi,Instruction,Regular Educati,Not Required H & W Benefits/,Instruction,Regular Educati,Not Required Benefits - Sui,Instruction,Regular Educati,Not Required Benefits - Sui,Instruction,Regular Educati,Not Required Benefits - Sui,Instruction,Regular Educati,Not Required EPA Rev,EPA | evise Allocation per DR CR ppropriations udget Revision DR DR DR CR CR ppropriations | .00 1.00 2.00 1.00 358.00 362.00 724.00 | 5,000.00 10,406.00 10,406.00 20,812.00 |

Selection Grouped by Org, Fiscal Year, JE# - Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/30/2022, Unposted JEs? = N, End Bud Bal? = O, JE# Page Break? = N, Description? = A, Recap? = N)

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| Effective 04/04/2022 through 04/30/20 | 144 | | FI | scal Year 2022 | |
|---|---|---|-------------------|----------------|--|
| Account | Description | | From | To | |
| | | Net increase to Appropriations | .00 | 9,870.0 | |
| JE # BR22-01034 | JE Trans Date 04/28/2022 | t F09-1400 EPA Revise Expense | as ner O3 | | |
| 9- 1400- 0- 1110- 1000- 1100- 000- 0000 | Teachers' Salar, Instruction, Regular Educati, N | | 23 pci Qu | 9,870.0 | |
| | • | · _ | | | |
| | | Net increase to Appropriations _ | .00 | 9,870.0 | |
| IF # BD22 04025 | IF Trans Data 04/20/2022 | + F00 0000 Budget Devision | | | |
| JE # BR22-01035 9- 0000- 0- 1110- 1000- 1100- 000- 0000 | JE Trans Date 04/29/2022 JE Posted 04/29/2022 Commen Teachers' Salar,Instruction,Regular Educati,N | t F09-0000 Budget Revision ot Required DR | 9,870.00 | | |
| 9-0000-0-1110-1000-1100-000-0000 | reactiers Salar, instruction, regular Educati, in | ot Required BR | 9,070.00 | | |
| | | Net decrease to Appropriations | 9,870.00 | .0 | |
| JE # BR22-01036 | JE Trans Date 04/29/2022 | t F05-0000 Ice Skating | | | |
| 5- 0000- 0- 1110- 1000- 5808- 000- FT03 | Field Trip Fees,Instruction,Regular Educati,Fie | | | 992.0 | |
| | | <u>-</u> | | | |
| | | Net increase to Appropriations _ | .00 | 992.0 | |
| JE # BR22-01037 | JE Trans Date 04/29/2022 | t Bus Transportation for field trip | | | |
| 1- 0000- 0- 1110- 1000- 5806- 104- FT03 | FT transport,Instruction,Regular Educati,Field | | | 340.0 | |
| | | - | | | |
| | | Net increase to Appropriations _ | .00 | 340.0 | |
| JE# BR22-01038 | | t F01-4035 Budget Revision for | Teacher Induction | | |
| 1- 4035- 0- 1110- 1000- 1100- 104- 0000 | Teachers' Salar, Instruction, Regular Educati, N | | 2,900.00 | | |
| 1-4035-0-1110-1000-3101-104-0000 | Benefits - Strs,Instruction,Regular Educati,Not | Required DR | 491.00 | | |
| 1-4035-0-1110-1000-3331-104-0000 | Benefits - Medi,Instruction,Regular Educati,No | t Required DR | 42.00 | | |
| 1-4035-0-1110-1000-3501-104-0000 | Benefits - Sui,Instruction,Regular Educati,Not | Required DR | 15.00 | | |
| 1-4035-0-1110-1000-3601-104-0000 | Benefits - Wcom,Instruction,Regular Educati,N | Not Required DR | 52.00 | | |
| 1-4035-0-1110-1000-5830-104-t 2pc | Professional/co,Instruction,Regular Educati,Ti | tle II PD CR | | 3,500.0 | |
| | | - - | 3,500.00 | 3,500.0 | |
| JE # BR22-01039 | JE Trans Date 04/29/2022 | t F04-4035 Budget Revision for | Feacher Induction | | |
| 4- 4035- 0- 1110- 1000- 1100- 000- 0000 | | | 5,801.00 | | |
| 4- 4035- 0- 1110- 1000- 1100- 000- 0000 4- 4035- 0- 1110- 1000- 3101- 000- 0000 | Benefits - Strs,Instruction,Regular Educati,No | | 982.00 | | |
| 4- 4035- 0- 1110- 1000- 3101- 000- 0000 4- 4035- 0- 1110- 1000- 3331- 000- 0000 | Benefits - Medi,Instruction,Regular Educati,No | • | 84.00 | | |
| 4- 4035- 0- 1110- 1000- 3331- 000- 0000 4- 4035- 0- 1110- 1000- 3501- 000- 0000 | - | • | 29.00 | | |
| | - | - | 104.00 | | |
| 4- 4035- 0- 1110- 1000- 3601- 000- 0000 4- 4035- 0- 1110- 1000- 5830- 000- t 2pa | - | • | 104.00 | 7,000.0 | |
| Selection Grouped by Org. Fiscal Year, JE# | Sorted by JE Itom # (Org = 43 JE Type = P. Starting Post Data = 4/4/2022 F | Inding Poet Data - 4/20/2022 | ECCAI | PE ONLINE | |
| | Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, E = O, JE# Page Break? = N, Description? = A, Recap? = N) | Truing Fost Date = 4/30/2022, | ESCAI | | |
| Onposied JEs: - IV, Ellu buu bal! | - 0, 0L# 1 age Dieak: - 14, Description: - A, Necap: - 14) | ed for Kay Vang (KVANG) May 22 | | Page 18 of 2 | |

| - | | | | |
|--|---|--|-----------------------|----------|
| Account | Descrip | otion | From | Т |
| | | _ | 7,000.00 | 7,000.00 |
| JE # BR22-01040 | JE Trans Date 04/29/2022 | omment F01-0000 Revenue Increase for \ | /illage Charter Lease | |
| 01- 0000- 0- 0000- 0000- 8677- 101- VI LG | Interagency Svc,Unrestricted/no | DR | | 9,912.00 |
| | | Net increase to Appropriations | .00 | 9,912.0 |
| JE# BR22-01041 | JE Trans Date 04/29/2022 | omment F01-0000 Revenue Increase for \ | /illage Charter Lease | |
| 01- 0000- 0- 0000- 0000- 8677- 101- VI LG | Interagency Svc,Unrestricted/no | CR | 9,912.00 | |
| | | Net decrease to Appropriations | 9,912.00 | .00 |
| JE # BR22-01042 | JE Trans Date 04/29/2022 | omment F01-0000 Village Charter | | |
| 01-0000-0-0000-0000-8677-101-VI LG | Interagency Svc,Unrestricted/no | DR | | 7,875.0 |
| 01- 0000- 0- 0000- 0000- 8650- 101- VI LG | Leases & Rental, Unrestricted/no | CR | 28,350.00 | |
| | | Net decrease to Appropriations | 28,350.00 | 7,875.0 |
| JE # BR22-01043 | JE Trans Date 04/29/2022 | omment F01-0000 Budget Revision to Cle | ar Negatives | |
| 01-0000-0-1110-1000-1100-104-0000 | Teachers' Salar, Instruction, Regular Ed | | | 2,900.0 |
| 1- 0000- 0- 1110- 1000- 1130- 600- CELT | Teachers' Sals, Instruction, Regular Edu | ucati,Celdt Testing CR | | 975.0 |
| 1- 0000- 0- 1110- 1000- 3101- 104- 0000 | Benefits - Strs,Instruction,Regular Educ | cati,Not Required CR | | 491.0 |
| 1- 0000- 0- 0000- 7100- 5800- 000- FEES | Other Svcs & Op,Board & Superin,Und | listributed,FEES CR | | 400.0 |
| 1- 0000- 0- 1110- 1000- 1130- 104- CELT | Teachers' Sals, Instruction, Regular Edu | ucati,Celdt Testing CR | | 162.0 |
| 1- 0000- 0- 0000- 8210- 5510- 101- 0000 | Natural Gas Exp, Operations, Undistribu | ited,Not Required CR | | 154.0 |
| 01-0000-0-0000-7200-5201-600-0000 | Mileage Reimbur, Other General A, Und | listributed,Not Required CR | | 100.0 |
| 1- 0000- 0- 1110- 1000- 3601- 104- 0000 | Benefits - Wcom, Instruction, Regular Ed | ducati,Not Required CR | | 52.0 |
| 1- 0000- 0- 1110- 1000- 3331- 104- 0000 | Benefits - Medi,Instruction,Regular Edu | ucati,Not Required CR | | 38.0 |
| 1- 0000- 0- 1110- 1000- 3311- 104- SUBS | Benefits - Oasd,Instruction,Regular Ed | ucati,Substitutes CR | | 38.0 |
| 1- 0000- 0- 4760- 1000- 3422- 600- SG04 | H & W Benefits/,Instruction,Bilingual,Su | upp Grnt-4 CR | | 20.0 |
| 1- 0000- 0- 0000- 8210- 3422- 101- 0000 | H & W Benefits/, Operations, Undistribut | ted,Not Required CR | | 16.0 |
| 1- 0000- 0- 0000- 8210- 3422- 104- 0000 | H & W Benefits/, Operations, Undistribut | ted,Not Required CR | | 14.0 |
| 1- 0000- 0- 1110- 1000- 3601- 104- SUBS | Benefits - Wcom, Instruction, Regular Ed | ducati,Substitutes CR | | 14.0 |
| 1- 0000- 0- 1110- 1000- 3331- 104- SUBS | Benefits - Medi, Instruction, Regular Edu | ucati,Substitutes CR | | 11.0 |
| 1- 0000- 0- 1110- 1000- 3501- 104- 0000 | Benefits - Sui,Instruction,Regular Educ | ati,Not Required CR | | 9.0 |
| 1- 0000- 0- 1110- 1000- 3311- 668- 0000 | Benefits - Oasd,Instruction,Regular Ed | ucati,Not Required CR | | 6.0 |
| 1- 0000- 0- 0000- 7200- 3432- 600- 0000 | H & W Benefits/,Other General A,Undis | stributed,Not Required CR | | 3.0 |
| 1-0000-0-0000-7200-3312-600-0000 | Benefits - Oasd,Other General A,Undis | | | 2.0 |
| Selection Grouped by Org, Fiscal Year, JE# - S | orted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/ | 2022 Ending Post Date = 4/30/2022 | ESCAPE | ONLIN |
| | | | | |

| From | Description | Account |
|----------------------------------|---|--|
| Appropriations .00 5,405 | Net increase to Appropriations | |
| et Revision to Clear Negatives | sted 04/29/2022 Comment F04-0000 Budget Revision to Cle | JE# BR22-01044 JE∃ |
| CR 5,321 | | 04- 0000- 0- 1110- 1000- 1100- 000- 0000 |
| CR 906 | s,Instruction,Regular Educati,Not Required CR | 04- 0000- 0- 1110- 1000- 3101- 000- 0000 |
| CR 95 | om,Instruction,Regular Educati,Not Required CR | 04- 0000- 0- 1110- 1000- 3601- 000- 0000 |
| CR 68 | di,Instruction,Regular Educati,Not Required CR | 04- 0000- 0- 1110- 1000- 3331- 000- 0000 |
| CR 42 | ts/,Instruction,Regular Educati,Not Required CR | 04- 0000- 0- 1110- 1000- 3421- 000- 0000 |
| CR 25 | Instruction,Regular Educati,Not Required CR | 04- 0000- 0- 1110- 1000- 3501- 000- 0000 |
| Appropriations .00 6,457 | Net increase to Appropriations | |
| et Revision to Clear Negatives | sted 04/29/2022 Comment F05-0000 Budget Revision to Cle | JE# BR22-01045 JE 7 |
| CR 63 | - | 05- 0000- 0- 0000- 8300- 3202- 000- 0000 |
| CR 60 | ts/,Instruction,Regular Educati,Not Required CR | 05- 0000- 0- 1110- 1000- 3421- 000- 0000 |
| CR 38 | ts/,Operations,Undistributed,Not Required CR | 05- 0000- 0- 0000- 8210- 3422- 000- 0000 |
| CR 37 | sd,Instruction,Regular Educati,Substitutes CR | 05- 0000- 0- 1110- 1000- 3311- 000- SUBS |
| CR 34 | om,Instruction,Regular Educati,Substitutes CR | 05- 0000- 0- 1110- 1000- 3601- 000- SUBS |
| CR 28 | di,Instruction,Regular Educati,Substitutes CR | 05- 0000- 0- 1110- 1000- 3331- 000- SUBS |
| CR 25 | s,Instruction,Regular Educati,Substitutes CR | 05- 0000- 0- 1110- 1000- 3101- 000- SUBS |
| CR 9 | ts/,School Administ,Undistributed,Not Required CR | 05- 0000- 0- 0000- 2700- 3442- 000- 0000 |
| CR 3 | sd,Operations,Undistributed,Not Required CR | 05- 0000- 0- 0000- 8210- 3312- 000- 0000 |
| CR 3 | ts/,Security,Undistributed,Not Required CR | 05- 0000- 0- 0000- 8300- 3432- 000- 0000 |
| CR 2 | ts/,Instruction,Regular Educati,Not Required CR | 05- 0000- 0- 1110- 1000- 3431- 000- 0000 |
| Appropriations .00 302 | Net increase to Appropriations | |
| et Revision to Clear Negatives | sted 04/29/2022 Comment F07-0000 Budget Revision to Cle | JE# BR22-01046 JE 7 |
| CR 34 | | 07- 0000- 0- 1110- 1000- 3311- 000- SUBS |
| Appropriations .00 34 | Net increase to Appropriations | |
| ase Budget for Certificated Subs | sted 04/29/2022 Comment F04-0000 Increase Budget for Co | JE# BR22-01047 JE 7 |
| CR 1,000 | | 04- 0000- 0- 1110- 1000- 1149- 000- SUBS |
| CR 160 | s,Instruction,Regular Educati,Substitutes CR | 04- 0000- 0- 1110- 1000- 3101- 000- SUBS |
| Appropriations .00 1,160 | Net increase to Appropriations | |
| et Revision - OM | sted 04/30/2022 Comment F04-3212 Budget Revision - OM | JE# BR22-01048 JE 7 |

Transfer of Budget Appropriations

| Account | Description | | From | Т |
|--|---|-------------------|------------------------|----------|
| (continued) JE # BR22-01048 | JE Trans Date 04/25/2022 | Revision - OM | | |
| 04- 3212- 0- 0000- 2700- 2440- 000- 0000 | Clerical&office,School Administ,Undistributed,Not Required | CR | | 334.0 |
| 04- 3212- 0- 0000- 2700- 3202- 000- 0000 | Benefits - Pers, School Administ, Undistributed, Not Required | DR | 368.00 | |
| 04- 3212- 0- 0000- 2700- 3312- 000- 0000 | Benefits - Oasd, School Administ, Undistributed, Not Required | CR | | 21.0 |
| 04- 3212- 0- 0000- 2700- 3332- 000- 0000 | Benefits - Medi, School Administ, Undistributed, Not Required | CR | | 5.0 |
| 04- 3212- 0- 0000- 2700- 3502- 000- 0000 | Benefits - Sui, School Administ, Undistributed, Not Required | CR | | 2.0 |
| 04- 3212- 0- 0000- 2700- 3602- 000- 0000 | Benefits - Wcom, School Administ, Undistributed, Not Required | CR | | 6.0 |
| | | | 368.00 | 368.0 |
| JE # BR22-01049 | JE Trans Date 04/30/2022 | ınitv Plavground | | |
| 5- 9010- 0- 0000- 8500- 5630- 104- 0000 | Repairs, Facilities Acqu, Undistributed, Not Required | CR | | 13,999.0 |
| 25- 9010- 0- 0000- 8100- 4311- 102- 0000 | Standard Suppli, Plant Maintenan, Undistributed, Not Required | CR | | 11,343.0 |
| 25-9010-0-0000-8100-4311-103-0000 | Standard Suppli, Plant Maintenan, Undistributed, Not Required | CR | | 10,111.0 |
| | Net increase to Ap | ppropriations | .00 | 35,453. |
| JE # BR22-01050 | JE Trans Date 04/30/2022 | e Budget to cover | RVP | |
| 1- 6500- 0- 5731- 1110- 5830- 600- 0000 | Professional/co,Spec Ed-separat,Non-intensive P,Not Required | CR | | 3,495.0 |
| | Net increase to Ap | ppropriations | .00 | 3,495. |
| JE # BR22-01051 | JE Trans Date 04/30/2022 | NTWRK TECH - | Direct Costs to charte | ers |
| 1- 1100- 0- 1230- 1000- 5750- 600- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | DR | 2,622.00 | |
| 4- 1100- 0- 1230- 1000- 5750- 000- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | DR | 4,370.00 | |
| 5- 1100- 0- 1230- 1000- 5750- 000- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | CR | | 1,748. |
| | Net decrease to Ap | ppropriations | 6,992.00 | 1,748.0 |
| JE # BR22-01052 | JE Trans Date 04/30/2022 | NTWRK TECH - | Direct Costs to chart | ers |
| 1- 1100- 0- 1230- 1000- 5750- 600- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | CR | | 2,622.0 |
| 4- 1100- 0- 1230- 1000- 5750- 000- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | CR | | 4,370.0 |
| 5- 1100- 0- 1230- 1000- 5750- 000- 0000 | Dir Costs For I,Instruction,Computer Instru,Not Required | DR | 1,748.00 | |
| | Net increase to Ap | ppropriations | 1,748.00 | 6,992. |
| JE # BR22-01053 | JE Trans Date 04/30/2022 | ect Cost | | |
| 1- 1100- 0- 0000- 7700- 5750- 600- 0000 | Dir Costs For I,Data Processing,Undistributed,Not Required | DR | 2,622.00 | |
| 4- 1100- 0- 0000- 7700- 5750- 600- 0000 | Dir Costs For I,Data Processing,Undistributed,Not Required | DR | 4,370.00 | |
| 4-1100-0-0000-7700-3730-000-0000 | Dir Costs For I,Data Processing,Undistributed,Not Required | CR | | 1,748. |

Transfer of Budget Appropriations

| Description Net decrease to Appropriations JE Trans Date 04/30/2022 JE Posted 04/30/2022 Comment F01-1100 Budget Revision - NTV Clerical & Offi,Data Processing,Undistributed,Not Required DR Net decrease to Appropriations | JE # BR22-01054 01- 1100- 0- 0000- 7700- 2400- 600- 0000 |
|--|---|
| JE Trans Date 04/30/2022 JE Posted 04/30/2022 Comment F01-1100 Budget Revision - NTV Clerical & Offi,Data Processing,Undistributed,Not Required DR | · - · - · - · - · · - · · · · |
| 0 Clerical & Offi,Data Processing,Undistributed,Not Required DR | · - · - · - · - · · - · · · |
| 0 Clerical & Offi,Data Processing,Undistributed,Not Required DR | · - · - · - · - · · - · · · |
| Not decrease to Appropriations | |
| Net decrease to Appropriations | |
| JE Trans Date 04/30/2022 | JE# BR22-01055 |
| | 01-1100-0-0000-7700-2400-600-0000 |
| Net increase to Appropriations | |
| JE Trans Date 04/30/2022 | JE # BR22-01056 |
| 0 Dir Costs For I,Data Processing,Undistributed,Not Required CR | 1- 1100- 0- 0000- 7700- 5750- 600- 0000 |
| 0 Dir Costs For I,Data Processing,Undistributed,Not Required CR | 4- 1100- 0- 0000- 7700- 5750- 600- 0000 |
| 0 Dir Costs For I,Data Processing,Undistributed,Not Required DR | 5- 1100- 0- 0000- 7700- 5750- 600- 0000 |
| Net increase to Appropriations | |
| JE Trans Date 04/30/2022 | JE# BR22-01057 |
| | 1- 1100- 0- 0000- 3140- 2200- 104- 0000 |
| Net decrease to Appropriations | |
| Total for Org 043 | |
| cct Cost CR CR DR DPropriations Revision DR Dpropriations | Net increase to April Trans Date 04/30/2022 JE Posted 04/30/2022 Comment Correct Tech Direct Direct Direct Costs For I,Data Processing,Undistributed,Not Required Dir Costs For I,Data Processing,Undistributed,Not Required Dir Costs For I,Data Processing,Undistributed,Not Required Net increase to April Trans Date 04/30/2022 JE Posted 04/30/2022 Comment F01-1100 Budget Classified Supp,Health Services,Undistributed,Not Required Net decrease to April Trans Date 04/30/2022

Selection Grouped by Org, Fiscal Year, JE# - Sorted by JE Item #, (Org = 43, JE Type = R, Starting Post Date = 4/1/2022, Ending Post Date = 4/30/2022, Unposted JEs? = N, End Bud Bal? = O, JE# Page Break? = N, Description? = A, Recap? = N)

ESCAPE ONLINE



PREPARED FOR

Ray Green
Piner-Olivet Union Elementary
707-484-2974
ray.green@vpcsonline.com

04/18/2022

OES-Front-Landscape

Proposal Number 1-7-23096

CMAS: 4-20-78-0089C

Contact

Scott Day 1800 E. McFadden Ave. Santa Ana, CA

925-404-9634

Scott.Day@theKYAgroup.com

Pages 6

CA LICENSE #984827 B + C15 DIR #1000003379



Proposal: 1-7-23096

To: Piner-Olivet Union Elementary

3450 Coffey Ln Santa Rosa California 95403

c/o: Piner-Olivet Union Elementary

RA: Scott Day RA Phone: 925-404-9634

RA Email: Scott.Day@theKYAgroup.com

Site: Olivet Elementary Address: 1825 Willowside rd

95401

Site Qualifications and General Scope of Work

DIR # 1000003379

Date: April 18, 2022

CMAS: 4-20-78-0089C

Contract Terms: Feb 26, 2020 - Feb 10, 2025

Terms: Net 30

Base Contract: February 10, 2025

Priced per CMAS- KYA GSA-(4-20-78-0089C)

Supply and Apply metal header board around pine trees Supply and Apply weed block 16,000 SF

Supply and Apply weed block 16,000 Sr Supply and Apply parking bumpers Remove Tree from south property line

Remove brush from south property line

Remove brush from north property line

Minor Re-Grading in disturbed areas

Excludes: Permits

Notes: Sales tax rate will be based upon the shipping address. Price is good for 30 days from date of

quote.

Initials _____



SCOPE OF WORK - PRICING

| | 0 " | 1.1/8.4 | Б. | |
|--------------------------------------|-----------|---------|------------|--------------|
| OES-Front-Landscape | Quantity | U/M | Price | Value |
| MIRAFI HP270 (SQ FT) | 30,454.00 | SF | \$0.31 | \$9,440.74 |
| COMPOSITE HEADER BOARD 2" X 4" X 20' | 3,000.00 | LF | \$2.80 | \$8,400.00 |
| LANDSCAPE STAPLES - 6" | 150.00 | EA | \$50.00 | \$7,500.00 |
| CLASS 2 AGGREGATE BASE- PERMEABLE | 590.00 | CY | \$91.30 | \$53,867.00 |
| COMPOSITE HEADER STAKES | 350.00 | EA | \$50.00 | \$17,500.00 |
| Removal of Existing Surface | 9,932.00 | SF | \$2.30 | \$22,843.60 |
| General Laborer Journeyman | 200.00 | HRS | \$128.25 | \$25,650.00 |
| Aggregate Base Application | 8,700.00 | SF | \$2.30 | \$20,010.00 |
| Substrate Compaction | 2,000.00 | SF | \$1.23 | \$2,460.00 |
| Bonding Fee | 1.00 | EA | \$2,297.10 | \$2,297.10 |
| | | | | |
| | Tota | l Price | | \$169,968.44 |

| Initials | |
|----------|--|
| | |



CONDITIONS AND WARRANTY

1) Proposal:

The above proposal is valid for 30 days from the date first set forth above. After 30 days, we reserve the right to increase prices due to the rise in cost of raw materials, fuel or other cost increases. When applicable, KYA Services LLC reserves the right to implement a surcharge for significant increases in raw materials, including, but not limited to; fuel, and materials. Due to the duration of time between proposals, contracts and final furnishing, KYA Services LLC reserves the right to implement this surcharge when applicable.

Any job that is accepted prior to December 31st of the current year and scheduled to install after December 31st of the current year is subject to price increase

2) Purchase:

By executing this proposal, or submitting a purchase order pursuant to this proposal (which shall incorporate the terms of this agreement specifically by reference) which is accepted by KYA Services LLC. (the "Company"), the purchaser identified above ("you" or the "Purchaser") agrees to purchase the materials and the services to be provided by the "Company", as detailed in the Pricing and "General Scope of Work" sections in this agreement, above.

3) Standard Exclusions:

Unless specifically included, this agreement does not include, and Company will not provide services, labor or materials for any of the following work: (a) removal or disposal of any material containing asbestos or any hazardous materials as defined by the EPA; neither we nor our installers are responsible for the handling, removal or abatement of asbestos contained floor material or adhesive. Further, our policy is to request an Asbestos Hazard Emergency Response Act (AHERA) report prior to proceeding with any floor material or floor adhesive removal. We and our installers consider it the owners responsibility to produce this report prior to executing this contract. (b) moving Owner's property around the installation site. (c) repair or replacement of any Purchaser or Owner- supplied materials. (d) repair of concealed underground utilities not located on prints, supplied to Company by Owner during the bidding process, or physically staked out of by the Owner, and which are damaged during construction; or (e) repair of damage to existing surfaces that could occur when construction equipment and vehicles are being used in the normal course of construction.

4) Insurance Requirements:

Company is not required to provide any insurance coverage in excess of Company's standard insurance. A copy of the Company's standard insurance is available for your review prior to acceptance of the Company's proposal.

5) Payment;

Terms of payment are defined in the "Pricing" details section and are specific to this contract. For purposes of this agreement, "Completion" is defined as being the point at which the materials have been furnished. In any event where Completion cannot be effected due to delays or postponements caused by the Purchaser or Owner, final payment (less 10% retainage) is due within 30 days of the date when the Completion was scheduled, had the delay not occurred. All payments must be made to KYA Services LLC 1800 E McFadden Ave, Santa Ana, CA 92705. If the Purchaser or Owner fails or delays in making any scheduled milestone payments, the Company may suspend the fulfilment of its obligations hereunder until such payments are made, or Company may be relieved of its obligations hereunder if payment is more than 60 days past due. Company may use

all remedies available to it under current laws, including but not limited to filing of liens against the property and using a collection agency or the courts to secure the collection of the outstanding debt.

6) Lien Releases:

Upon request by Owner, Company will issue appropriate partial lien releases as corresponding payments are received from Purchaser, but prior to receiving final payment from Purchaser or Owner, Company will provide a full release of liens upon receipt of final payment. In accordance with state laws, Company reserves the right to place a lien on the property if final payment has not been received 10 days prior to the filing deadline for liens.

7) Site Plan Approval, Permit/s, Permit Fees, Plans, Engineering Drawings and Surveying:

Site plan approval, permits, permit fees, plans, engineering drawings and surveying are specifically excluded from this agreement and the Services unless specified under the

"General Scope of Work". The Company does not in any way warrant or represent that a permit or site plan approval for construction will be obtained. Sealed engineered drawings that are required but not included in the "General Scope of Work" will result in additional cost to Purchaser.

8) Manufacturing and Delivery:

Manufacturing lead-time and delivery varies depending on the product purchased.

| Initiale | | |
|----------|--|--|



9) Returned Product, Deposits and/ or Cancelled Order:

From date of shipment from our facility, all returned product(s) and cancelled orders are subject to a 50% restocking fee. No returns are available following this date. All deposits are non-refundable.

10) Concealed Conditions:

"Concealed conditions" include, without limitation to, water, gas, sprinkler, electrical and sewage lines, post tension cables, and steel rebar. Observations that were able to be made either by visual inspection or by drawings and/or plans submitted by Owner at the time this agreement was approved. If additional Concealed Conditions are discovered once work has commenced which were not visible at the time this proposal was approved, Company will stop work and indicate these unforeseen Concealed Conditions to Purchaser or Owner so that Purchaser and Company can execute a change order for any additional work. In any event, any damage caused by or to unforeseen Concealed Conditions is the sole responsibility of the Purchaser and Company shall not be held liable for any such damage. Soil conditions are assumed to be soil that does not contain any water, hard rock (such as limestone, caliche, etc.), rocks bigger than 4inches in diameter or any other condition that will require additional labor, equipment and/or materials not specified by the purchaser or Owner in the bidding process.

Any condition requiring additional labor, equipment, and/or materials to complete the drilling or concrete operations will require a change order before Company will complete the process. Any variation will incur additional charges.

11) Changes in the Work:

During the course of this project, Purchaser may order changes in the work (both additions and deletions). The cost of these changes will be determined by the Company, and a change order must be completed and signed by both the Purchaser and the Company, which will detail the "General Scope of the Change Order". Should any change be essential to the completion of the project, and the Purchaser refuses to authorize such change order, then Company will be deemed to have performed its part of the project, and the project and Services will be terminated. Upon such termination, Company will submit a final billing to Purchaser for payment, less labor allowance for work not performed but including additional charges incurred due to the stoppage. No credit will be allowed for materials sold and supplied, which will remain the property of the Purchaser.

12) Warranty; Limitations of Liability:

Company warrants that all Company-supplied labor and Services will be performed in a good and workmanlike manner. Purchaser shall notify the Company in writing detailing any defects in Service for which a warranty claim is being made.

COMPANY SHALL NOT IN ANY EVENT BE LIABLE FOR INDIRECT, SPECIAL, CONSEQUENTIAL, INCIDENTAL, PUNITIVE OR LIQUIDATED DAMAGES IN ANY ACTION ARISING FROM OR RELATED TO THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), INTENDED CONDUCT OR OTHERWISE, INCLUDING WITHOUT LIMITATION, DAMAGES RELATING TO LOSS OF PROFITS, INCOME OR GOODWILL, REGARDLESS OF WHETHER COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

IN NO EVENT WILL COMPANY'S LIABILITY FOR MONETARY DAMAGES UNDER THIS AGREEMENT EXCEED THE FEES PAID OR DUE AND PAYABLE FOR THE SERVICE UNDER THIS AGREEMENT (OR RELEVANT PURCHASE ORDER). The warranties or the materials are contained in a separate document between Company and the ultimate Owner of the materials, which will be provided to Owner at the time of completion of work.

13) Indemnification:

To the fullest extent permitted by law. Purchaser shall indemnify, defend and hold harmless the Company and its consultants, agents and employees or any of them from and against claims, damages, losses and expenses, including but not limited to attorney's fees, relating to furnishing of the materials or performance of the Services, provided that such claim, damage, loss or expense is attributable to bodily injury to, sickness, disease or death of a person, or injury to or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Purchaser or its agents, employees, or subcontractors or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge or reduce other rights or obligations of indemnity that would otherwise exist as to a party or person described in Section 13.

14) Delegation: Subcontractors:

The Services and furnishing of materials may be performed by subcontractors under appropriate agreements with the Company

| Initiale | | |
|----------|--|--|



15) Force Majeure: Impracticability:

The Company shall not be charged with any loss or damage for failure or delay in delivering or furnishing of materials when such failure or delay is due to any cause beyond the control of the Company, due to compliance with governmental regulations, or orders, or due to any acts of God, lockouts, slowdowns, wars or shortages in transportation, materials or labor.

16) Dispute Resolution:

Any controversy or claim arising out of or related to this agreement must be settled by binding arbitration administered in Santa Ana, CA by a single arbitrator selected by the parties or by the American Arbitration Association, and conducted in accordance with the construction industry arbitration rules. Judgement upon the award may be entered in any court having jurisdiction thereof.

17) Entire Agreement; No Reliance:

This agreement represents and contains the entire agreement between the parties. Prior discussion or verbal representations by the parties that are not contained in this agreement are not part of this agreement. Purchaser hereby acknowledges that it has not received or relied upon any statements or representations by Company or its agents which are not expressly stipulated herein, including without limitation any statements as to the materials, warranties or services provided hereunder.

18) No Third-Party Beneficiaries:

Executed to be effective as of the date executed by the Company:

This agreements creates no third party rights or obligations between Company and any other person, including any Owner who is not also a Purchaser. It is understood and agreed that the parties do not intend that any third party should be a beneficiary of this agreement.

19) Governing Law:

This agreement will be constructed and enforced in accordance with the laws of the State of California.

20) Assignment:

Accepted by:

Purchaser may not assign this agreement, by operation of law or otherwise, without the prior written consent of the Company. The agreements shall be binding upon and ensure to the benefit of the Company and the Purchaser, and their successors and permitted assigns.

| Signature: | Signature: | Scott Day |
|-------------|-------------|------------------|
| | | |
| By: (Print) | By: (Print) | Scott Day |
| | | |
| Title: | Title: | Regional Advisor |
| | | |
| Date: | Date: | April 18, 2022 |

Initials _____

KYA Services LLC



PREPARED FOR

Ray Green
Piner-Olivet Union Elementary
707-484-2974
ray.green@vpcsonline.com

04/04/2022

PINER-OLIVET-VARIOUS SITES-MARQUE SIGNS

Proposal Number 1-7-23012

CMAS: 4-20-78-0089C

Contact

Scott Day 1800 E. McFadden Ave. Santa Ana, CA 925-404-9634

Scott.Day@theKYAgroup.com

CA LICENSE #984827 B + C15 DIR #1000003379

Pages 6



Proposal: 1-7-23012

To: Piner-Olivet Union Elementary

3450 Coffey Ln Santa Rosa California 95403

c/o: Piner-Olivet Union Elementary

RA: Scott Day RA Phone: 925-404-9634

RA Email: Scott.Day@theKYAgroup.com Site: Morrice Schaefer Charter

Address: 1370 San Miguel Ave.,

95403

Site Qualifications and General Scope of Work

DIR # 1000003379

Date: April 4, 2022

CMAS: 4-20-78-0089C

Contract Terms: Feb 26, 2020 - Feb 10, 2025

Terms: Net 30

Base Contract: February 10, 2025

122 lineal feet of trenching

Remove and replace 7' x 2' concrete path

Saw cut and trench 40' of asphalt

Trench 70' of grass

Remove and replace 2' of concrete curb

Trench will be 1' wide x '2' deep

Provide and install one 3/4" conduit from electrical service out to new sign location for power, 20amp 120v circuit from existing panel.

Notes:

Sales tax rate will be based upon the shipping address. Price is good for 60 days from date of quote. Unless otherwise stated, delivery times are 6-8 weeks upon receipt of approved PO.

Minimum order 25 - 65 syds depending on color.

Initials

doc



SCOPE OF WORK - PRICING

| PINER-OLIVET-VARIOUS SITES-MARQUE SIGNS | Quantity | U/M | Price | Value |
|--|----------|-----|-------------|--------------|
| 9mm 6'x8' LED 2 sided color Message Center | 3.00 | EΑ | \$56,758.57 | \$170,275.71 |
| Install 2 sided Message Boards | 1.00 | EΑ | \$78,357.14 | \$78,357.14 |
| (piner- olivet and Northwest prep) 122 lineal feet of trenching Remove and replace 7' x 2' concrete path Saw cut and trench 40' of asphalt Trench 70' of grass Remove and replace 2' of concrete curb Trench will be 1' wide x '2' deep Estimated time to complete project: 1 day to saw cut concrete and AC 1 day to dig trench 1 day to patch asphalt and concrete | 2.00 | EA | \$16.428.57 | \$32,857.14 |
| Napa Electrical Piner olivet | 1.00 | EA | \$12,678.57 | \$12,678.57 |
| Napa Electrical Northwest prep | 1.00 | EA | \$19,421.43 | \$19,421.43 |
| <u>Freight</u> | 1.00 | EA | \$11,271.43 | \$11,271.43 |
| Bonding Fee | 1.00 | EA | \$4,445.32 | \$4,445.32 |
| Adjustment | -1.00 | EA | \$385.71 | -\$385.71 |
| | | | | |



CHANGE ORDER - PRICING

Total Price

PINER-OLIVET-VARIOUS SITES-MARQUE SIGNS

| Change Order A | Quantity U/M | Price | Value |
|---|--------------|-------------|-------------|
| USA site Private locate utilities Pot hole all identified utilities Dig bore pits Furnish 350' of 1" HDPE roll pipe Directional Bore approx. 350' From sign location to lawn area next to school per Google earth provided by Dave. Provide all equipment need to preform work. | 1.00 EA | \$22,152.73 | \$22,152.73 |
| Provide and install one 1" EMT conduit from electrical panel in Kindergarten roomexterior of building. Connect to underground conduit from Boring contractor. Pull new #6 THHN from Panel to Sign (Approx 365'), provide 20amp 240v breaker for existing panel. | 1.00 EA | \$13,785.71 | \$13,785.71 |

Total of Change Order A

\$35,938.44

\$328,921.03

Total Price

\$364,859.47

Initials _____



CONDITIONS AND WARRANTY

1) Proposal:

The above proposal is valid for 30 days from the date first set forth above. After 30 days, we reserve the right to increase prices due to the rise in cost of raw materials, fuel or other cost increases. When applicable, KYA Services LLC reserves the right to implement a surcharge for significant increases in raw materials, including, but not limited to; fuel, and materials. Due to the duration of time between proposals, contracts and final furnishing, KYA Services LLC reserves the right to implement this surcharge when applicable.

Any job that is accepted prior to December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and scheduled to install after December 31st of the current year and sched

Any job that is accepted prior to December 31st of the current year and scheduled to install after December 31st of the current year is subject to price increase

2) Purchase:

By executing this proposal, or submitting a purchase order pursuant to this proposal (which shall incorporate the terms of this agreement specifically by reference) which is accepted by KYA Services LLC. (the "Company"), the purchaser identified above ("you" or the "Purchaser") agrees to purchase the materials and the services to be provided by the "Company", as detailed in the Pricing and "General Scope of Work"sections in this agreement, above.

3) Standard Exclusions:

Unless specifically included, this agreement does not include, and Company will not provide services, labor or materials for any of the following work: (a) removal or disposal of any material containing asbestos or any hazardous materials as defined by the EPA; neither we nor our installers are responsible for the handling, removal or abatement of asbestos contained floor material or adhesive. Further, our policy is to request an Asbestos Hazard Emergency Response Act (AHERA) report prior to proceeding with any floor material or floor adhesive removal. We and our installers consider it the owners responsibility to produce this report prior to executing this contract. (b) moving Owner's property around the installation site. (c) repair or replacement of any Purchaser or Owner- supplied materials. (d) repair of concealed underground utilities not located on prints, supplied to Company by Owner during the bidding process, or physically staked out of by the Owner, and which are damaged during construction; or (e) repair of construction.

4) Insurance Requirements:

Company is not required to provide any insurance coverage in excess of Company's standard insurance. A copy of the Company's standard insurance is available for your review prior to acceptance of the Company's proposal.

5) Payment;

Terms of payment are defined in the "Pricing" details section and are specific to this contract. For purposes of this agreement, "Completion" is defined as being the point at which the materials have been furnished. In any event where Completion cannot be effected due to delays or postponements caused by the Purchaser or Owner, final payment (less 10% retainage) is due within 30 days of the date when the Completion was scheduled, had the delay not occurred. All payments must be made to KYA Services LLC 1800 E McFadden Ave, Santa Ana, CA 92705. If the Purchaser or Owner fails or delays in making any scheduled milestone payments, the Company may suspend the fulfilment of its obligations hereunder until such payments are made, or Company may be relieved of its obligations hereunder if payment is more than 60 days past due. Company may use all remedies available to it under current laws, including but not limited to filing of liens against the property and using a collection agency

6) Lien Releases:

Upon request by Owner, Company will issue appropriate partial lien releases as corresponding payments are received from Purchaser, but prior to receiving final payment from Purchaser or Owner, Company will provide a full release of liens upon receipt of final payment. In accordance with state laws, Company reserves the right to place a lien on the property if final payment has not been received 10 days prior to the filing deadline for liens.

7) Site Plan Approval, Permit/s, Permit Fees, Plans, Engineering Drawings and Surveying:

Site plan approval, permits, permit fees, plans, engineering drawings and surveying are specifically excluded from this agreement and the Services unless specified under the

"General Scope of Work". The Company does not in any way warrant or represent that a permit or site plan approval for construction will be obtained. Sealed engineered drawings that are required but not included in the "General Scope of Work" will result in additional cost to Purchaser.

8) Manufacturing and Delivery:

Manufacturing lead-time from Company's receipt of the "Purchase Order" is approximately 2 to 8 weeks or as otherwise noted.

Initials Att

This is a legal agreement - please read carefully Complete and Initial all pages

or the courts to secure the collection of the outstanding debt.

Proposal Number 1-7-23012



9) Returned Product, Deposits and/ or Cancelled Order:

From date of shipment from our facility, all returned product(s) and cancelled orders are subject to a 50% restocking fee. No returns are available following this date. All deposits are non-refundable.

10) Concealed Conditions:

"Concealed conditions" include, without limitation to, water, gas, sprinkler, electrical and sewage lines, post tension cables, and steel rebar. Observations that were able to be made either by visual inspection or by drawings and/or plans submitted by Owner at the time this agreement was approved. If additional Concealed Conditions are discovered once work has commenced which were not visible at the time this proposal was approved, Company will stop work and indicate these unforeseen Concealed Conditions to Purchaser or Owner so that Purchaser and Company can execute a change order for any additional work. In any event, any damage caused by or to unforeseen Concealed Conditions is the sole responsibility of the Purchaser and Company shall not be held liable for any such damage. Soil conditions are assumed to be soil that does not contain any water, hard rock (such as limestone, caliche, etc.), rocks bigger than 4inches in diameter or any other condition that will require additional labor, equipment and/or materials not specified by the purchaser or Owner in the bidding process.

Any condition requiring additional labor, equipment, and/or materials to complete the drilling or concrete operations will require a change order before Company will complete the process. Any variation will incur additional charges.

11) Changes in the Work:

During the course of this project, Purchaser may order changes in the work (both additions and deletions). The cost of these changes will be determined by the Company, and a change order must be completed and signed by both the Purchaser and the Company, which will detail the "General Scope of the Change Order". Should any change be essential to the completion of the project, and the Purchaser refuses to authorize such change order, then Company will be deemed to have performed its part of the project, and the project and Services will be terminated. Upon such termination, Company will submit a final billing to Purchaser for payment, less labor allowance for work not performed but including additional charges incurred due to the stoppage. No credit will be allowed for materials sold and supplied, which will remain the property of the Purchaser.

12) Warranty; Limitations of Liability:

Company warrants that all Company-supplied labor and Services will be performed in a good and workmanlike manner. Purchaser shall notify the Company in writing detailing any defects in Service for which a warranty claim is being made.

COMPANY SHALL NOT IN ANY EVENT BE LIABLE FOR INDIRECT, SPECIAL, CONSEQUENTIAL, INCIDENTAL, PUNITIVE OR LIQUIDATED DAMAGES IN ANY ACTION ARISING FROM OR RELATED TO THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), INTENDED CONDUCT OR OTHERWISE, INCLUDING WITHOUT LIMITATION, DAMAGES

TORT (INCLUDING NEGLIGENCE), INTENDED CONDUCT OR OTHERWISE, INCLUDING WITHOUT LIMITATION, DAMAGES RELATING TO LOSS OF PROFITS, INCOME OR GOODWILL, REGARDLESS OF WHETHER COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

IN NO EVENT WILL COMPANY'S LIABILITY FOR MONETARY DAMAGES UNDER THIS AGREEMENT EXCEED THE FEES PAID OR DUE AND PAYABLE FOR THE SERVICE UNDER THIS AGREEMENT (OR RELEVANT PURCHASE ORDER). The warranties or the materials are contained in a separate document between Company and the ultimate Owner of the materials, which will be provided to Owner at the time of completion of work.

13) Indemnification:

To the fullest extent permitted by law. Purchaser shall indemnify, defend and hold harmless the Company and its consultants, agents and employees or any of them from and against claims, damages, losses and expenses, including but not limited to attorney's fees, relating to furnishing of the materials or performance of the Services, provided that such claim, damage, loss or expense is attributable to bodily injury to, sickness, disease or death of a person, or injury to or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Purchaser or its agents, employees, or subcontractors or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge or reduce other rights or obligations of indemnity that would otherwise exist as to a party or person described in Section 13.

14) Delegation: Subcontractors:

The Services and furnishing of materials may be performed by subcontractors under appropriate agreements with the Company

Initials_______



15) Force Majeure: Impracticability:

The Company shall not be charged with any loss or damage for failure or delay in delivering or furnishing of materials when such failure or delay is due to any cause beyond the control of the Company, due to compliance with governmental regulations, or orders, or due to any acts of God, lockouts, slowdowns, wars or shortages in transportation, materials or labor.

16) Dispute Resolution:

Any controversy or claim arising out of or related to this agreement must be settled by binding arbitration administered in Santa Ana, CA by a single arbitrator selected by the parties or by the American Arbitration Association, and conducted in accordance with the construction industry arbitration rules. Judgement upon the award may be entered in any court having jurisdiction thereof.

17) Entire Agreement; No Reliance:

This agreement represents and contains the entire agreement between the parties. Prior discussion or verbal representations by the parties that are not contained in this agreement are not part of this agreement. Purchaser hereby acknowledges that it has not received or relied upon any statements or representations by Company or its agents which are not expressly stipulated herein, including without limitation any statements as to the materials, warranties or services provided hereunder.

18) No Third-Party Beneficiaries:

This agreements creates no third party rights or obligations between Company and any other person, including any Owner who is not also a Purchaser. It is understood and agreed that the parties do not intend that any third party should be a beneficiary of this agreement.

19) Governing Law:

This agreement will be constructed and enforced in accordance with the laws of the State of California.

20) Assignment:

Purchaser may not assign this agreement, by operation of law or otherwise, without the prior written consent of the Company. The agreements shall be binding upon and ensure to the benefit of the Company and the Purchaser, and their successors and permitted assigns.

Executed to be effective as of the date executed by the Company:

KYA Services LLC

Accepted by:

| Signature: Albert | Signature: | Scott Day | |
|--------------------------------|-------------|------------------|--|
| By: (Print) STEVE CHAR BONNEAY | By: (Print) | Scott Day | |
| Title: SUPELIN TENDENT | Title: | Regional Advisor | |
| Date: 4/26/2022 | Date: | April 04, 2022 | |

Initials ______



PREPARED FOR

Ray Green
Piner-Olivet Union Elementary
707-484-2974
ray.green@vpcsonline.com

01/28/2022

NWCP-Front of School-Landscaping

Proposal Number 1-7-23022

CMAS: 4-20-78-0089C

Contact

Scott Day 1800 E. McFadden Ave. Santa Ana, CA

925-404-9634

Scott.Day@thekyagroup.com

Pages 7

CA LICENSE #984827 B + C15 DIR #1000003379



Proposal: 1-7-23022

To: Piner-Olivet Union Elementary

3450 Coffey Ln Santa Rosa California 95403

c/o: Piner-Olivet Union Elementary

RA: Scott Day RA Phone: 925-404-9634

RA Email: Scott.Day@thekyagroup.com Site: Northwest Prep Charter

Address: 2590 Piner Rd.,

95401

Date: January 28, 2022

Terms: Net 30

CMAS: 4-20-78-0089C

Base Contract: February 10, 2025

Contract Terms: Feb 26, 2020 - Feb 10, 2025

Site Qualifications and General Scope of Work

DIR # 1000003379

Priced per CMAS- GSA- KYA Services (4-20-78-0089C) Removal and repair of landscape

Supply and Apply asphalt

Excludes: irrigation

Notes:

Sales tax rate will be based upon the shipping address. Price is good for 60 days from date of quote. Unless otherwise stated, delivery times are 6-8 weeks upon receipt of approved PO.

Minimum order 25 - 65 syds depending on color.

Initials &

This is a legal agreement - please read carefully Complete and Initial all pages

Proposal Number 1-7-23022



SCOPE OF WORK - PRICING

| NWCP-Front of School-Landscaping | Quantity | U/M | Price | Value |
|--|----------|-------|------------|--------------|
| <u>ASPHALT</u> | 900.00 | SF | \$9.57 | \$8,613.00 |
| BAR #4 | 600.00 | EA | \$6.11 | \$3,666.00 |
| SEAL COAT ASPHALT | 900.00 | SF | \$2.27 | \$2,043.00 |
| MIRAFI HP270 (SQ FT) | 1,200.00 | SF | \$0.31 | \$372.00 |
| <u>SOIL AMENDMENT</u> | 800.00 | SF | \$2.21 | \$1,768.00 |
| Class 2 Aggregate Base- Permeable | 85.00 | CY | \$91.30 | \$7,760.50 |
| COMPOSITE HEADER BOARD 2" X 4" X 20' | 1,200.00 | LF | \$2.80 | \$3,360.00 |
| LANDSCAPE STAPLES - 6" | 375.00 | EA | \$28.00 | \$10,500.00 |
| Sundries | 10.00 | EA | \$589.03 | \$5,890.30 |
| TEMPORARY FENCING SYSTEM | 900.00 | LF | \$11.58 | \$10,422.00 |
| FERTILIZER INJECTOR - 2.5 GAL | 4.00 | EA | \$959.12 | \$3,836.48 |
| Natural Sod Maintenance | 950.00 | SF | \$11.78 | \$11,191.00 |
| Aggregate Base Application | 800.00 | SF | \$2.30 | \$1,840.00 |
| Application of Headerboard | 1,200.00 | LF | \$5.36 | \$6,432.00 |
| Removal of Existing Surface | 1,200.00 | SF | \$2.30 | \$2,760.00 |
| Application of Asphalt | 900.00 | EA | \$10.73 | \$9,657.00 |
| Application of tree wells | 500.00 | LF | \$11.49 | \$5,745.00 |
| Application of sealer | 900.00 | SF | \$1.53 | \$1,377.00 |
| Dumpster Service | 2.00 | EA | \$788.17 | \$1,576.34 |
| General Laborer Journeyman | 140.00 | HRS | \$128.25 | \$17,955.00 |
| General Laborer Material Handler Level 1 | 47.00 | HRS | \$88.79 | \$4,173.13 |
| Construction Project Supervisor | 100.00 | HRS | \$157.85 | \$15,785.00 |
| Bonding Fee | 1.00 | EA | \$1,873.10 | \$1,873.10 |
| | | | | |
| | Total | Price | | \$138,595.85 |

Initials AR



CHANGE ORDER - PRICING

NWCP-Front of School-Landscaping

Change Order A

Removal of Existing Surface

Quantity U/M

Price

Value

3,325.00 EA

\$2.30

\$7,647.50

Total of Change Order A

\$7,647.50

Total Price

\$146,243.35

Initials #



CONDITIONS AND WARRANTY

1) Proposal:

The above proposal is valid for 60 days from the date first set forth above. After 60 days, we reserve the right to increase prices due to the rise in cost of raw materials, fuel or other cost increases. When applicable, KYA Services LLC reserves the right to implement a surcharge for significant increases in raw materials, including, but not limited to; fuel, and materials. Due to the duration of time between proposals, contracts and final furnishing, KYA Services LLC reserves the right to implement this surcharge when applicable.

2) Purchase:

By executing this proposal, or submitting a purchase order pursuant to this proposal (which shall incorporate the terms of this agreement specifically by reference) which is accepted by KYA Services LLC. (the "Company"), the purchaser identified above ("you" or the "Purchaser") agrees to purchase the materials and the services to be provided by the "Company", as detailed in the Pricing and "General Scope of Work"sections in this agreement, above.

3) Standard Exclusions:

Unless specifically included, this agreement does not include, and Company will not provide services, labor or materials for any of the following work: (a) removal or disposal of any material containing asbestos or any hazardous materials as defined by the EPA; neither we nor our installers are responsible for the handling, removal or abatement of asbestos contained floor material or adhesive. Further, our policy is to request an Asbestos Hazard Emergency Response Act (AHERA) report prior to proceeding with any floor material or floor adhesive removal. We and our installers consider it the owners responsibility to produce this report prior to executing this contract. (b) moving Owner's property around the installation site. (c) repair or replacement of any Purchaser or Owner- supplied materials. (d) repair of concealed underground utilities not located on prints, supplied to Company by Owner during the bidding process, or physically staked out of by the Owner, and which are damaged during construction; or (e) repair of construction surfaces that could occur when construction equipment and vehicles are being used in the normal course of construction.

4) Insurance Requirements:

Company is not required to provide any insurance coverage in excess of Company's standard insurance. A copy of the Company's standard insurance is available for your review prior to acceptance of the Company's proposal.

5) Payment;

Terms of payment are defined in the "Pricing" details section and are specific to this contract. For purposes of this agreement, "Completion" is defined as being the point at which the materials have been furnished. In any event where Completion cannot be effected due to delays or postponements caused by the Purchaser or Owner, final payment (less 10% retainage) is due within 30 days of the date when the Completion was scheduled, had the delay not occurred. All payments must be made to KYA Services LLC 1800 E McFadden Ave, Santa Ana, CA 92705. If the Purchaser or Owner fails or delays in making any scheduled milestone payments , the Company may suspend the fulfilment of its obligations hereunder until such payments are made, or Company may be relieved of its obligations hereunder if payment is more than 60 days past due. Company may use all remedies available to it under current laws, including but not limited to filing of liens against the property and using a collection agency or the courts to secure the collection of the outstanding debt.

6) Lien Releases:

Upon request by Owner, Company will issue appropriate partial lien releases as corresponding payments are received from Purchaser, but prior to receiving final payment from Purchaser or Owner, Company will provide a full release of liens upon receipt of final payment. In accordance with state laws, Company reserves the right to place a lien on the property if final payment has not been received 10 days prior to the filing deadline for liens.

7) Site Plan Approval, Permit/s, Permit Fees, Plans, Engineering Drawings and Surveying:

Site plan approval, permits, permit fees, plans, engineering drawings and surveying are specifically excluded from this agreement and the Services unless specified under the

"General Scope of Work". The Company does not in any way warrant or represent that a permit or site plan approval for construction will be obtained. Sealed engineered drawings that are required but not included in the "General Scope of Work" will result in additional cost to Purchaser.

8) Manufacturing and Delivery:

Manufacturing lead-time from Company's receipt of the "Purchase Order" is approximately 2 to 8 weeks or as otherwise noted.

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This is a legal agreement - please read carefully Complete and Initial all pages

Proposal Number 1-7-23022



9) Returned Product, Deposits and/ or Cancelled Order:

From date of shipment from our facility, all returned product(s) and cancelled orders are subject to a 50% restocking fee. No returns are available following this date. All deposits are non-refundable.

10) Concealed Conditions:

"Concealed conditions" include, without limitation to, water, gas, sprinkler, electrical and sewage lines, post tension cables, and steel rebar. Observations that were able to be made either by visual inspection or by drawings and/or plans submitted by Owner at the time this agreement was approved. If additional Concealed Conditions are discovered once work has commenced which were not visible at the time this proposal was approved, Company will stop work and indicate these unforeseen Concealed Conditions to Purchaser or Owner so that Purchaser and Company can execute a change order for any additional work. In any event, any damage caused by or to unforeseen Concealed Conditions is the sole responsibility of the Purchaser and Company shall not be held liable for any such damage. Soil conditions are assumed to be soil that does not contain any water, hard rock (such as limestone, caliche, etc.), rocks bigger than 4inches in diameter or any other condition that will require additional labor, equipment and/or materials not specified by the purchaser or Owner in the bidding process.

Any condition requiring additional labor, equipment, and/or materials to complete the drilling or concrete operations will require a change order before Company will complete the process. Any variation will incur additional charges.

11) Changes in the Work:

During the course of this project, Purchaser may order changes in the work (both additions and deletions). The cost of these changes will be determined by the Company, and a change order must be completed and signed by both the Purchaser and the Company, which will detail the "General Scope of the Change Order". Should any change be essential to the completion of the project, and the Purchaser refuses to authorize such change order, then Company will be deemed to have performed its part of the project, and the project and Services will be terminated. Upon such termination, Company will submit a final billing to Purchaser for payment, less labor allowance for work not performed but including additional charges incurred due to the stoppage. No credit will be allowed for materials sold and supplied, which will remain the property of the Purchaser.

12) Warranty; Limitations of Liability:

Company warrants that all Company-supplied labor and Services will be performed in a good and workmanlike manner. Purchaser shall notify the Company in writing detailing any defects in Service for which a warranty claim is being made. COMPANY SHALL NOT IN ANY EVENT BE LIABLE FOR INDIRECT, SPECIAL, CONSEQUENTIAL, INCIDENTAL, PUNITIVE OR LIQUIDATED DAMAGES IN ANY ACTION ARISING FROM OR RELATED TO THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT (INCLUDING NEGLIGENCE), INTENDED CONDUCT OR OTHERWISE, INCLUDING WITHOUT LIMITATION, DAMAGES RELATING TO LOSS OF PROFITS, INCOME OR GOODWILL, REGARDLESS OF WHETHER COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

IN NO EVENT WILL COMPANY'S LIABILITY FOR MONETARY DAMAGES UNDER THIS AGREEMENT EXCEED THE FEES PAID OR DUE AND PAYABLE FOR THE SERVICE UNDER THIS AGREEMENT (OR RELEVANT PURCHASE ORDER). The warranties or the materials are contained in a separate document between Company and the ultimate Owner of the materials, which will be provided to Owner at the time of completion of work.

To the fullest extent permitted by law. Purchaser shall indemnify, defend and hold harmless the Company and its consultants, agents and employees or any of them from and against claims, damages, losses and expenses, including but not limited to attorney's fees, relating to furnishing of the materials or performance of the Services, provided that such claim, damage, loss or expense is attributable to bodily injury to, sickness, disease or death of a person, or injury to or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Purchaser or its agents, employees, or subcontractors or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge or reduce other rights or obligations of indemnity that would otherwise exist as to a party or person described in Section 13.

14) Delegation: Subcontractors:

The Services and furnishing of materials may be performed by subcontractors under appropriate agreements with the Company

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15) Force Majeure: Impracticability:

The Company shall not be charged with any loss or damage for failure or delay in delivering or furnishing of materials when such failure or delay is due to any cause beyond the control of the Company, due to compliance with governmental regulations, or orders, or due to any acts of God, lockouts, slowdowns, wars or shortages in transportation, materials or labor.

16) Dispute Resolution:

Any controversy or claim arising out of or related to this agreement must be settled by binding arbitration administered in Santa Ana, CA by a single arbitrator selected by the parties or by the American Arbitration Association, and conducted in accordance with the construction industry arbitration rules. Judgement upon the award may be entered in any court having jurisdiction thereof.

17) Entire Agreement; No Reliance:

This agreement represents and contains the entire agreement between the parties. Prior discussion or verbal representations by the parties that are not contained in this agreement are not part of this agreement. Purchaser hereby acknowledges that it has not received or relied upon any statements or representations by Company or its agents which are not expressly stipulated herein, including without limitation any statements as to the materials, warranties or services provided hereunder.

18) No Third-Party Beneficiaries:

This agreements creates no third party rights or obligations between Company and any other person, including any Owner who is not also a Purchaser. It is understood and agreed that the parties do not intend that any third party should be a beneficiary of this agreement.

19) Governing Law:

This agreement will be constructed and enforced in accordance with the laws of the State of California.

20) Assignment

Purchaser may not assign this agreement, by operation of law or otherwise, without the prior written consent of the Company. The agreements shall be binding upon and ensure to the benefit of the Company and the Purchaser, and their successors and permitted assigns.

Executed to be effective as of the date executed by the Company:

KYA Services LLC

Accepted by:

| Signature: - Start | Signature: | Scott Day |
|-------------------------------|-------------|------------------|
| By: (Print) STEVE CHARBONNEAU | By: (Print) | Scott Day |
| Title: SUPERINTONDENT | Title: | Regional Advisor |
| Date: 4/20/2022 | Date: | January 28, 2022 |

Initials A



Annual and Five-Year Reports

Piner-Olivet Union School District

December 13, 2021

Prepared for:
Piner-Olivet Union School District
3450 Coffey Lane
Santa Rosa, CA 95403
707.522.3000
www.pousd.org

Prepared by:
King Consulting
2901 35th St.
Sacramento, CA 95817
916.706.3538
www.kinginc.com

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INTRODUCTION

It is a requirement of Government Code Sections 66006 and 66001 that school districts provide certain financial information to the public each year. The report must be made available for public review 180 days after the close of the previous fiscal year. In addition, the governing board must review the information at its next regularly scheduled board meeting held no earlier than 15 days after the information becomes available to the public. Notice of the time and place of this meeting must be mailed at least 15 days prior to the meeting to anyone who has requested such notice. Developer fees are intended to be used for the construction and reconstruction of school facilities to accommodate impacts from new development. Developer fees are not intended for general revenue purposes.

The District provides the following information in compliance with Government Code Section 66006 FOR THE 2020-2021 FISCAL YEAR:

- I. A brief description of the type of fee in the account or fund.
- II. The amount of the fee.
- III. The beginning and ending balance of the account or fund.
- IV. Fees amounts collected.
- V. Amount of interest earned on fees.
- VI. An identification of each public improvement on which fees were expended and the amount of the expenditures on each improvement, including the total percentage of the cost of the public improvement that was funded with the fees.
- VII. An identification of an approximate date by which the construction of the public improvement will commence if the local agency determines that sufficient funds have been collected to complete financing on an incomplete public improvement, and the public improvement remains incomplete.
- VIII. A description of each interfund transfer or loan.
- IX. Amount of refunds.

The Reportable Fees do not include special tax proceeds, proceeds of bonds, or letters of credit to secure payment of Reportable Fees at a future date. Further, the School District identifies Reportable Fees have not been levied, collected, or imposed for general revenue purposes.



Additionally, the School District is required to identify the following:

- I. The purpose to which unexpended Reportable Fees will be spent.
- II. The Reasonable Relationship between the unexpended Reportable Fees and the purpose to which they are to be spent.
- III. The funding sources and expected funding availability date for school facilities projects for which unexpended Reportable Fees are required.

The following Annual and Five-Year Reports ("Reports") for the fiscal year ending June 30, 2021 include the information and proposed findings the School District intends to review and adopt in accordance with Sections 66001 and 66006 of the Government Code.

SECTION A: ANNUAL REPORT 2020-2021

In accordance with Government Code Section 66006(b)(1) and (2), the School District hereby presents the following information for fiscal year ending June 30, 2021 with regard to the Annual Reportable Fees:

I. Description of the Type of Reportable Fees in the Account or Sub-account(s) of the School District

The Reportable Fees of the School District for fiscal year ending June 30, 2021 consist of Statutory School Fees (also commonly referred to as "Level 1 Fees"). Statutory School Fees are collected by the School District, pursuant to Education Code Section 17620 and Government Code Section 65995, from new residential and commercial/industrial development.

II. Amount of the Reportable Fees

The amount of Reportable Fees is based on the effective Statutory School Fees.

Statutory School Fees

The Statutory School Fees for the period between July 1, 2020 and June 30, 2021 were established by the Board of the School District on July 6, 2018 April 6, 2016. The Board adopted the Statutory School Fees for new residential and commercial/industrial development based on the reports titled "Level I Developer Fee Study" ("Study"), dated July 6, 2018 April 6, 2016. The Piner-Olivet Union School District currently shares



Piner-Olivet Union SD: Annual and Five-Year Developer Fee Report December 2021

developer fees with the Santa Rosa High School District. The developer fee sharing arrangement between the two school districts is currently 70 percent for the elementary school district and 30 percent to the high school district.

Table 1 on the following page lists the fee amounts and effective dates for the applicable Statutory School Fees for fiscal year ending June 30, 2021.

Table 1. Statutory School Fee Amounts

| Item | Effective Dates (for FY 2020-2021) | Fee Amount (Per Square Foot) |
|-------------------------------|---------------------------------------|---------------------------------|
| Residential | July 1, 2020 - June 30, 2021 | \$2.42 |
| Commercial/Industrial ("CID") | July 1, 2020 - June 30, 2021 | \$0.39 |
| Self-Storage CID | July 1, 2020 - June 30, 2021 | \$0.06 |

III. Beginning and Ending Balance of Account and Sub-Account(s):

Table 2 lists the fiscal year 2020-2021 beginning and ending balances for Fund 25, the Capital Facility Fund, which holds all Reportable Fees:

Table 2. Beginning and Ending Balances for Fund 25

| Item | Fund Balance | |
|----------------------------------|--------------|--|
| Beginning Balance (July 1, 2020) | \$768,256.26 | |
| Ending Balance (June 30, 2021) | \$825,046.90 | |

IV. Amount of the Reportable Fees Collected and Interest Earned

Table 3 on the following page shows the amount of Reportable Fees collected and interest earned during fiscal year 2020-2021 to accommodate students from additional development.

Table 3. Amount of Reportable Fees Collected

| Item | Total Revenues |
|---------------------------------|----------------|
| Reportable Fees Collected | \$44,934.56 |
| Interest Earned | \$6,070.29 |
| Other Local Funds / Adjustments | \$35,314.38 |
| Total | \$86,319.23 |



V. Identification of Each Improvement on Which Reportable Fees Were Expended and the Amount of the Expenditures on Each Improvement, Including the Total Percentage of the Cost of Each Project of the School District that Was Funded with Reportable Fees

A total of \$29,528.59 of Reportable Fees were expended during Fiscal Year 2020-2021. Component C in this report identifies the amount of Reportable Fees expended on School Facilities in fiscal year 2020-2021, as well as the percentage of each improvement funded by Reportable Fees.

VI. Identification of an Approximate Date by Which the Construction of Project(s) of the School District will Commence if the School District Determines that Sufficient Funds have been Collected to Complete Financing on an Incomplete Project of the School District, as Identified in Paragraph (2) of Subdivision (A) of Section 66001, and the Project of the School District Remains Incomplete

The School District has determined that at the close of fiscal year 2020-2021, Reportable Fees and other sources of funding were not sufficient to complete the financing of additional school facilities of the School District.

VII. Description of each Interfund Transfer or Loan made from the Account or Sub-Account(s), Including Project(s) of the School District on which the Transferred or Loaned Reportable Fees will be Expended, and, in the Case of an Interfund Loan, the Date on which the Loan will be Repaid, and the Rate of Interest that the Account or Sub-Account(s) will Receive on the Loan

The School District's interfund transfer of \$10,000 into Fund 25 in fiscal year 2020-2021 included the repayment of funds loaded to Northwest Prep Charter School. The School District did not make any interfund transfers out of Fund 25 in fiscal year 2020-2021.

VIII. The Amount of Refunds Made or Revenues Allocated for Other Purposes if the Administrative Costs of Refunding Unexpended Revenues Exceed the Amount to be Refunded

No refunds of Reportable Fees were made pursuant to Section 66001(e) of the Government Code in fiscal year 2020-2021.

IX. Summary Table of Fund Balance, Revenues, and Expenditures

Table 4 below summarizes the beginning and ending balances, the amount of Reportable Fees collected and interest earned, additional refunds/revenues, and total expenditures from Fund 25 during fiscal year 2020-2021.



Table 4. Fund 25 Activity Summary for Fiscal Year 2020-2021

| Item | Total Revenues |
|---|----------------|
| Beginning Balance (July 1, 2020) | \$768,256.26 |
| Reportable Fees Collected & Interest Earned | \$86,319.23 |
| Expenditures | (\$29,528.59) |
| Ending Balance (June 30, 2021) | \$825,046.90 |

SECTION B: FIVE-YEAR REPORT

In accordance with Government Code Section 66001, the School District provides the following information with respect to the Reportable Fees in the account or sub- account(s) remaining unexpended, whether committed or uncommitted to projects:

I. Identification of the Purpose to which the Reportable Fees are to be Expended

The purpose of the Reportable Fees imposed and collected on new residential and commercial/industrial development within the School District was to fund the additional school facilities required to serve students generated by new development within the School District. Specifically, the Reportable Fees will be used for the construction, expansion, and/ or acquisition of additional School Facilities, furnishing and equipping such facilities, as well as acquiring and installing additional portable classrooms to accommodate students.

II. Demonstration of a Reasonable Relationship Between the Reportable Fees and the Purposes for which they are Charged

There is a roughly proportional and a reasonable relationship between the new development upon which the Reportable Fees are charged and the need for additional School Facilities. This relationship is based on the additional students that will be generated by new development within the School District exceeding the School District's existing student capacity. Furthermore, the Reportable Fees do not exceed the costs of providing school facilities for the students generated from the development in which such fees were collected (as set forth in the Studies, referred to herein Section B III).

III. Identification of All Sources and Amounts of Funding Anticipated to Complete Financing of the School Facilities the School District has Identified in the School District's Reports

Table 5 on the following page lists the proposed funding sources for all pending School Facility projects presently identified by the School District.



Table 5. Identification of Sources and Amounts to Complete Financing of School Facilities

| Sources | Reportable Fees | Total |
|--|-----------------|---------------|
| Universal Transitional Classrooms Additions and Replacements | \$5,400,000 | . \$5,400,000 |
| K-8 School Classrooms Additions and Replacements | \$500,000 | \$500,000 |
| Furniture for Growth | \$100,000 | \$100,000 |

IV. Identification of the Approximate Dates on Which the Funding Referred to in Section B III is Expected to be Deposited into the Appropriate Account or Fund

Table 6 on the following page lists the approximate dates on which the funds are expected to be available for the school facility projects presently identified by the School District.

Table 6. Timing of Funds for Planned School Facility Projects

| Sources | Reportable Fees |
|--|-----------------|
| Universal Transitional Classrooms Additions and Replacements | As Collected |
| K-8 School Classrooms Additions and Replacements | As Collected |
| Furniture for Growth | As Collected |



SECTION C: REPORTABLE FEE EXPENDITURE FOR FISCAL YEAR 2020-2021

Piner-Olivet Union School District

Capital Public Improvements on which Reportable Fees were Expended in Fiscal Year 2020-2021

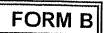
| Project | | ount Paid From During FY 2020- 2021 | Precent of Total Cost Funded With Fees | |
|--|----|---|--|--|
| Districtwide | \$ | 29,528.59 | 100.00% | |
| Administrative Fee | | \$1,348.04 | | |
| Salaries & Benefits Related to Growth Planning | | \$13,265.04 | 100.00% | |
| Professional / Consulting Fees | | \$14,9105.51 | 100.00% | |
| Total | \$ | 29,528.59 | N/A | |





PINER-OLIVET UNION SCHOOL DISTRICT Field Trip Request Form

| Teacher Head | ther by | xham | | |
|---|----------------------|-----------------------------------|-----------------------------|------------------|
| School Piner | - Olivet (| 2harter | School | |
| Grade 7/8 | | : | ` | 116th, 2022 |
| Destination \\\\\\ | | | ſ | |
| | | | 2050, CA 91 | 5403 |
| Departure Time | 9.00 | Re | turn Time 20 | 0 |
| Date of Request | 4/21/22 | Nu | mber of Passengers | 100 |
| Transportation: | D | istrict Bus | Private Car | Other:(describe) |
| Educational Purpos Completed are pass | kecognii their ca | tion for ; emmunity lasses. | students w service ho | the have |
| Funding Source: | Parents C | lub and | Parent/Fam | rily Donations |
| Name of Driver: | | Safety Instruc | | Time: |
| | | Exits/Rad | io | |
| Ending Odometer: | | | Total Hours: | |
| Beginning Odomete | r: | : | Total Miles: | |
| Alas Lun Principal's Signa | Lahan | | As Char Director of Tran | nsportation |
| Date Received | | | Date Approved | |
| Driver's Signatur | e | · | | |
| Distribution: | (White) - Driver | (Yellow) - Director | (Pink) - Teacher | (Gold) – Teacher |





PINER-OLIVET UNION SCHOOL DISTRICT

Field Trip Request Form - Swimming Supplement

| Swimming Pool Facility Being Used: | | |
|------------------------------------|--|--|
| Nam | e of Facility: Wikiup Tennis & Swim | |
| Addı | ress: 500 Wikiup Dr. Santa Rosa, CA 015463 | |
| Tele | phone: (167) <u>544-2330</u> | |
| | | |
| | Parents notified and signed permission given. E. Will happen when it is board | |
| DX. | Swimming ability of Staff and Students determined before trip is taken. Form will be sent home | |
| ₩. | Certified Lifeguard will be available. | |
| (2) | Written instructions on supervision/safety will be distributed to staff and chaperones. | |
| 囟 | Provision made for students with varying swimming abilities. | |
| 图 | Provision made for flotation devices as appropriate. | |
| Ø | A one-on-one system for monitoring will be implemented. | |
| A | The principal and teacher initiating swim activities has, or will have, visited site and assessed the risks prior to the trip. | |
| × | Written emergency procedures are in place. | |
| Ø | District adult/student ratio for supervision will be maintained. | |
| k | For public swimming facility, certificate of liability insurance has been obtained ford an amount not less than \$1,000,000. | |
| • | Teacher: Heather Graham (Principal) | |
| | Date of Visit: May 110, 2022 | |
| | Heather Graham | |
| | Principal | |
| | | |



CONTRACT COVER SHEET

FROM: Sabrina Dawson

INITIALED:

S19

SMAA Region 1 LEC Coordinator

Sonoma County Office of Education

DATE: 04 / 21 / 2022

sdawson@scoe.org

707-524-2765

AGREEMENT: School-Based Medi-Cal Administrative Activities (SMAA) 2022 Interagency

Agreement

COMMENTS: Interagency Agreement between LEA and SCOE for activities related to the SMAA

Program.

If there are any questions please contact me.



5340 Skylane Boulevard Santa Rosa, CA 95403-8246 (707) 524-2600 ■ www.scoe.org

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) Region 1 LEC Interagency Agreement

It is agreed by Piner-Olivet Union School District (Local Education Agency, "LEA") and Sonoma County Office of Education, acting as the Local Education Consortium ("LEC") for Region 1 ("SCOE"), as follows:

RECITALS

- 1. By approving AB 2780 (1998) the California Legislature and Governor, have authorized direct local education agency billing to the California Department of Health Care Services ("DHCS") through local educational consortium ("LEC") under Welfare & Institutions Code § 14132.47.
- 2. SCOE is the LEC for Region 1 in Northern California.
- 3. LEA appointed SCOE as its representative under the School-Based Medi-Cal Administrative Activities (SMAA) program in concert with other school LEA's in Region 1.
- 4. The parties make this Agreement to ensure coordination among LEA, SCOE and DHCS as set forth below.

AGREEMENT

1. <u>SCOE RESPONSIBILITIES.</u> SCOE shall have all of the responsibilities of a LEC as stated in Exhibit "A" hereto and incorporated by this reference and as they may be amended by DHCS from time to time.

2. <u>LEA RESPONSIBILITIES</u>.

- 2.1 Maintain SCOE as its LEC for SMAA claims arising during the term of this Agreement.
- 2.2 Designate a LEA employee to act as local LEA SMAA Coordinator and liaison with LEC to oversee the responsibilities identified in Exhibit "B".
- 2.3 Ensure attendance by LEA SMAA Coordinator, and other staff as requested, at all SMAA regional meetings and trainings set up by the LEC.
- 2.4 Cooperate with SCOE and its subcontractors, DHCS and federal officials in administering the SMAA program, including, but not limited to, all reviews and audits.
- 2.5 For a minimum period of five years after the end of the quarter in which the LEC receives reimbursement from the DHCS for expenditures incurred, revision of such reimbursement, or if an audit is in process, throughout the audit's duration, or the final resolution of all audit exceptions, deferrals, and/or disallowances whichever is greater, retain SMAA records, which disclose the type, and extent of SMAA performed by staff and the costs for such staff. Maintain files that are consistent with procedures outlined by DHCS and LEC and ensure that audit files are kept current.
- 2.6 Account for the activities of staff conducting MAA activities in accordance with the provisions of W & I Code 14132.47 via the state-approved time survey instrument.

Steven D. Herrington, Ph.D. Superintendent of Schools

Board of Education Gina Cuclis, Herman G. Hernandez, Peter Kostas, Andrew Leonard, Lisa Wittke Schaffner

- 2.7 Ensure all participating LEA staff claiming reimbursement through Title XIX Medi-Cal administrative claiming are kept informed of applicable SMAA information and requirements for claiming.
- 2.8 Account for any claimed costs resulting from data provided for time survey participants, any direct charges or the development of transportation rates.
- 2.9 Ensure no duplicative billings.
- 2.10 LEA will work directly with SCOE regarding preparation of quarterly invoices. LEA must submit its completed invoices in a DHCS approved format directly to LEC within twelve (12) months after the end of each quarter.
- 2.11 Certify the non-federal match for Title XIX funds claimed for SMAA conducted by LEA. Certification will be made on the Costs and Revenues Worksheets for each quarterly invoice submitted through LEC to DHCS for payment.
- 2.12 Comply with all the applicable laws governing the confidentiality of client information, for clients served under this Agreement. Applicable laws include, but are not limited to, 42 USC Section 1320c-9, 42 CFR Section 41,300, Welfare and Institutions Code, Section 14100.2 and 22 CCR Section 51009.
- 2.13 Complete quarterly Random Moment Time Surveys (RMTS) as required by program guidelines. LEA will maintain a minimum response rate of eighty-five percent (85%) of the moments assigned per time study quarter, unless exception applies. If the LEA is unable to maintain the required response rate and no exception applies, LEA will have sanctions applied according to the state School-Based Medi-Cal Administrative Activities (SMAA) manual.
- 2.14 LEA must either participate in the LEA billing program and submit billing data at least annually to DHCS or be subject to limitations in SMAA coding for targeted case management (code 8).
- 2.15 LEA shall submit to SCOE appropriate student enrollment data when requested by the LEC for submission to DHCS to compute the LEAs Medi-Cal percentage to be used on the quarterly SMAA invoices.
- 2.16 Abide by timelines for time survey submission and review as identified in Exhibit "B".
- 2.17 Adhere to timelines established by the DHCS and the LEC for completion of program documentation (e.g. invoices, Random Moment Time Survey (RMTS) participant (TSP) list certification, coding reports, preparation of invoice workbooks, etc.). The LEA's failure to maintain program required compliance and perform its duties and responsibilities on a timely basis may result in delayed and/or disallowed reimbursements.
- 2.18 LEA agrees to comply with the confidentiality and other requirements associated with the use of the RMTS software platform. RMTS software platform may be accessed only by employees of the LEA for RMTS purposes. LEA shall be responsible for any unauthorized use and understands that the LEA may be held liable.
- 2.19 LEA shall be responsible for monitoring, reviewing and verifying required documentation for any coded moment. LEA is responsible for making sure that participant responses are accurate and all necessary documentation for the claim exists. LEA shall bear the liability related to direct service documentation and participation in the LEA Billing Option Program.
- 2.20 LEA shall comply with the Americans with Disabilities Act (42 U.S.C § 12101, et. seq.), which prohibits discrimination the basis of disability, and section 508 of the Rehabilitation Act of 1973 as amended (29 U.S.C. § 794 (d)) as identified in Exhibit "C."

- 3. FEES
 - LEA shall be responsible for paying all fees in accordance with Exhibit "D" Fees.
- 4. <u>TERMS/TERMINATION</u>. This Agreement shall apply to any SMAA claims arising on or after **July 1, 2022**. The term of this Agreement shall commence until termination of this Agreement by giving ninety-(90) calendar days written notice to the other party.
- 5. <u>PROTECTION OF CONFIDENTIAL INFORMATION.</u> Consistent with applicable law, each party shall safeguard and keep confidential all pupil records and other confidential information and shall not disclose, use, or copy the same except as necessary to perform its obligations hereunder. Each party shall be responsible for any breach of the confidentiality provisions of this Agreement by its employees and independent contractors. Each party shall execute other documents as necessary to comply with applicable confidentiality laws.

6. <u>DATA SHARING</u>

- 6.1 Pursuant to Education Code section 49076(a)(2)(G) and 34 CFR sections 99.31(a)(1) and 99.7(a)(3)(iii), the LEA is permitted to share information from student records with SCOE in its capacity as a consultant with a legitimate educational interest as set forth in this Agreement.
- 6.2 The sharing of data under this Agreement will from time to time include the collection and maintenance by SCOE of educational records that contain personally identifiable information on students of the LEA. SCOE is bound by the same regulations and laws for access and management of this data as the LEA, and will conform to all legal requirements. SCOE and the LEA agree that the disclosure of information under this Agreement must comply with the requirements of Education Code sections 49073 et seq., the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99, as amended), and any other applicable state and federal laws and regulations regarding educational records, data privacy and confidentiality, and further agree to adhere to the requirements of such laws and regulations in carrying out their responsibilities under this Agreement, as detailed in the Data Privacy Provisions, attached hereto as Exhibit "E".
- 6.3 Both parties understand that certain federal and state programs and laws, including the free and reduced lunch program and laws governing the provision of special education services, have additional legal requirements for data security, and both parties agree to maintain full compliance with such requirements, as detailed in the Data Privacy Provisions.
- 6.4 Ownership of Data. SCOE and the LEA agree that each party will continue to maintain ownership of its source data. Each party agrees that it will not alter the other party's source data, and is not responsible for any errors therein. The LEA understands that though SCOE may notify it of issues it discovers with the source data, the LEA is responsible for any corrections required to its own data. LEA acknowledges that accurate reports rely upon accurate source data being maintained by LEA. Each party owns or controls its data systems and the work product generated by such systems.
- 6.5 SCOE agrees to notify LEA and obtain explicit permission for sharing of any data requested which falls outside the legal terms of this Agreement, unless such data is otherwise regularly publicly shared and available.
- 6.6 <u>Data Security.</u> Both parties agree to maintain appropriate security protocols in the transfer or transmission of any data, including ensuring that data may only be viewed or accessed by parties legally allowed to do so. Both parties agree to maintain appropriate network and other data security to protect any data in its possession. Each party agrees to notify the other if it has any reason to believe there has been a breach of data security relevant to the data subject to this agreement, and any data has been lost, tampered with, or otherwise illegally accessed. Any notifications required by law in the event of a breach in data security will be the responsibility of the agency defined as responsible for such reporting.
- 6.7 <u>Outside Agencies</u>. Both LEA and SCOE have periodic need to share student data, as legally allowed, with public agencies (including the Department of Health Care Services and the California Department

- of Education) needing access to such data to provide services to students. SCOE and the LEA understand that the sharing of data for use in such systems will greatly streamline the process of getting important services to students. Education Code sections 49076 and 49076.5, as amended, provide specific legal conditions under which data may be accessed by or shared with public agencies.
- 6.8 SCOE agrees that no data will be made accessible to any such agency for any purpose other than those limited to the data required and relevant to the program's services, and only under conditions allowed by law, and only with specific prior written approval of LEA.
- 7. <u>ACCURACY OF DATA.</u> LEA shall be responsible for providing accurate, complete data in a timely fashion. SCOE shall not be responsible for any delays or failures to prepare claims due to LEA's failure to provide accurate, complete, or correct data. The LEC shall assign a code to a moment based on the presumption that the response from the participant is accurate, all necessary documentation for the claim exists, and the service has been provided to an eligible recipient. The LEC shall not be responsible for monitoring, reviewing, or verifying documentation for any coded moment. The LEC shall not be liable for any audit exception or federal disallowance related to direct service documentation and shall not be responsible for recouping any amount of funds paid to an LEA for participation in the LEA Billing Option Program.
- 8. <u>PROGRAM NAME AND NUMBER FOR FEDERAL CLAIMING</u>. Title 31 Money and Finance, Subtitle V General Assistance Administration, Chapter 75 Requirements for Single Audits, section 7502, requires each pass-through entity provide the sub-recipient program names and any identifying numbers from which such assistance is derived. The Catalog of Federal Domestic Assistance (CFDA) number for this federal program is 93.778, Medical Assistance Program (Medi-Cal).
- 9. <u>SUBCONTRACTING:</u> The LEA agrees that the LEC may, in its sole discretion, perform duties under this Agreement through an independent contractor or contract with another region for services the LEC is unable to perform due to staffing or other restrictions. Any subcontractor will be selected by the LEC and will be subject to the terms on this Agreement.
- 10. <u>INSURANCE</u>. Both SCOE and LEA will insure their activities either through a self-insurance program, policy of insurance, or a combination of self-insurance and policy of insurance.
 - 10.1 <u>A Public Liability Insurance</u>. If an insurance policy is utilized, general comprehensive public liability insurance encompassing personal injury and replacement value property damage insurance shall be provided in an amount not less than \$1,000,000 combined single limit personal injury and property damage for each occurrence.
 - 10.2 <u>Endorsements</u>. If a policy of public liability insurance is utilized as specified above, it shall be endorsed with the following specific language:

Each party is named as additional insured for all liability arising out of the operations by or on behalf of the named insured, and this policy protects the additional insured, its officers, agents and employees against liability for bodily injuries, deaths or property damage or destruction arising in any respect directly or indirectly in the performance of the Agreement.

The Public Liability Policy specified above shall be endorsed with the following specific language:

- 10.2.1 The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured and the coverage afforded shall apply as though separate policies have been issued to each insured.
- 10.2.2 The insurance provided is primary and no insurance held or owned by SCOE shall be called upon to contribute to a loss.
- 10.2.3 Coverage provided by this policy shall not be reduced or be canceled without a thirty (30) day written notice given by certified mail.

- 10.2.4 The certificates must state that the insurance is under an occurrence based, and not a claims-made, policy (policies).
- 10.3 <u>Documentation</u>. Certificates of insurance showing the limits of insurance provided, certified copies of all policies, and signed copies of the specified endorsements for each policy shall be submitted to each party and approved prior to receipt of the notice to proceed.
- 10.4 <u>Worker's Compensation Insurance</u>. Before educational services commence, the parties shall furnish to each other satisfactory proof that all employees have, for the period covered, full compensation insurance and Employer's Liability with limits of at least \$1,000,000 with an insurance carrier satisfactory to the parties for all persons whom they may employ in carrying out the work contemplated under this Agreement in accordance with the Act of the Legislature of the State of California, known as the "Workers' Compensation and Insurance and Safety Act," approved May 6, 1913, and all Acts amendatory or supplemental thereto. Such insurance shall be maintained in full force and effect during the period covered by the construction Agreement. In the event either party is self-insured, it shall furnish a Certificate of Permission to Self-Insure, signed by the Department of Industrial Relations Administration of Self-Insurance, Sacramento, California.
- 11. <u>INDEMNITY</u>. LEA shall assume the defense of, indemnify, and save harmless SCOE, the Sonoma County Superintendent of Schools, the Sonoma County Board of Education, each member of the Board, and their officers, agents and employees from all claims of any kind arising out of the intentional or willful misconduct or negligent acts, errors, or omissions of the LEA or LEA's agents or employees in the performance of this Agreement. This indemnification obligation is not limited in any way or by any limitation on the amount or type of damages or compensation payable to the Indemnitees, or any of them under workers' compensation acts, disability benefits acts, or other employee benefits acts. This indemnification obligation survives the performance of services under this Agreement or any termination under the provisions of this Agreement.

SCOE shall assume the defense of, indemnify, and save harmless LEA, the LEA's Governing Board, each member of the Board, and LEA's officers, agents and employees from all claims of any kind arising out of the intentional and willful misconduct or negligent acts, errors, or omissions of SCOE or SCOE's agents or employees in the performance of this Agreement. This indemnification obligation is not limited in any way or by any limitation on the amount or type of damages or compensation payable to the Indemnitees, or any of them, under workers' compensation acts, disability benefits acts, or other employee benefits acts. This indemnification obligation survives the performance of services under this Agreement or any termination under the provisions of this Agreement.

12. <u>METHOD AND PLACE OF GIVING NOTICE, SUBMITTING BILLS AND MAKING PAYMENTS</u>. All notices, bills and payments shall be made in writing and may be given by personal delivery or by U.S. mail, postage prepaid. Notice, bills and payments sent by mail shall be addressed as follows:

SCOE: School-Based Medi-Cal Administrative Activities/SMAA Program

LEC Coordinator - Region 1

Sonoma County Office of Education

5340 Skylane Boulevard Santa Rosa, CA 95403

- 13. <u>MERGER</u>. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.
- 14. <u>NONDISCRIMINATION</u>. The parties hereto shall comply with all applicable federal, state and local laws, rules and regulations in regard to nondiscrimination in employment and the provision of services because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, disability or other prohibited basis. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated by this reference.

- 15. <u>LEGAL REPRESENTATION</u>. The parties to this Agreement are both advised and represented by School & College Legal Services. Each party is advised that it may seek independent legal counsel to review this Agreement on its behalf. Each party specifically waives any conflict of interest in School & College Legal Services' formulation of this Agreement. In the event of any dispute between the parties, School & College Legal Services, and any staff attorney of that office, now or at the time of the dispute, shall not represent either party in that dispute in any respect.
- 16. <u>DEFINITIONS</u>. A "vendor" means a dealer, distributor, merchant, or other seller providing goods and services that are required for the conduct of a federal program. These goods and services may be for an organization's own use or for the use of beneficiaries of the federal program. Additional guidance on distinguishing between a sub-recipient and a vendor is provided in OMG Circular A-133.

WHEREFORE, the parties named below agree as stated above.

| LOCAL EDUCATIONAL AGENCY (LEA) | REGION 1 LEC |
|--|--|
| Piner-Olivet Union School District | SONOMA COUNTY OFFICE OF EDUCATION |
| Authorized Representative | Authorized Representative |
| By: Tami Pallingston | By: Greg Medici |
| Title: Director of Student Support Service | Title: Deputy Superintendent Business Services |
| Signature: | Signature: |
| Date: 04 / 24 / 2022 | Date: 04 / 25 / 2022 |

The LEA should retain a copy of this Agreement in your files.

Contract Agreement 2022 forward until terminated.

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EXHIBIT A

To

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) INTERAGENCY AGREEMENT

LOCAL EDUCATIONAL CONSORTIUM (LEC) RESPONSIBILITES

1. <u>Information Flow</u>

- 1.1. Receive and review all SMAA related correspondence, including information and policy directives from the Department of Health Services (DHCS), the California Department of Education (CDE) and information from the Host County Liaison mandated by state law.
- 1.2. Ensure that pertinent information is forwarded to SMAA Coordinators in a timely manner.
- 1.3. Respond promptly to requests for information from DHCS, the CDE, and the Host County Liaisons.
- 1.4. Ensure that all SMAA program related correspondence directed to and sent from the LEA's is routed through the LEC.
- 1.5. Inform the Host County Liaison of changes in LEC/LEA contact information.
- 1.6. Oversee and coordinate PCG (Public Consulting Group) and Madera County Superintendent of School.
- 1.7. (MCSOS) contracts with Sonoma County Office of Education, (SCOE) for services to the LEA.
- 1.8. Represent the LEA in communication with DHCS for approvals and invoice payments.

2. Program Policy

- 2.1. Explain SMAA policies and program requirements.
- 2.2. Assist LEA Coordinator with compliance.
- 2.3. Actively participate in policy discussion and provide input for decision making and problem resolution through the state LEC Advisory Committee and related Work Groups.
- 2.4. Inform the DHCS about regional SMAA issues requiring policy clarifications.

3. Training and Technical Assistance

- 3.1. Attend statewide SMAA training sessions conducted by the DHCS, the CDE, or program related contractors.
- 3.2. Develop, arrange and provide regional trainings for the LEA in a timely manner to maintain compliance with SMAA policies and program requirements.
- 3.3. Provide regular SMAA updates to LEA Coordinators and fiscal staff through county meetings and email communication.
- 3.4. Identify areas for LEA training needs within the region. Ensure regional training or local technical assistance is provided when necessary.

4. Review and Coordination of Program Required Documents

- 4.1. Be actively involved with each LEA in the time survey reviews and audit file compliance.
- 4.2. Maintain compliance with LEC/DHCS SMAA Contracts, Host County/LEC Agreements and Participation Fee payments, etc.
- 4.3. Ensure the processing of LEC/LEA subcontractor agreements.
- 4.4. Oversee the preparation and timely submittal of SMAA Invoices. Review claims so as not to duplicate reimbursements received from other payment mechanisms.
- 4.5. Develop, establish, and maintain SMAA program monitoring procedures, information, and documents

5. Random Moment Time Survey

- 5.1. As mandated by the DHCS, provide a software platform (also referred to as the "RMTS System") through a third party administrator, through which the LEA shall utilize the random moment time survey (RMTS) process. Although the LEC will make every reasonable effort to facilitate use of the software platform, the LEC is not responsible for problems resulting from software platform or system errors.
- 5.2. Code all RMTS moments and make available to the LEA its quarterly coding results for their review and certification. Coding will be based on the assumption that the responses received from the LEA are accurate and all necessary documentation exists to support response. The LEC shall not be responsible for monitoring, reviewing or verifying documentation for any coded moment.

| _ | |
|---|--------|
| 4 | Othorn |
| 6 | Other |

6.1. Provision of other duties required and necessary for compliance of the SMAA program on behalf of all school LEA's in Region 1 LEC.

EXHIBIT B

To

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) INTERAGENCY AGREEMENT

LEA SMAA COORDINATOR RESPONSIBLITIES

- 1. Participate in <u>all</u> state mandatory time survey trainings, and LEC Coordinator trainings and meetings.
- 2. Ensure that all staff participating in RMTS meet all applicable requirements and regulations as determined by the SMAA and LEA BOP programs.
- 3. Ensure TSP lists are accurate for all required information including name, email address, cost pool, job category, job title and work schedule (shift).
- 4. Responsible for timely certification of TSP list (Staff Pool List) in the RMTS System.
- 5. Ensure LEA TSPs participating in time surveying participate in annual trainings conducted by the LEC or with the LEA coordinator.
- 6. Monitor LEA time surveying and ensure compliance with applicable laws and regulations.
- 7. Monitor TSP list for changes occurring during the quarter that require changes in the RMTS System.
- 8. Be actively involved in the preparation, review, and compliance requirements of program-required documents including SMAA Audit Materials, SMAA Contracts, and SMAA Invoices.
- 9. Establish and maintain appropriate audit files/systems.
- 10. Oversee documentation necessary for completion of SMAA invoices, ensuring that claims do not duplicate reimbursements received from other payment mechanisms and that invoices are submitted in a timely manner.
- 11. Receive and review all SMAA-related correspondence, including information and policy directives from the LEC and the Department of Health Care Services (DHCS).
- 12. Ensure staff is surveying to appropriate SMAA activities as defined by their job classification.
- 13. Ensure pertinent information is forwarded to appropriate program/staff in a timely manner.
- 14. Facilitate relationships and network with the programs/staff participating in SMAA.
- 15. Respond promptly to requests for information from the LEC and DHCS.
- 16. Inform the LEC of changes in SMAA Coordinator information.
- 17. Actively participate in policy discussion and provide constructive input for decision-making and problem resolution through the LEC.
- 18. Review quarterly time survey Coding Reports and submit Review Certification form to LEC.
- 19. Monitor, review and verify required documentation for any coded moment.

EXHIBIT C

To SCHOOL-BASED MEDI-CAL AMINISTRATIVE ACTIVITIES (SMAA) INTERAGENCY AGREEMENT

ALTERNATE FORMAT

- 1. LEA assures SCOE and the Department of Health Care Services (DHCS), that it complies with the American with Disabilities Act (ADA), which prohibits discrimination on the basis of disability, aswell as all applicable regulations and guidelines pursuant to the ADA.
- 2. LEA will ensure that deliverables developed produced pursuant to this Agreement comply with federal and state laws, regulations or requirements regarding accessibility and effective communication, including the Americans with Disabilities Act (42 U.S.C § 12101, et. seq.), which prohibits discrimination the basis of disability, and section 508 of the Rehabilitation Act of 1973 as amended (29 U.S.C. § 794 (d)). Specifically, electronic and printed documents intended as public communications must be produced to ensure the visual-impaired, hearing-impaired, and other special needs audiences are provided material information in the formats needed to provide the most assistance in making informed choices. These formats include but are not limited to braille, large font, and audio.
- 3. LEA must develop a plan to meet these alternative format requirements as described by DHCS. The LEA will ensure that the plan developed to meet the alternative format requirements is available for the LEC to review at any time. And the LEC reserves the right to request a copy of the plan to review at any time.

EXHIBIT D

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SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) INTERAGENCY AGREEMENT

FEES & PAYMENTS

1. SMAA Program Fees

SCOE, as identified as the regional LEC, will collect fees on a quarterly basis from each LEA in the Region following the California School-Based Medi-Cal Administrative Activities (SMAA) Program Standardized Fee Structure below. The rate is determined per quarter based on services provided, as determined by the LEC, and all fees charged will be at least in the amount of the LEC's actual costs.

| | Statemide SM A A Too Stungtons | Eco/TCD |
|-----|---|--------------------|
| 1 | Statewide SMAA Fee Structure | Fee/TSP \$24.00 |
| 1 | Base Rate (Standard) | |
| | The rate consists of the expenses incurred by the LEC to run the SMAA program. It includes but not limited to: Salaries & Benefits, DHCS Fees, Travel, and Misc. Office Expenses. | |
| | _ | 01400 |
| 2 | Base Rate (Reduced)* | \$14.00 |
| | The rate consists of the expenses incurred by the LEC to run the SMAA program. It includes but not | |
| | limited to: Salaries & Benefits, DHCS Fees, Travel, and Misc. Office Expenses. | |
| | Service Components | Fee/TSP |
| 3 | RMTS Web-Based Platform | \$2.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to third-party vendors for running the | |
| | RMTS Platform via the internet, which is configured to meet current DHCS/CMS system | |
| | requirements. | |
| 4 | TSP List Development Assistance | \$1.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to a third-party to perform Quality | |
| | Assurance (QA) on Time Survey Participant (TSP) lists, which includes, but is not limited to, | |
| | identification of duplicate and missing information, verification of staff job classifications, and | |
| | calendar verification of student non-attendance days. | |
| 5 | Quality Assurance Assistance of Program | \$1.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to a third-party to perform QA on | |
| | TSP's. Including but not limited to entering or reviewing TSP list in the RMTS platform. | |
| 6 | QA Assistance - TSP Lists and Calendars, Financials, Invoicing | \$9.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to a third-party to review the invoice | |
| | and perform cost analyses of all invoice documents to ensure that all costs meet the standards for | |
| | Certified Public expenditures; including reviewing or entering TSP List into RMTS platform. | |
| 7 | LEC Technical Assistance | \$1.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to a third- party to assist the LEC | |
| | with DHCS compliance inside the platform. | |
| 8 | Invoicing Component | \$5.00 |
| | The rate consists of preparing the invoice template, collect the data from the districts, and perform | |
| | QA analysis on the data. | #10.00 |
| 9 | Invoicing Component | \$18.00 |
| | The rate consists of preparing the invoice template, collect, review, and verify the data from the | |
| | districts, preparation of final invoice for signature and submittal, work with LEAs for timely | |
| 1.0 | reporting, and policy support for DHCS-related policy updates. | ¢1.00 |
| 10 | LEA Data Match The rate consists of the expresses in symmed by the LECs to define the Medi Cal Elicibility Pata | \$1.00 |
| 11 | The rate consists of the expenses incurred by the LECs to define the Medi-Cal Eligibility Rate. | 01.00 |
| 11 | Audit Support Documentation Storage | \$1.00 |
| | The rate consists of providing electronic secure storage via web-based platform. | |

| 12 | Additional Fees: Sample per Pool | \$1.00 |
|----|--|--------|
| | The rate consists of fees incurred in-house or paid by the LEC to a third party for generating | |
| | moments, including a review of moments and clarifying questions. | |
| 13 | Additional Fees: Coding | \$1.00 |
| | The rate consists of fees incurred in-house or paid by the LEC to a third party for coding of random | |
| | moments. | |
| 14 | Additional Fees: Consortia Fee | \$1.00 |
| | The rate for Region 1 is for sites that utilize SCOE for creating the invoicing workbook. | |

*An LEA meets the criteria for the Reduced Base Rate if the LEA meets **one** of the following criteria for the quarter:

- The quarterly TSP count is less than or equal to 50
- A Medi-Cal Eligibility Rate (MER) is < 30%
- In a Rural Area**

**Region 1 is using the definition of Rural as defined for the eligibility of the Small, Rural School Achievement Program (SRSA) and Rural and Low-Income School Program (RLRS) through Every Student Succeeds Act (ESSA) that includes the Rural Educational Achievement Program (REAP). From the Office of Elementary and Secondary Education: To be considered rural, all schools within the LEA must have a school locale code of 41, 42, or 43 (assigned by the Department's National Center for Education Statistics (NCES)) or be located in an area of the State defined as rural by a governmental agency of the State.

2. Records, Payment of Fees and Payments to LEA

- 2.1 SMAA Program Fees shall be identified in the LEA's fiscal year payment report.
- 2.2 Before disbursement to LEA, LEA agrees that SCOE shall 1) deduct SMAA Program fees from LEA's SMAA reimbursement as provided above. In the event LEA's SMAA reimbursement is insufficient to pay for the fees, SCOE, in its discretion, may deduct the remaining sum due from LEA's subsequent SMAA reimbursements.
- 2.3 In the event DHCS disallows a disbursement previously made based upon LEA's SMAA invoices 1) LEA shall not be entitled to a reimbursement of SCOE fees except to the extent the disallowance is the result of SCOE's error and SCOE is unable to correct the error, 2) LEA shall be solely responsible for repayment of disallowed SMAA reimbursements and, (3) except to the extent the disallowance is the result of SCOE's error and SCOE is unable to correct the error, LEA shall be solely responsible for interest and other charges, if any, on the disallowed reimbursements.
- 2.4 SCOE shall make payment to LEA at least twice annually unless DHCS has deferred any payments for the program.
- 2.5 The LEC will be held harmless from any federal disallowance of SMAA claim payments made to the LEA by the State. Since SCOE will be required to pay DHCS for any disallowance on behalf of the LEA, SCOE, in its discretion, may deduct from LEA's subsequent SMAA reimbursements, if any, a sum equal to the disallowed SMAA reimbursement(s), plus any related interest and charges, for repayment purposes.

EXHIBIT E

To

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) INTERAGENCY AGREEMENT

DATA PRIVACY PROVISIONS

- 1. SCOE shall not use any information in a Pupil Record for any purpose other than those required or specifically permitted by the Agreement. For the purposes of this Agreement, a "Pupil Record" or "Pupil Records" include any information directly related to a pupil that is maintained by the LEA or acquired directly from the pupil through the use of instructional software or applications assigned to the pupil by a teacher or other LEA employees. A "Pupil Record" or "Pupil Records" does not include de-identified information that, on its own or in aggregate, cannot be used to identify an individual pupil.
- 2. All Pupil Records obtained by SCOE from LEA continue to be the property of and under the control of the LEA. The LEA retains exclusive control over student and staff data, including determining who may access data and how it may be used for legitimate authorized purposes.
- 3. SCOE shall provide a means by which its employees, when so authorized, can search and export Pupil Records through reasonable procedures to the LEA such that the LEA can respond to a parent, legal guardian or eligible student who seeks review personally identifiable information on the pupil's records or correct erroneous information.
- 4. SCOE may not distribute Pupil Records to any third party without LEA's express written consent or as permitted by this Agreement, unless required by law. Unless permitted by this Agreement, use of subcontractors and subcontractor access to Pupil Records must be approved in writing by the LEA. SCOE will ensure that approved subcontractors adhere to all provisions of this Agreement.
- 5. SCOE shall take actions to ensure the security and confidentiality of Pupil Records, including but not limited to designating and training responsible individuals on ensuring the security and confidentiality of Pupil Records.
 - SCOE shall maintain all data obtained or generated pursuant to this Agreement in a secure computer environment and not copy, reproduce or transmit data obtained pursuant to this Agreement except as necessary to fulfill the purpose of the original request. SCOE shall warrant that security measures are in place to help protect against loss, misuse and alteration of the data under SCOE's control. When the service is accessed using a supported web browser, Secure Socket Layer ("SSL") or equivalent technology protects information, using both server authentication and data encryption to help ensure that data are safe, secure and available to only authorized users. SCOE shall host content pursuant to the service in a secure server environment that uses a firewall and other advanced technology in an effort to prevent interference or access from outside intruders. Where applicable, the service will require unique account identifiers, usernames and passwords that must be entered each time a client or user signs on.
- 6. SCOE certifies that Pupil Records shall not be retained or available to the SCOE or any such third party that the SCOE has contracted with for the purpose of providing the services following the completion of the terms of this Agreement. SCOE shall destroy or return to the LEA all Pupil Records obtained pursuant to this Agreement when such Pupil Records are no longer required for the services, or within a reasonable period of time. Nothing in this Agreement authorizes the SCOE to maintain personally identifiable data beyond the time period reasonably needed to complete the disposal of Pupil Records following the services.
- 7. Upon becoming aware of any unlawful or unauthorized access to Pupil Records stored on equipment used by SCOE or in facilities used by SCOE, SCOE will take the following measures:

- 7.1 promptly notify the LEA of the suspected or actual incident;
- 7.2 promptly investigate the incident and provide LEA with detailed information regarding the incident, including the identity of affected users; and
- assist the LEA in notifying affected users, affected parents and legal guardians of commercially reasonable steps to mitigate the effects and to minimize any damage resulting from the incident.
- 8. SCOE shall require all employees and agents who have access to Pupil Records to comply with all applicable provisions of FERPA laws with respect to the data shared under this Agreement. SCOE agrees to require and maintain an appropriate confidentiality agreement from each employee or agent with access to Pupil Records pursuant to this Agreement. LEA has authorized the following SCOE employees to access the Pupil Records:

LEC MAA Coordinator Accounting Technician II

- 9. The terms and conditions of the Agreement and any addenda are incorporated herein by reference. This Exhibit shall govern the treatment of student records in order to comply with the privacy protections, including those found in FERPA (12 U.S.C. 1232g), Children's Online Privacy Protection Act (15 U.S.C. 6501-6502), Protection of Pupil Rights Amendment (20 U.S.C. 1232h), Section 49073.1 of the Education Code, and Chapter 22.2 of Division 8 of the Business and Professions Code. In the event there is a conflict between the terms of this Exhibit and the Agreement or any other agreement or contract document(s) pertaining to the Agreement, the terms of this Exhibit shall apply. Notwithstanding the above statement, all other provisions of the Agreement shall remain unaffected.
- 10. LEA shall be subject to the Department of Health Care Services Agreement for Disclosure and Use of Medi-Cal Data ("DUA"), including all subsequent addendums, which are attached hereto (Attachment A) and incorporated by this reference and shall be under same obligations as SCOE under the DUA. The terms and conditions of the DUA and any addenda are incorporated herein by this reference. In the event there is a conflict between the terms of this Exhibit and the DUA, including any addenda, the terms of the DUA shall apply.

ATTACHMENT A

To

SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES (SMAA) INTERANGENCY AGREEMENT

Department of Health Care Services Disclosure and Use of Medi-Cal Data with the Sonoma County Office of Education, Region 1

DEPARTMENT OF HEALTH CARE SERVICES ADDENDUM TO AGREEMENT FOR DISCLOSURE AND USE OF MEDI-CAL DATA

User Name: Sonoma County Office of Education

The Department of Health Care Services (DHCS) and Sonoma County Office of Education agree, effective February 1, 2022, this addendum amends the Agreement for Disclosure and Use of Medi-Cal Data 2020-2023 as follows:

- 6. The Parties mutually agree that data files furnished by DHCS will be used solely for the following purposes:
- a. To allow the LEC/LGA to verify the Medi-Cal eligibility of beneficiaries in order to establish the Medi-Cal Eligibility Ratio (MER). The data listed in Attachment A is the minimum amount needed for this purpose.
- b. To allow the LEC/LGA to know when an enrolled Medi-Cal beneficiary has requested to receive Medi-Cal information in an alternative format.

Further, this addendum amends and incorporates the amended Attachment A: Data Match Record Layout into the Agreement for Disclosure and Use of Medi-Cal Data, enclosed herein.

Except as amended herein, all other terms and conditions of the Agreement for Disclosure and Use of Medi-Cal Data shall remain in full force and effect.

DEPARTMENT OF HEALTH CARE SERVICES Data Use Agreement

Attachment A Data Match Record Layouts

The following table illustrates the Data Match Record Layout for the input file.

| FIELD | SIZE | POSITION | COLUMN HEADING |
|--------------------------|------|----------|----------------|
| Social Security Number | 9 | 1-9 | SSN |
| Last Name | 20 | 10-29 | Last Name |
| First Name | 15 | 30-44 | First Name |
| Middle Initial | 1 | 45 | Middle Initial |
| Date of Birth (CCYYMMDD) | 8 | 46-53 | DOB |
| Sex | 1 | 54 | Sex (Optional) |
| Provider Id | 9 | 55-63 | Provider Id |
| School Name | 20 | 64-83 | School Name |
| User data | 20 | 84-103 | User Data |
| County Code | 2 | 104-105 | County Code |

The following table illustrates the Data Match Record Layout for the output file, which is a csv (comma-separated value) file that is easily opened in Excel.

| FIELD | SIZE | POSITION | COLUMN HEADING |
|---|------|----------|----------------------|
| Double Quotes | 1 | 1 | |
| Social Security Number | 9 | 2-10 | SSN |
| Double Quotes | 3 | 11-13 | |
| Last Name | 20 | 14-33 | Last Name |
| Double Quotes | 3 | 34-36 | |
| First Name | 15 | 37-51 | First Name |
| Double Quotes | 3 | 52-54 | |
| Middle Initial | 1 | 55 | Middle Initial |
| Double Quotes | 3 | 56-58 | |
| Date of Birth (CCYYMMDD) | 8 | 59-66 | DOB |
| Double Quotes | 3 | 67-69 | |
| Sex | 1 | 70 | Sex (Optional) |
| Double Quotes | 3 | 71-73 | |
| Provider Id | 9 | 74-82 | Provider Id |
| Double Quotes | 3 | 83-85 | |
| School Name | 20 | 86-105 | School Name |
| Double Quotes | 3 | 106-108 | |
| User data | 20 | 109-128 | User Data |
| Double Quotes | 3 | 129-131 | |
| County Code | 2 | 132-133 | County Code |
| Double Quotes | 3 | 134-136 | |
| Beneficiary Identification Card Number | 14 | 137-150 | BIC Number |
| Double Quotes | 3 | 151-153 | |
| Beneficiary Identification Card Issue Date (CCYYMMDD) | 8 | 154-161 | BIC Issue Date |
| Double Quotes | 3 | 162-164 | |
| Match Indicator | 1 | 165 | Match or No Match |
| Double Quotes | 3 | 166-168 | |
| Record Eligibility Indicator | 1 | 169 | Eligible or Not |
| Double Quotes | 3 | 170-172 | |
| Eligibility Indicator | 1 | 173 | Eligible this month |
| Double Quotes | 3 | 174-176 | |
| Share of Cost Amount | 5 | 177-181 | Share of Cost Amount |

| 3 | 182-184 | |
|------|--|--|
| 2 | 185-186 | Share of Cost Met |
| 3 | 187-189 | |
| 1 | 190 | Other Health Care |
| 3 | 191-193 | |
| SIZE | POSITION | COLUMN HEADING |
| 1 | 194 | Eligible Prior Jan |
| 3 | 195-197 | |
| 5 | 198-202 | Share of Cost Amount |
| 3 | 203-205 | |
| 2 | 206-207 | Share of Cost Met |
| 3 | 208-210 | |
| 1 | 211 | Other Health Care |
| 3 | 212-214 | |
| 1 | 215 | Eligible Prior Feb |
| 3 | 216-218 | |
| 5 | 219-223 | Share of Cost Amount |
| 3 | 224-226 | |
| 2 | 227-228 | Share of Cost Met |
| 3 | 229-231 | |
| 1 | 232 | Other Health Care |
| 3 | 233-235 | |
| | 2 3 1 3 SIZE 1 3 5 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 | 2 185-186 3 187-189 1 190 3 191-193 SIZE POSITION 1 194 3 195-197 5 198-202 3 203-205 2 206-207 3 208-210 1 211 3 212-214 1 215 3 216-218 5 219-223 3 224-226 2 227-228 3 229-231 1 232 |

| Eligibility Indicator | 1 | 236 | Eligible Prior Mar |
|-----------------------|------|----------|----------------------|
| Double Quotes | 3 | 237-239 | |
| Share of Cost Amount | 5 | 240-244 | Share of Cost Amount |
| Double Quotes | 3 | 245-247 | |
| Cert Day | 2 | 248-249 | Share of Cost Met |
| Double Quotes | 3 | 250-252 | |
| OHC Indicator | 1 | 253 | Other Health Care |
| Double Quotes | 3 | 254-256 | |
| Eligibility Indicator | 1 | 257 | Eligible Prior Apr |
| Double Quotes | 3 | 258-260 | |
| Share of Cost Amount | 5 | 261-265 | Share of Cost Amount |
| Double Quotes | 3 | 266-268 | |
| Cert Day | 2 | 269-270 | Share of Cost Met |
| Double Quotes | 3 | 271-273 | |
| OHC Indicator | 1 | 274 | Other Health Care |
| Double Quotes | 3 | 275-277 | |
| Eligibility Indicator | 1 | 278 | Eligible Prior May |
| Double Quotes | 3 | 279-281 | |
| Share of Cost Amount | 5 | 282-286 | Share of Cost Amount |
| Double Quotes | 3 | 287-289 | |
| FIELD | SIZE | POSITION | COLUMN HEADING |
| Cert Day | 2 | 290-291 | Share of Cost Met |

| Double Quotes | 3 | 292-294 | |
|-----------------------|---|---------|----------------------|
| OHC Indicator | 1 | 295 | Other Health Care |
| Double Quotes | 3 | 296-298 | |
| Eligibility Indicator | 1 | 299 | Eligible Prior Jun |
| Double Quotes | 3 | 300-302 | |
| Share of Cost Amount | 5 | 303-307 | Share of Cost Amount |
| Double Quotes | 3 | 308-310 | |
| Cert Day | 2 | 311-312 | Share of Cost Met |
| Double Quotes | 3 | 313-15 | |
| OHC Indicator | 1 | 316 | Other Health Care |
| Double Quotes | 3 | 317-319 | |
| Eligibility Indicator | 1 | 320 | Eligible Prior Jul |
| Double Quotes | 3 | 321-323 | |
| Share of Cost Amount | 5 | 324-328 | Share of Cost Amount |
| Double Quotes | 3 | 329-331 | |
| Cert Day | 2 | 332-333 | Share of Cost Met |
| Double Quotes | 3 | 334-336 | |
| OHC Indicator | 1 | 337 | Other Health Care |
| Double Quotes | 3 | 338-340 | |
| Eligibility Indicator | 1 | 341 | Eligible Prior Aug |
| Double Quotes | 3 | 342-344 | |
| Share of Cost Amount | 5 | 345-349 | Share of Cost Amount |
| Double Quotes | 3 | 350-352 | |
| Cert Day | 2 | 353-354 | Share of Cost Met |
| Double Quotes | 3 | 355-357 | |

| OHC Indicator | 1 | 358 | Other Health Care |
|-----------------------|------|----------|----------------------|
| Double Quotes | 3 | 359-361 | |
| Eligibility Indicator | 1 | 362 | Eligible Prior Sep |
| Double Quotes | 3 | 363-365 | |
| Share of Cost Amount | 5 | 366-370 | Share of Cost Amount |
| Double Quotes | 3 | 371-373 | |
| Cert Day | 2 | 374-375 | Share of Cost Met |
| Double Quotes | 3 | 376-378 | |
| OHC Indicator | 1 | 379 | Other Health Care |
| Double Quotes | 3 | 380-382 | |
| Eligibility Indicator | 1 | 383 | Eligible Prior Oct |
| Double Quotes | 3 | 384-386 | |
| Share of Cost Amount | 5 | 387-391 | Share of Cost Amount |
| Double Quotes | 3 | 392-394 | |
| Cert Day | 2 | 395-396 | Share of Cost Met |
| Double Quotes | 3 | 397-399 | |
| FIELD | SIZE | POSITION | COLUMN HEADING |
| OHC Indicator | 1 | 400 | Other Health Care |
| Double Quotes | 3 | 401-403 | |
| Eligibility Indicator | 1 | 404 | Eligible Prior Nov |
| Double Quotes | 3 | 405-407 | |
| Share of Cost Amount | 5 | 408-412 | Share of Cost Amount |
| Double Quotes | 3 | 413-415 | |
| Cert Day | 2 | 416-417 | Share of Cost Met |
| Double Quotes | 3 | 418-420 | |
| OHC Indicator | 1 | 421 | Other Health Care |

| Double Quotes | 3 | 422-424 | |
|------------------------------|-----|----------|----------------------|
| Eligibility Indicator | 1 | 425 | Eligible Prior Dec |
| Double Quotes | 3 | 426-428 | |
| Share of Cost Amount | 5 | 429-433 | Share of Cost Amount |
| Double Quotes | 3 | 434-436 | |
| Cert Day | 2 | 437-438 | Share of Cost Met |
| Double Quotes | 3 | 439-441 | |
| OHC Indicator | 1 | 442 | Other Health Care |
| Double Quotes | 3 | 443-445 | |
| Meds Current Date CCYYMMDD | 8 | 446-453 | Report Date |
| Double Quotes | 3 | 454-456 | |
| FFP Eligible | 1 | 457 | FFP Qualified |
| Double Quotes | 3 | 458-460 | |
| Alternative Format Requested | 41 | 461-501 | Type of Alt. Format |
| Double Quotes | 1 | 502 | |
| Blank Spaces | 835 | 503-1337 | |
| | | | |

The undersigned individual hereby attests that he/she is authorized to enter into this Agreement on behalf of the User and agrees to the terms of the addendum.

User Name: Sabrina Dawson

Greg Medici

Print Name of Authorized Representative

Deputy Superintendent Business Services

Title of Authorized Representative

Sonoma County Office of Education, 5340 Skylane Blvd, Santa Rosa, CA 95403

Address

Signature of Authorized Representative

01 / 25 / 2022

Date

The undersigned individual hereby attests that she is authorized to enter into this Agreement on behalf of DHCS and agrees to the terms of the addendum.

Regina Zerne

Staff Services Manager II, School Based Claiming Services Section

Medi-Cal Claiming Services Section

Local Governmental Financing Division

Department of Health Care Services

1501 Capitol Avenue, MS 2628

Sacramento, California 95899-7413

-DocuSigned by:

Regina Jerne

Signature of DHCS Representative

Enclosure: Attachment A: Data Match Record Layout (Amended)





TITLE Please sign DUA Amendment for Region 1 LEC SMAA

FILE NAME Sonoma LEC DUA Amendment Paragraph 6.pdf and 1 other

DOCUMENT ID a0ead098ccc9a06deb46f2139125fd482f4719f9

AUDIT TRAIL DATE FORMAT MM / DD / YYYY

STATUS • Signed

Document History

O1 / 25 / 2022 Sent for signature to Greg Medici (gmedici@scoe.org) from

sent 16:41:35 UTC sdawson@scoe.org

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O1 / 25 / 2022 Viewed by Greg Medici (gmedici@scoe.org)

VIEWED 22:39:50 UTC IP: 209.129.224.1

SIGNED 22:44:42 UTC IP: 209.129.224.1

7 01 / 25 / 2022 The document has been completed.

COMPLETED 22:44:42 UTC

DEPARTMENT OF HEALTH CARE SERVICES

AGREEMENT FOR DISCLOSURE AND USE OF MEDI-CAL DATA

In order to secure data and documents that reside in the California Department of Health Care Services (DHCS) Medi-Cal systems of records, or with its agents, to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law, DHCS and Sonoma County Office of Education, Region 1 (Parties) enter into this Agreement as follows:

- This Agreement is by and between DHCS and
 Sonoma County Office of Education, Region 1 (User).
- 2. This Agreement addresses the conditions under which DHCS will disclose and the User will obtain and use Medi-Cal data file(s) as set out in Attachment A. This Agreement supplements any agreements between the Parties with respect to the use of information from data and documents and overrides any contrary instructions, directions, agreements, or other understandings in or pertaining to any other prior communication from DHCS or any of its components with respect to the data specified in this Agreement. The terms of this Agreement may be changed only by a written modification to this Agreement or by the Parties entering into a new agreement. The Parties agree further that instructions or interpretations issued to the User concerning this Agreement, and the data and documents specified herein, shall not be valid unless issued in writing by the DHCS point-of-contact specified in Section 4 or the DHCS signatories to this Agreement specified in Section 24.
- 3. The Parties mutually agree that the following named individual is designated as "Custodian of the Files" on behalf of the User and shall be responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized acquisition, access, use or disclosure. The User agrees to notify DHCS within 15 business days of any change to the custodianship information.

| Sharon Battaglia | |
|------------------------------------|--|
| Name of Custodian of Files | |
| LEC Coordinator, Region 1 | |
| Title/Component | |
| Sonoma County Office of Education | |
| Company/Organization | |
| 5340 Skylane Blvd. | |
| Company Address | |
| Santa Rosa, CA 95403 | |
| City/State/Zip | |
| 707-524-2765 / sbattaglia@scoe.org | |
| Phone Number / Email Address | |



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4. The Parties mutually agree that the following named individual will be designated as "point-of-contact" for the Agreement on behalf of DHCS.

Department of Health Care Services

Attn: Tony Teresi

School-Based Medi-Cal Administrative Activities (SMAA) Program

916-345-7887

Tony.Teresi@dhcs.ca.gov

5. The Parties mutually agree that the following specified Attachments are part of this Agreement:

Attachment A: Data Match Record Layout

Attachment B: Security Controls

Attachment C: Notification of Breach

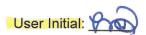
Attachment D: Certificate of Destruction of Confidential Data

Attachment E: Notification of Change to Custodian Information

- 6. The Parties mutually agree, and in furnishing data files hereunder DHCS relies upon such agreement, that such data file(s) will be used solely for the following purpose: To allow the LECs/LGAs to verify the Medi-Cal eligibility of beneficiaries in order to establish the Medi-Cal Eligibility Ratio (MER). To submit claims for the School-Based Medi-Cal Administrative Activities (SMAA) program, Local Educational Agencies (LEAs) within each LEC's/LGA's respective region must first determine their MER. The data listed in Attachment A is the minimum amount needed for this purpose.
- 7. Some of the data specified in this Agreement may constitute Protected Health Information (PHI), including protected health information in electronic media (ePHI), under federal law, and personal information (PI) under state law. The Parties mutually agree that the creation, receipt, maintenance, transmittal and disclosure of data from DHCS containing PHI or PI shall be subject to the provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), the Health Information Technology for Economic and Clinical Health Act. Public Law 111-005 (HITECH Act) and their implementing privacy and security regulations, which include the final Omnibus Rule, at 45 Code of Federal Regulations parts 160 and 164 (HIPAA regulations), the provisions of the California Information Practices Act (IPA) at Civil Code section 1798 et. seq., Confidentiality of Substance Use Disorder Patient Records at 42 Code of Federal Regulations part 2, and the provisions of other applicable federal and state laws. User specifically agrees they will not use the Attachment A data for any purpose other than that stated in paragraph 6 of this Agreement. User also specifically agrees they will not use any DHCS data, by itself or in combination with any other data from any source, whether or not publicly available, to individually identify any person to anyone other than at DHCS, as provided in this Agreement.
- 8. The following definitions shall apply to this Agreement. The terms used in this Agreement not otherwise defined shall have the same meanings as those terms have in the HIPAA regulations, the IPA, or other applicable law. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.



- a. Breach shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations, and the IPA.
- b. Individually Identifiable Health Information means health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer or health care clearinghouse, and relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, that identifies the individual or where there is a reasonable basis to believe the information can be used to identify the individual, as set forth under 45 Code of Federal Regulations part 160.103.
- c. Personal Information (PI) shall have the meaning given to such term in Civil Code sections 1798.3 and 1798.29.
- d. Protected Health Information (PHI) means individually identifiable health information that is transmitted by electronic media, maintained in electronic media (45 CFR §160.103), or is transmitted or maintained in any other form or medium (Management Memo (MM) 08-11 and State Administrative Memo (SAM) 5365.2; Also see SAM 5305.8.)
- e. Required by law, as set forth under 45 Code of Federal Regulations part 164.103, means a mandate contained in law that compels an entity to make a use or disclosure of PHI that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.
- f. Security Incident means the attempted or successful unauthorized acquisition, access, use, disclosure, modification, or destruction of PHI or PI, or confidential data that is essential to the ongoing operation of the User's organization and intended for internal use; or interference with system operations in an information system.
- g. Unsecured PHI shall have the meaning given to such term under the HITECH Act, any guidance issued pursuant to such Act including, but not limited to, 42 USC section 17932(h) and the HIPAA regulations.
- 9. The User represents and warrants that the User shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement to any person, company or organization, except as DHCS shall authorize in writing. The User agrees that, within the User's organizations, access to the data covered by this Agreement shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this Agreement or Attachment A and to those individuals on a need-to-know basis only. User shall not use or further disclose the information other than is permitted by this Agreement or as otherwise required by law. The User shall not use the information to identify or contact any individuals.



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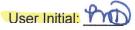
- 10. The User agrees to notify DHCS within 30 business days of the completion of the purpose specified in Section 6. Upon such completion, the User shall destroy all electronic data files with DHCS data by wiping such data using Department of Defense standards or as approved by DHCS. The User shall destroy all paper documents with DHCS data by using a confidential method of destruction, such as crosscut shredding or contracting with a company that specializes in confidential destruction of documents. The User shall certify the destruction of the file(s) in writing within 30 business days of the destruction. A statement certifying this action must be sent to the DHCS point-of-contact listed in Section 4. The User agrees that no data from DHCS records, any parts or copies thereof, including files derived from DHCS records (electronic, hardcopy or otherwise), shall be retained when the files are destroyed unless authorization in writing for the retention of such files has been received from the DHCS person designated in Section 4.
- 11. The User agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established in HIPAA, the HITECH Act, and the HIPPA Regulations, Final Omnibus Rule as set forth in 45 CFR, parts 160, 162 and 164 of the HIPAA Privacy and Security Regulations. The User also agrees to provide a level and scope of security that is at least comparable to the level and scope of security established by the Office of Management and Budget in OMB Circular No. A-130, Appendix III Security of Federal Automated Information Systems, which sets forth guidelines for automated information systems in Federal agencies. In addition, the User agrees to comply with the specific security controls enumerated in Attachment B of this DUA. The User also agrees to ensure that any agents, including a subcontractor to whom they provide DHCS data, agrees to the same requirements for privacy and security safeguards for confidential data that apply to the User.
- 12. The User acknowledges that in addition to the requirements of this Agreement, they must also abide by the privacy and disclosure laws and regulations under 45 Code of Federal Regulations parts 160 and 164, of the HIPAA regulations, Welfare & Institutions Code section 14100.2, Civil Code section 1798.3 et. seq., the Confidentiality of Substance Use Disorder Patient Records at 42 Code of Federal Regulations part 2, as well as any other applicable state or federal laws or regulations. 42 Code of Federal Regulations part 2.53 allows for the disclosure of such records to qualified personnel for the purpose of conducting management or financial audits, or program evaluation. The User also agrees to ensure that any agents, including a subcontractor, to whom they provide the DHCS data, agree to the same restrictions and conditions that apply to the User with respect to such information.
- 13. The User agrees to report to DHCS immediately upon discovery any acquisition, access, use or disclosure of the information not provided for by this Agreement of which it becomes aware, and to take further action regarding the use or disclosure as specified in Attachment C-Notification of Breach of this Agreement.
- 14. User agrees to train and use reasonable measures to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities under this Agreement and use or disclose DHCS data, and to discipline employees who intentionally



Page 4 of 7

violate any provisions of this Agreement, including by termination of employment. In complying with the provisions of this section, User shall observe the following requirements.

- user shall provide information privacy and security training, at least annually, at its own expense, to all its employees who assist in the performance of functions or activities under this Agreement and use or disclose DHCS data; and
- b) User shall require each employee who receives information privacy and security training to sign a certification, indicating the employee's name and the date on which the training was completed.
- 15. From time to time, DHCS may, upon prior written notice and at mutually convenient times, inspect the facilities, systems, books and records of User to monitor compliance with this Agreement. User shall promptly remedy any violation of any provision of this Agreement and shall certify the same to the DHCS Privacy Officer in writing. The fact that DHCS inspects, or fails to inspect, or has the right to inspect, User's facilities, systems and procedures, does not relieve User of their responsibility to comply with this Agreement.
- 16. The User acknowledges that penalties under 45 Code of Federal Regulations, parts 160, 162 and 164 of the HIPAA regulations, and Welfare and Institutions Code section 14100.2, including possible fines and imprisonment, may apply with respect to any disclosure of information in the file(s) that is inconsistent with the terms of this Agreement. The User further acknowledges that criminal penalties under the Confidentiality of Medical Information Act (Civ. Code § 56) may apply if it is determined that the User, or any individual employed or affiliated therewith, knowingly and willfully obtained any data under false pretenses.
- 17. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and Attachments for protection of the data file(s) specified in this Agreement, and acknowledges having received notice of potential criminal, administrative, or civil penalties for violation of the terms of the Agreement. Further, the User agrees that any material violations of the terms of this Agreement or any of the laws and regulations governing the use of DHCS data may result in denial of access to DHCS data.
- 18. This Agreement shall terminate at the time of the completion of the project, which is described in paragraph 6, or three years from the date the agreement is executed, whichever event occurs later, and at that time all data provided by DHCS must be destroyed as set forth in Section 10, above, and a certificate of destruction sent to the DHCS representative named in Section 4, unless data has been destroyed prior to the termination date and a certificate of destruction sent to DHCS. All representations, warranties and certifications shall survive termination.
- 19. <u>Termination for Cause</u>. Upon DHCS' knowledge of a material breach or violation of this Agreement by User, DHCS may provide an opportunity for User to cure the breach or end the violation and may terminate this Agreement if User does not cure the breaches or end the violation within the time specified by DHCS. DHCS may terminate this Agreement immediately if User breach a material term and DHCS determines, in its sole discretion, that cure is not possible or available under the circumstances. Upon termination of this Agreement, User must



Page 5 of 7

destroy all PHI and PI in accordance with Section 10, above. The provisions of this Agreement governing the privacy and security of the PHI and PI shall remain in effect until all PHI and PI is destroyed or returned to DHCS.

- 20. This Agreement may be signed in counterpart and all parts taken together shall constitute one agreement.
- 21. This Agreement shall be binding on any successors to the Parties.
- 22. The Custodian, as named in Section 3, hereby acknowledges his or her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees in a representative capacity to comply with all of the provisions of this Agreement on behalf of the User.

| Sharon Battaglia |
|-------------------------------|
| Name of Custodian of File(s) |
| LEC Coordinator, Region 1 |
| Title/Component Sharon Ballar |
| Signature 1/9/1020 |
| Date |

On behalf of the User, the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all of the terms specified herein.

Name

Deputy Superintendent - Business Services

Title/Component

Sonoma County Office of Education

Company/Organization

1194840280

NPI Number

5340 Skylane Blvd.

Company Address

Santa Rosa, CA 95403

City/State/ZIP

707-524-2631 / mdowney@scoe,org

Phone Number / Email Address

Signature

1

Date

23. On behalf of DHCS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all of the terms specified herein.

Robert Ducay

Name of DHCS Representative

Assistant Deputy Director, Health Care Financing

Title/Component

- DocuSigned by

Robert Ducay

Signature DOD92CB866

June 8, 2020

Date



DEPARTMENT OF HEALTH CARE SERVICES

AGREEMENT FOR DISCLOSURE AND USE OF MEDI-CAL DATA - Amendment 1

1. The User acknowledges that by participating in the SMAA program, they do so as a Business Associate of DHCS and agrees to be bound by the terms of DHCS' Business Associate Addendum (BAA), attached hereto as Attachment F. To the extent there is a conflict between the DUA, inclusive of attachments A – E, and the terms of the BAA, the terms of the BAA shall control.

On behalf of the User, the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all of the terms specified herein.

| Mary Downey |
|--|
| Name |
| Deputy Superintendent Business Services |
| Title/Component |
| Sonoma County Office of Education |
| Company/Organization |
| Mary Downey |
| Signature |
| 1 23 2020 |
| Date |
| On behalf of DHCS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all of the terms specified herein. |
| Robert Ducay |
| Name of DHCS Representative |
| Assistant Deputy Director, Health Care Financing |
| Title/Component |
| Robert Duay |
| Signature Signature |
| |
| June 8, 2020 |
| Date |



1.

DEPARTMENT OF HEALTH CARE SERVICES

DATA USE AGREEMENT

Attachment A

DATA MATCH RECORD LAYOUT

The following table illustrates the Data Match Record Layout output file. Please note that the first 105 characters are the return record of the input data provided by the LEC/LGA. Output fields include return of the input (positions 1-105) and output (positions 106-263) records.

| FIELD | SIZE | POSITION |
|---|------|----------|
| Social Security Number | 9 | 1-9 |
| Last Name | 20 | 10-29 |
| First Name | 15 | 30-44 |
| Middle Initial | 1 | 45 |
| Date of Birth (CCYYMMDD) | 8 | 46-53 |
| Sex | 1 | 54 |
| Provider Id | 9 | 55-63 |
| School Name | 20 | 64-83 |
| User Data | 20 | 84-103 |
| County Code | 2 | 104-105 |
| Beneficiary Identification Card Number | 14 | 106-119 |
| Beneficiary Identification Card Issue Date (CCYYMMDD) | 8 | 120-127 |
| Filler | 6 | 128-133 |
| Match Indicator | 1 | 134 |
| Record Eligibility Indicator | 1 | 135 |
| Filler | 1 | 136 |
| Current Month Data | 9 | 137-145 |
| Eligibility Indicator | 1 | 137 |
| Share of Cost Amount | 5 | 138-142 |
| Cert Day | 2 | 143-144 |
| OHC Indicator | 1 | 145 |
| History Data – January | 9 | 146-154 |
| Eligibility Indicator | 1 | 146 |
| Share of Cost Amount | 5 | 147-151 |
| Cert Day | 2 | 152-153 |
| OHC Indicator | 1 | 154 |

| History Data Fabruary | 9 | 155-163 |
|--------------------------|---|--|
| History Data - February | | 155 |
| Eligibility Indicator | 5 | 156-160 |
| Share of Cost Amount | | 161-162 |
| Cert Day | 2 | The second secon |
| OHC Indicator | 1 | 163 |
| History Data - March | 9 | 164-172 |
| Eligibility Indicator | 1 | 164 |
| Share of Cost Amount | 5 | 165-169 |
| Cert Day | 2 | 170-171 |
| OHC Indicator | 1 | 172 |
| History Data - April | 9 | 173-181 |
| Eligibility Indicator | 1 | 173 |
| Share of Cost Amount | 5 | 174-178 |
| Cert Day | 2 | 179-180 |
| OHC Indicator | 1 | 181 |
| History Data - May | 9 | 182-190 |
| Eligibility Indicator | 1 | 182 |
| Share of Cost Amount | 5 | 183-187 |
| Cert Day | 2 | 188-189 |
| OHC Indicator | 1 | 190 |
| History Data - June | 9 | 191-199 |
| Eligibility Indicator | 1 | 191 |
| Share of Cost Amount | 5 | 192-196 |
| Cert Day | 2 | 197-198 |
| OHC Indicator | 1 | 199 |
| History Data - July | 9 | 200-208 |
| Eligibility Indicator | 1 | 200 |
| Share of Cost Amount | 5 | 201-205 |
| Cert Day | 2 | 206-207 |
| OHC Indicator | 1 | 208 |
| History Data - August | 9 | 209-217 |
| Eligibility Indicator | 1 | 209 |
| Share of Cost Amount | 5 | 210-214 |
| Cert Day | 2 | 215-216 |
| OHC Indicator | 1 | 217 |
| History Data - September | 9 | 218-226 |
| Eligibility Indicator | 1 | 218 |
| Share of Cost Amount | 5 | 219-223 |
| Cert Day | 2 | 224-225 |
| OHC Indicator | 1 | 226 |
| | 9 | 227-235 |
| History Data - October | 1 | 227 |
| Eligibility Indicator | | |
| Share of Cost Amount | 5 | 228-232 |

| Cert Day | 2 | 233-234 |
|-------------------------|---|---------|
| OHC Indicator | 1 | 235 |
| History Data - November | 9 | 236-244 |
| Eligibility Indicator | 1 | 236 |
| Share of Cost Amount | 5 | 237-241 |
| Cert Day | 2 | 242-243 |
| OHC Indicator | 1 | 244 |
| History Data – December | 9 | 245-253 |
| Eligibility Indicator | 1 | 245 |
| Share of Cost Amount | 5 | 246-250 |
| Cert Day | 2 | 251-252 |
| OHC Indicator | 1 | 253 |
| Meds Current Date | 8 | 254-261 |
| CCYYMMDD | | |
| Filler | 2 | 262-263 |

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SECURITY CONTROLS

I. Personnel Controls

- A. *Employee Training.* All workforce members who assist in the performance of functions or activities on behalf of DHCS, or access or disclose DHCS protected health information (PHI) or personal information (PI) must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following contract termination.
- **B.** *Employee Discipline.* Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.
- C. Confidentiality Statement. All persons that will be working with DHCS PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to DHCS PHI or PI. The statement must be renewed annually. The User shall retain each person's written confidentiality statement for DHCS inspection for a period of six (6) years following contract termination.
- PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The User shall retain each workforce member's background check documentation for a period of three (3) years following contract termination.

II. Technical Security Controls

- A. Workstation/Laptop encryption. All workstations and laptops that process and/or store DHCS PHI or PI must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by the DHCS Information Security Office
- **B.** Server Security. Servers containing unencrypted DHCS PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.
- **C. Minimum Necessary.** Only the minimum necessary amount of DHCS PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

Security Controls 2/15

ATTACHMENT B

SECURITY CONTROLS

- D. Removable media devices. All electronic files that contain DHCS PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, smartphones, backup tapes etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.
- E. Antivirus software. All work force members who are responsible for workstations, laptops and other systems that process and/or store DHCS PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.
- F. Patch Management. All workforce members who are responsible for workstations, laptops and other systems that process and/or store DHCS PHI or PI must apply critical security patches, with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within 30 days of vendor release. Applications and systems that cannot be patched due to operational reasons must have compensatory controls implemented to minimize risk, where possible.
- G. User IDs and Password Controls. All users must be issued a unique user name for accessing DHCS PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, at maximum within 24 hours. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed every 90 days, preferably every 60 days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Arabic numerals (0-9)
 - Non-alphanumeric characters (punctuation symbols)
- H. Data Destruction. When no longer needed, all DHCS PHI or PI must be cleared, purged, or destroyed consistent with NIST Special Publication 800-88, Guidelines for Media Sanitization such that the PHI or PI cannot be retrieved.
- I. System Timeout. The system providing access to DHCS PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than 20 minutes of inactivity.
- J. Warning Banners. All systems providing access to DHCS PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

SECURITY CONTROLS

- K. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DHCS PHI or PI, or which alters DHCS PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DHCS PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least 3 years after occurrence.
- **L.** Access Controls. The system providing access to DHCS PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.
- M. Transmission encryption. All data transmissions of DHCS PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PHI can be encrypted. This requirement pertains to any type of PHI or PI in motion such as website access, file transfer, and E-Mail.
- **N.** *Intrusion Detection*. All systems involved in accessing, holding, transporting, and protecting DHCS PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

III. Audit Controls

- A. System Security Review. Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DHCS PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.
- **B.** Log Reviews. All systems processing and/or storing DHCS PHI or PI must have a routine procedure in place to review system logs for unauthorized access.
- **C.** Change Control. All systems processing and/or storing DHCS PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

ATTACHMENT B

SECURITY CONTROLS

IV. Business Continuity / Disaster Recovery Controls

- A. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of electronic DHCS PHI or PI in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.
- B. Data Backup Plan. Contractor must have established documented procedures to backup DHCS PHI to maintain retrievable exact copies of DHCS PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DHCS data.

V. Paper Document Controls

- A. Supervision of Data. DHCS PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DHCS PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.
- B. *Escorting Visitors.* Visitors to areas where DHCS PHI or PI is contained shall be escorted and DHCS PHI or PI shall be kept out of sight while visitors are in the area.
- C. Confidential Destruction. DHCS PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.
- **D.** Removal of Data. DHCS PHI or PI must not be removed from the premises of the Contractor except with express written permission of DHCS.
- **E.** Faxing. Faxes containing DHCS PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.
- F. Mailing. Mailings of DHCS PHI or PI shall be sealed and secured from damage or inappropriate viewing of PHI or PI to the extent possible. Mailings which include 500 or more individually identifiable records of DHCS PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DHCS to use another method is obtained.

ATTACHMENT C

NOTIFICATION OF BREACH

A. Definitions

- 1. Breach shall have the meaning given to such term under HIPAA, the HITECH Act, the HIPAA regulations and the Final Omnibus Rule.
- 2. Electronic Health Record shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C section 17921 and implementing regulations.
- 3. Electronic Protected Health Information (ePHI) means individually identifiable health information transmitted by electronic media or maintained in electronic media, as set forth in 45 CFR section 160.103.
- 4. Individually Identifiable Health Information means health information, including demographic information collected from an individual, that is created or received by a health care provider, health plan, employer or health care clearinghouse, and relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, that identifies the individual or where there is a reasonable basis to believe the information can be used to identify the individual, as set forth under 45 CFR section 160.103.
- 5. Privacy Rule shall mean the HIPAA Regulations that are found at 45 CFR Parts 160 and 164, Subparts A, D and E.
- 6. Personal Information shall have the meaning given to such term in Civil Code section 1798.29.
- 7. Protected Health Information means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or is transmitted or maintained in any other form or medium, as set forth in 45 CFR section 160.103.
- 8. Required by law, as set forth in 45 CFR section 164.103, means a mandate contained in law that compels an entity to make a use or disclosure of PHI that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

- 9. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, loss or destruction of PHI or PI, or confidential data that is essential to the ongoing operation of the User's organization and intended for internal use; or interference with system operations in an information system.
- 10. Secretary means the Secretary of the U.S. Department of Health and Human Services (HHS) or the Secretary's designee.
- 11. Security Rule shall mean the HIPAA regulations that are found at 45 CFR Part 164, Subparts A and C.
- 12. Unsecured PHI shall have the meaning given to such term under the HITECH Act, 42 U.S.C. section 17932(h), any guidance issued pursuant to such Act, the HIPAA regulations and the Final Omnibus Act.

B. Breaches and Security Incidents:

1. **Notice to DHCS.** (1) To notify DHCS **immediately** upon the discovery of a suspected security incident that involves data provided to DHCS by the Social Security Administration. This notification will be **by telephone call plus email or fax** upon the discovery of the breach. (2) To notify DHCS **within 24 hours by email or fax** of the discovery of unsecured PHI or PI in electronic media or in any other media if the PHI or PI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person, any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by Business Associate as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of Business Associate.

Notice shall be provided to the DHCS Program Contract Manager, the DHCS Privacy Officer and the DHCS Information Security Officer. If the incident occurs after business hours or on a weekend or holiday and involves data provided to DHCS by the Social Security Administration, notice shall be provided by calling the DHCS EITS Service Desk. Notice shall be made using the "DHCS Privacy Incident Report" form, including all information known at the time. Business Associate shall use the most current version of this form, which is posted on the DHCS Privacy Office website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Use" near the middle of the page) or use this link:

http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI, Business Associate shall take:

a. Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and

- b. Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.
- 2. **Investigation and Investigation Report.** To immediately investigate such security incident, breach, or unauthorized access, use or disclosure of PHI or PI. Within 72 hours of the discovery, User shall submit an updated "DHCS Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer.
- 3. Complete Report. To provide a complete report of the investigation to the DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. If all of the required information was not included in either the initial report, or the Investigation Report, then a separate Complete Report must be submitted. The report shall be submitted on the "DHCS Privacy Incident Report" form and shall include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that listed on the "DHCS Privacy Incident Report" form, User shall make reasonable efforts to provide DHCS with such information. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "DHCS Privacy Incident Report" form.
- 4. **Notification of Individuals.** If the cause of a breach of PHI or PI is attributable to User or its subcontractors, agents or vendors, User shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The notifications shall comply with the requirements set forth in 42 U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days. The DHCS Program Contract Manager, the DHCS Privacy Officer, and the DHCS Information Security Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.
- 5. Responsibility for Reporting of Breaches. If the cause of a breach of PHI or PI is attributable to User or its agents, subcontractors or vendors, and User is a Covered Entity as defined under HIPAA and the HIPAA regulations, User is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary. If a breach of unsecured PHI involves more than 500 residents of the State of California or jurisdiction, User shall notify the Secretary of the breach immediately upon discovery of the breach. If User has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to DHCS in addition to User, User shall notify DHCS, and DHCS and User may take appropriate action to prevent duplicate reporting. The breach reporting requirements of this paragraph are in addition to the reporting requirements set forth in subsection 1, above.

6. **Contact Information**. To direct communications to the above referenced staff, the User shall initiate contact as indicated herein. The parties reserve the right to make changes to the contact information below by giving written notice to the User. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

| DHCS Program Point of Contact | DHCS Privacy Officer | DHCS Information Security Officer |
|---|---|--|
| See the Data Use Agreement for Program Point of Contact information | Privacy Officer c/o: Office of HIPAA Compliance Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413 | Information Security Officer DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413 |
| | Email: | Email: <u>iso@dhcs.ca.gov</u> Fax: (916) 440-5537 |
| | privacyofficer@dhcs.ca.gov Fax: (916) 440-7680 Telephone: (916) 445-4646 | Telephone: ITSD Service Desk (916) 440-7000 or |
| | | (800) 579-0874 |

ATTACHMENT D

DEPARTMENT OF HEALTH CARE SERVICES CERTIFICATE OF DESTRUCTION OF CONFIDENTIAL DATA

| , Sha | on Battaglia (Name of Custodian), hereby certify the following to be true and correct: |
|-------|---|
| 1. | I am employed or contracted by Sonoma County Office of Education (Name of User) as a(n) Fiscal Analyst / LEC Coordinator (occupation/description). |
| II. | Pursuant to the attached Data Use Agreement (DUA) between the DEPARTMENT OF HEALTH CARE SERVICES (DHCS) and Sonoma County Office of Education (Name of User), I received and acted as custodian of the data described in Attachment A of the DUA. |
| III. | The purpose for receiving the data described in Attachment A has been met. In compliance with Section 10 of the DUA, all data described in Attachment A received prior to July 1, 2022, has been destroyed by (date of destruction). |
| | Please note that if the User is undergoing a DHCS review or audit, or is currently in the process of an appeal, for any fiscal year prior to July 1, 2014, it must maintain data described in Attachment A in full until all outstanding audit issues are resolved and a final cost settlement is received, or the appeal is settled. |
| | Signature of Custodian |
| | Date |

Certificate of Destruction 7/22

ATTACHMENT E

DEPARTMENT OF HEALTH CARE SERVICES

NOTIFICATION OF CHANGE TO CUSTODIAN INFORMATION

In order to secure data and documents that reside in DHCS' Medi-Cal system of records, to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law, DHCS entered into a Data Use Agreement (DUA) with the following User:

| User Name: Sabrina Dawson |
|---|
| |
| This form shall be used to notify DHCS when the below named custodial entity changes contact information or when the name of the person acting as custodian for a custodial entity has changed. |
| The custodian information in Section 3 of the DUA has changed. The updated section is as follows: |
| Name of Custodian of Files: Sabrina Dawson |
| Title/Component: Region 1 Coordinator/Fiscal Analyst |
| Title/Component: Region 1 Coordinator/Fiscal Analyst Company/Organization: Sonoma County Office of Eduction |
| Address: 5340 Skylane Blvd., Santa Rosa, CA 95403 |
| Phone Number: 707-524-2765 |

Signature: Wallyna toluka

Date: 5/28/2020

Email Address: sdawson@scoe.org

ATTACHMENT F DEPARTMENT OF HEALTH CARE SERVICES BUSINESS ASSOCIATE ADDENDUM

- 1. This Agreement has been determined to constitute a business associate relationship under the Health Insurance Portability and Accountability Act (HIPAA) and its implementing privacy and security regulations at 45 Code of Federal Regulations. Parts 160 and 164 (collectively, and as used in this Agreement)
- 2. The term "Agreement" as used in this document refers to and includes both this Business Associate Addendum and the contract to which this Business Associate Agreement is attached as an exhibit, if any.
- **3.** For purposes of this Agreement, the term "Business Associate" shall have the same meaning as set forth in 45 CFR section 160.103.
- **4.** The Department of Health Care Services (DHCS) intends that Business Associate may create, receive, maintain, transmit or aggregate certain information pursuant to the terms of this Agreement, some of which information may constitute Protected Health Information (PHI) and/or confidential information protected by Federal and/or state laws.
 - **4.1** As used in this Agreement and unless otherwise stated, the term "PHI" refers to and includes both "PHI" as defined at 45 CFR section 160.103 and Personal Information (PI) as defined in the Information Practices Act at California Civil Code section 1798.3(a). PHI includes information in any form, including paper, oral, and electronic.
 - **4.2** As used in this Agreement, the term "confidential information" refers to information not otherwise defined as PHI in Section 4.1 of this Agreement, but to which state and/or federal privacy and/or security protections apply.
- 5. Contractor (however named elsewhere in this Agreement) is the Business Associate of DHCS acting on DHCS's behalf and provides services or arranges, performs or assists in the performance of functions or activities on behalf of DHCS, and may create, receive, maintain, transmit, aggregate, use or disclose PHI (collectively, "use or disclose PHI") in order to fulfill Business Associate's obligations under this Agreement. DHCS and Business Associate are each a party to this Agreement and are collectively referred to as the "parties."
- **6.** The terms used in this Agreement, but not otherwise defined, shall have the same meanings as those terms in HIPAA. Any reference to statutory or regulatory language shall be to such language as in effect or as amended.
- 7. Permitted Uses and Disclosures of PHI by Business Associate. Except as otherwise indicated in this Agreement, Business Associate may use or disclose PHI only to perform functions, activities or services specified in this Agreement on behalf of DHCS, provided that such use or disclosure would not violate HIPAA if done by DHCS.
 - 7.1 Specific Use and Disclosure Provisions. Except as otherwise indicated in this Agreement, Business Associate may use and disclose PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI for this purpose if the disclosure is required by law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.

8. Compliance with Other Applicable Law

8.1 To the extent that other state and/or federal laws provide additional, stricter and/or more protective (collectively, more protective) privacy and/or security protections to PHI or other confidential information covered under this Agreement beyond those provided through HIPAA, Business Associate agrees:

- **8.1.1** To comply with the more protective of the privacy and security standards set forth in applicable state or federal laws to the extent such standards provide a greater degree of protection and security than HIPAA or are otherwise more favorable to the individuals whose information is concerned; and
- **8.1.2** To treat any violation of such additional and/or more protective standards as a breach or security incident, as appropriate, pursuant to Section 18. of this Agreement.
- 8.2 Examples of laws that provide additional and/or stricter privacy protections to certain types of PHI and/or confidential information, as defined in Section 4. of this Agreement, include, but are not limited to the Information Practices Act, California Civil Code sections 1798-1798.78, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Welfare and Institutions Code section 5328, and California Health and Safety Code section 11845.5.
- 8.3 If Business Associate is a Qualified Service Organization (QSO) as defined in 42 CFR section 2.11, Business Associate agrees to be bound by and comply with subdivisions (2)(i) and (2)(ii) under the definition of QSO in 42 CFR section 2.11.

9. Additional Responsibilities of Business Associate

- **9.1 Nondisclosure**. Business Associate shall not use or disclose PHI or other confidential information other than as permitted or required by this Agreement or as required by law.
- 9.2 Safeguards and Security.
 - **9.2.1** Business Associate shall use safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI and other confidential data and comply, where applicable, with subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the information other than as provided for by this Agreement. Such safeguards shall be, at a minimum, at Federal Information Processing Standards (FIPS) Publication 199 protection levels.
 - **9.2.2** Business Associate shall, at a minimum, utilize an industry-recognized security framework when selecting and implementing its security controls, and shall maintain continuous compliance with its selected framework as it may be updated from time to time. Examples of industry-recognized security frameworks include but are not limited to
 - **9.2.2.1** NIST SP 800-53 National Institute of Standards and Technology Special Publication 800-53
 - **9.2.2.2** FedRAMP Federal Risk and Authorization Management Program
 - **9.2.2.3** PCI PCI Security Standards Council
 - **9.2.2.4** ISO/ESC 27002 International Organization for Standardization / International Electrotechnical Commission standard 27002
 - **9.2.2.5** IRS PUB 1075 Internal Revenue Service Publication 1075
 - **9.2.2.6** HITRUST CSF HITRUST Common Security Framework
 - **9.2.3** Business Associate shall maintain, at a minimum, industry standards for transmission and storage of PHI and other confidential information.
 - **9.2.4** Business Associate shall apply security patches and upgrades, and keep virus software up-to-date, on all systems on which PHI and other confidential information may be used.

- **9.2.5** Business Associate shall ensure that all members of its workforce with access to PHI and/or other confidential information sign a confidentiality statement prior to access to such data. The statement must be renewed annually.
- **9.2.6** Business Associate shall identify the security official who is responsible for the development and implementation of the policies and procedures required by 45 CFR Part 164, Subpart C.
- **9.3 Business Associate's Agent.** Business Associate shall ensure that any agents, subcontractors, subawardees, vendors or others (collectively, "agents") that use or disclose PHI and/or confidential information on behalf of Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI and/or confidential information.
- **10. Mitigation of Harmful Effects**. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI and other confidential information in violation of the requirements of this Agreement.
- 11. Access to PHI. Business Associate shall make PHI available in accordance with 45 CFR section 164.524.
- **12. Amendment of PHI.** Business Associate shall make PHI available for amendment and incorporate any amendments to protected health information in accordance with 45 CFR section 164.526.
- **13. Accounting for Disclosures.** Business Associate shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR section 164.528.
- **14. Compliance with DHCS Obligations.** To the extent Business Associate is to carry out an obligation of DHCS under 45 CFR Part 164, Subpart E, comply with the requirements of the subpart that apply to DHCS in the performance of such obligation.
- **15. Access to Practices, Books and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI on behalf of DHCS available to DHCS upon reasonable request, and to the federal Secretary of Health and Human Services for purposes of determining DHCS' compliance with 45 CFR Part 164, Subpart E.
- 16. Return or Destroy PHI on Termination; Survival. At termination of this Agreement, if feasible, Business Associate shall return or destroy all PHI and other confidential information received from, or created or received by Business Associate on behalf of, DHCS that Business Associate still maintains in any form and retain no copies of such information. If return or destruction is not feasible, Business Associate shall notify DHCS of the conditions that make the return or destruction infeasible, and DHCS and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI. If such return or destruction is not feasible, Business Associate shall extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- 17. Special Provision for SSA Data. If Business Associate receives data from or on behalf of DHCS that was verified by or provided by the Social Security Administration (SSA data) and is subject to an agreement between DHCS and SSA, Business Associate shall provide, upon request by DHCS, a list of all employees and agents and employees who have access to such data, including employees and agents of its agents, to DHCS.
- **18. Breaches and Security Incidents.** Business Associate shall implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and take the following steps:
 - 18.1 Notice to DHCS.
 - **18.1.1** Business Associate shall notify DHCS **immediately** upon the discovery of a suspected breach or security incident that involves SSA data. This notification will be provided by email upon

- discovery of the breach. If Business Associate is unable to provide notification by email, then Business Associate shall provide notice by telephone to DHCS.
- **18.1.2** Business Associate shall notify DHCS **within 24 hours by email** (or by telephone if Business Associate is unable to email DHCS) of the discovery of:
 - **18.1.2.1** Unsecured PHI if the PHI is reasonably believed to have been accessed or acquired by an unauthorized person;
 - **18.1.2.2** Any suspected security incident which risks unauthorized access to PHI and/or other confidential information;
 - **18.1.2.3** Any intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement; or
 - **18.1.2.4** Potential loss of confidential data affecting this Agreement.
- **18.1.3** Notice shall be provided to the DHCS Program Contract Manager (as applicable), the DHCS Privacy Office, and the DHCS Information Security Office (collectively, "DHCS Contacts") using the DHCS Contact Information at Section 18.6. below.

Notice shall be made using the current DHCS "Privacy Incident Reporting Form" ("PIR Form"; the initial notice of a security incident or breach that is submitted is referred to as an "Initial PIR Form") and shall include all information known at the time the incident is reported. The form is available online at

http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx.

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI, Business Associate shall take:

- **18.1.3.1** Prompt action to mitigate any risks or damages involved with the security incident or breach; and
- **18.1.3.2** Any action pertaining to such unauthorized disclosure required by applicable Federal and State law.
- **18.2 Investigation.** Business Associate shall immediately investigate such security incident or confidential breach.
- 18.3 Complete Report. To provide a complete report of the investigation to the DHCS contacts within ten (10) working days of the discovery of the security incident or breach. This "Final PIR" must include any applicable additional information not included in the Initial Form. The Final PIR Form shall include an assessment of all known factors relevant to a determination of whether a breach occurred under HIPAA and other applicable federal and state laws. The report shall also include a full, detailed corrective action plan, including its implementation date and information on mitigation measures taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that requested through the PIR form, Business Associate shall make reasonable efforts to provide DHCS with such information. A "Supplemental PIR" may be used to submit revised or additional information after the Final PIR is submitted. DHCS will review and approve or disapprove Business Associate's determination of whether a breach occurred, whether the security incident or breach is reportable to the appropriate entities, if individual notifications are required, and Business Associate's corrective action plan.
 - **18.3.1** If Business Associate does not complete a Final PIR within the ten (10) working day timeframe, Business Associate shall request approval from DHCS within the ten (10) working day timeframe of a new submission timeframe for the Final PIR.

- **18.4 Notification of Individuals**. If the cause of a breach is attributable to Business Associate or its agents, Business Associate shall notify individuals accordingly and shall pay all costs of such notifications, as well as all costs associated with the breach. The notifications shall comply with applicable federal and state law. DHCS shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made.
- 18.5 Responsibility for Reporting of Breaches to Entities Other than DHCS. If the cause of a breach of PHI is attributable to Business Associate or its subcontractors, Business Associate is responsible for all required reporting of the breach as required by applicable federal and state law.
- **18.6 DHCS Contact Information**. To direct communications to the above referenced DHCS staff, the Contractor shall initiate contact as indicated here. DHCS reserves the right to make changes to the contact information below by giving written notice to Business Associate. These changes shall not require an amendment to this Agreement.

| DHCS Program Contract Manager | DHCS Privacy Office | DHCS Information Security Office |
|---|---|--|
| See the Scope of Work exhibit for Program Contract Manager information. If this Business Associate Agreement is not attached as an exhibit to a contract, contact the DHCS signatory to this Agreement. | Privacy Office c/o: Office of HIPAA Compliance Department of Health Care Services P.O. Box 997413, MS 4722 Sacramento, CA 95899-7413 Email: incidents@dhcs.ca.gov Telephone: (916) 445-4646 | Information Security Office DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95899-7413 Email: incidents@dhcs.ca.gov |

19. Responsibility of DHCS. DHCS agrees to not request the Business Associate to use or disclose PHI in any manner that would not be permissible under HIPAA and/or other applicable federal and/or state law.

20. Audits, Inspection and Enforcement

- 20.1 From time to time, DHCS may inspect the facilities, systems, books and records of Business Associate to monitor compliance with this Agreement. Business Associate shall promptly remedy any violation of this Agreement and shall certify the same to the DHCS Privacy Officer in writing. Whether or how DHCS exercises this provision shall not in any respect relieve Business Associate of its responsibility to comply with this Agreement.
- **20.2** If Business Associate is the subject of an audit, compliance review, investigation or any proceeding that is related to the performance of its obligations pursuant to this Agreement, or is the subject of any judicial or administrative proceeding alleging a violation of HIPAA, Business Associate shall promptly notify DHCS unless it is legally prohibited from doing so.

21. Termination

- **21.1 Termination for Cause**. Upon DHCS' knowledge of a violation of this Agreement by Business Associate, DHCS may in its discretion:
 - **21.1.1** Provide an opportunity for Business Associate to cure the violation and terminate this Agreement if Business Associate does not do so within the time specified by DHCS; or
 - **21.1.2** Terminate this Agreement if Business Associate has violated a material term of this Agreement.

21.2 Judicial or Administrative Proceedings. DHCS may terminate this Agreement if Business Associate is found to have violated HIPAA, or stipulates or consents to any such conclusion, in any judicial or administrative proceeding.

22. Miscellaneous Provisions

22.1 Disclaimer. DHCS makes no warranty or representation that compliance by Business Associate with this Agreement will satisfy Business Associate's business needs or compliance obligations. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI and other confidential information.

22.2. Amendment.

- **22.2.1** Any provision of this Agreement which is in conflict with current or future applicable Federal or State laws is hereby amended to conform to the provisions of those laws. Such amendment of this Agreement shall be effective on the effective date of the laws necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties.
- **22.2.2** Failure by Business Associate to take necessary actions required by amendments to this Agreement under Section 22.2.1 shall constitute a material violation of this Agreement.
- **22.3 Assistance in Litigation or Administrative Proceedings**. Business Associate shall make itself and its employees and agents available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers and/or employees based upon claimed violation of HIPAA, which involve inactions or actions by the Business Associate.
- **22.4 No Third-Party Beneficiaries**. Nothing in this Agreement is intended to or shall confer, upon any third person any rights or remedies whatsoever.
- **22.5 Interpretation**. The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and other applicable laws.
- **No Waiver of Obligations**. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.



Certificate Of Completion

Envelope Id: 6057AADB7B0441959B9A3A1487694765

Subject: Please DocuSign: Sonoma PPA.pdf, Sonoma DUA.pdf, Sonoma Attachments.pdf

Source Envelope:

Signatures: 3 Document Pages: 33 Envelope Originator: Certificate Pages: 5 Initials: 0 Thai Nguyen

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

1501 Capitol Ave Sacramento, CA 95814-5005

Status: Completed

Thai.Nguyen@dhcs.ca.gov IP Address: 158.96.4.13

Record Tracking

Status: Original Holder: Thai Nguyen Location: DocuSign

6/8/2020 2:06:29 PM Thai.Nguyen@dhcs.ca.gov

Security Appliance Status: Connected Pool: FedRamp

Storage Appliance Status: Connected Pool: Department of Health Care Services (CA

DHCS)

Location: DocuSign

Timestamp

Signer Events

Signature Robert Ducay

Robert.Ducay@dhcs.ca.gov

Assistant Deputy Director, Health Care Financing

Security Level: Email, Account Authentication

(None)

Robert Ducay

Sent: 6/8/2020 2:25:12 PM Viewed: 6/8/2020 2:30:07 PM Signed: 6/8/2020 2:31:19 PM

Signature Adoption: Pre-selected Style Using IP Address: 158.96.4.13

Electronic Record and Signature Disclosure:

Accepted: 6/8/2020 2:30:07 PM

ID: 3d5444bd-7424-44c6-beca-b775d91218df

| In Person Signer Events | Signature | Timestamp |
|------------------------------|-----------|-----------|
| Editor Delivery Events | Status | Timestamp |
| Agent Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |

Certified Delivery Events Status Timestamp

Status Carbon Copy Events Timestamp

Iveda Williams

Iveda.Williams@dhcs.ca.gov

SSA

Department of Health Care Services

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Thai Nguyen

thai.nguyen@dhcs.ca.gov

SSA

Department of Health Care Services

Security Level: Email, Account Authentication

(None)

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COPIED

Sent: 6/8/2020 2:31:30 PM

Sent: 6/8/2020 2:31:30 PM Resent: 6/8/2020 2:31:38 PM Viewed: 6/8/2020 3:27:27 PM

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
| | | |

Electronic Record and Signature Disclosure:Not Offered via DocuSign

| Witness Events | Signature | Timestamp | | |
|--|------------------|---------------------|--|--|
| Notary Events | Signature | Timestamp | | |
| Envelope Summary Events | Status | Timestamps | | |
| Envelope Sent | Hashed/Encrypted | 6/8/2020 2:31:30 PM | | |
| Certified Delivered | Security Checked | 6/8/2020 2:31:30 PM | | |
| Signing Complete | Security Checked | 6/8/2020 2:31:30 PM | | |
| Completed | Security Checked | 6/8/2020 2:31:30 PM | | |
| Payment Events | Status | Timestamps | | |
| Electronic Record and Signature Disclosure | | | | |

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Department of Health Care Services (CA DHCS) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Department of Health Care Services (CA DHCS):

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: aedmonds@dhcs.ca.gov

To advise Department of Health Care Services (CA DHCS) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at aedmonds@dhcs.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Department of Health Care Services (CA DHCS)

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to aedmonds@dhcs.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Department of Health Care Services (CA DHCS)

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may; ii. send us an e-mail to aedmonds@dhcs.ca.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

| Operating Systems: | Windows2000? or WindowsXP? |
|----------------------------|--|
| Browsers (for SENDERS): | Internet Explorer 6.0? or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0?, Mozilla FireFox 1.0, |
| | NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | |
| | •Allow per session cookies |
| | •Users accessing the internet behind a Proxy |
| | Server must enable HTTP 1.1 settings via |
| | proxy connection |

^{**} These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Health Care Services (CA DHCS) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Department of Health Care Services (CA DHCS) during the course of my relationship with you.



TITLE Please Sign: Piner-Olivet Union SD SMAA Interagency...

FILE NAME Contract Cover Sheet - Sabrina Only.docx and 1 other

DOCUMENT ID 8ef6cbb7420e86b7a34671ba977c1df3e5698545

AUDIT TRAIL DATE FORMAT MM / DD / YYYY

STATUS • Signed

Document History

O4 / 21 / 2022 Sent for signature to Sabrina Dawson (sdawson@scoe.org),

22:09:26 UTC Tami Pallingston (tpallingston@pousd.org) and Greg Medici

(gmedici@scoe.org) from sdawson@scoe.org

IP: 209.129.224.1

O 04 / 21 / 2022 Viewed by Sabrina Dawson (sdawson@scoe.org)

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SIGNED 22:10:27 UTC IP: 209.129.224.1

O 04 / 24 / 2022 Viewed by Tami Pallingston (tpallingston@pousd.org)

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SIGNED 23:46:35 UTC IP: 98.210.46.31



TITLE

FILE NAME

DOCUMENT ID

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STATUS

Please Sign: Piner-Olivet Union SD SMAA Interagency...

Contract Cover Sheet - Sabrina Only.docx and 1 other

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MM / DD / YYYY

Signed

Document History

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04 / 25 / 2022 15:46:49 UTC

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IP: 209.129.224.1

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04 / 25 / 2022

Signed by Greg Medici (gmedici@scoe.org)

IP: 209.129.224.1

SIGNED

COMPLETED

15:47:03 UTC

04 / 25 / 2022

15:47:03 UTC

The document has been completed.

PINER-OLIVET UNION SCHOOL DISTRICT CONFIDENTIAL/SUPERVISORY EMPLOYEES SALARY SCHEDULE 2021-2022

| | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 | STEP 10 | STEP 15 | STEP 20 |
|--|--------|--------|--------|--------|--------|--------|---------|---------|---------|
| PERSONNEL TECHNICIAN 12 Month | 5,045 | 5,298 | 5,563 | 5,841 | 6,133 | 6,441 | 6,955 | 7,267 | 7,594 |
| EXECUTIVE SECRETARY 12 Month | 5,730 | 6,015 | 6,317 | 6,633 | 6,964 | 7,312 | 7,898 | 8,253 | 8,625 |
| SUPERVISOR OF BUILDINGS & GROUNDS (SUPERVISOR II) 12 Month | 5,420 | 5,691 | 5,976 | 6,274 | 6,588 | 6,917 | 7,471 | 7,808 | 8,159 |
| SUPERVISOR OF FOOD SERVICES (SUPERVISOR I) 12 Month | 4,205 | 4,415 | 4,637 | 4,868 | 5,110 | 5,367 | 5,796 | 6,056 | 6,330 |
| SUPERVISOR OF INFORMATION TECHNOLOGY | | | | | | | | | |
| 12 Month | 5,949 | 6,246 | 6,559 | 6,887 | 7,231 | 7,593 | 8,201 | 8,569 | 8,955 |

A new employee will begin at the lowest step on the range and move one (1) step each year of satisfactory service until on the highest step of the range.

The Board may give up to three (3) years credit for previous related experience (no higher than Step 4).

Professional Growth Units - \$450.00 for each 4 units

\$800/Single, \$950 Double, \$1,100 Family Month Health Cap - 10/1/19 \$850/Single, \$1,000 Double, \$1,200 Family Month Health Cap - 10/1/20

Effective: 7/1/2021 - 06/30/2022

Approved by Governing Board: 3/10/2021



PINER-OLIVET UNION SCHOOL DISTRICT Field Trip Request Form

| Teacher Heather (| avaham | |
|---|---|--------------------------------|
| | et Charter S | school |
| Grade 7/8 | : | Sept. 9,2022 |
| Destination Wikiup Ter | nnis & Swim | · |
| | Dr. Santa Ro | |
| Departure Time 9:00 | · Return Time | 2:00 |
| Date of Request 9428 | Number of Pas | sengers 248 |
| Transportation: (D) | istrict Bus Private Car | Other:(describe) |
| Cooperative leave building. Funding Source: | | |
| Name of Driver: | Safety Instruction:Emergency EquipmentExits/Radio | Time: |
| Ending Odometer: | Total Hours | |
| Beginning Odometer: | Total Miles: | |
| Healter Haham Principal's Signature | Directo | Jekane or of Transportation |
| | 4 | 28/2022 |
| Date Received | 4. Date A | Approved |
| Date Received Driver's Signature | Date A | |

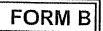
Distribution:

(White) - Driver

(Yellow) - Director

(Pink) - Teacher

(Gold) - Teacher





PINER-OLIVET UNION SCHOOL DISTRICT

Field Trip Request Form - Swimming Supplement

| Swimmin | g Pool Facility Being Used: |
|-----------------|--|
| Name of | Facility: Nikiup Tennis & Swim Club |
| Address: | 500 Wikiup Dr. Santa Rosa, CA 95401 |
| Telephon | e: (707) <u>544-2330</u> |
| Par | ents notified and signed permission given. E Will be once approved |
| | mming ability of Staff and Students determined before trip is taken. Form will be sent home |
| Cer | ified Lifeguard will be available. |
| ⊠ Writ | ten instructions on supervision/safety will be distributed to staff and chaperones. |
| Prov | rision made for students with varying swimming abilities. |
| Z Prov | rision made for flotation devices as appropriate. |
| Ճ A or | e-on-one system for monitoring will be implemented. |
| The prior | principal and teacher initiating swim activities has, or will have, visited site and assessed the risks to the trip. |
| ≸. Write | en emergency procedures are in place. |
| Д Distr | ict adult/student ratio for supervision will be maintained. |
| For than | public swimming facility, certificate of liability insurance has been obtained ford an amount not less \$1,000,000. |
| | Teacher: Heather Graham |
| | Date of Visit: 9 9 2022 |
| | Heather Shaham |
| | Principal |

CONTRACT

AGREEMENT FOR VENDED MEAL SERVICES

This AGREEMENT, for the period <u>June 3, 2022</u> through <u>August 10, 2022</u>, is hereby entered into between City of Santa Rosa High School District of the State of California, hereinafter referred to as "CITY SCHOOLS" and: <u>Piner Olivet Union School</u> District, hereinafter referred to as: District.

WHEREAS, CITY SCHOOLS has the capability for providing vended meal services Reimbursable Breakfast and Lunches to various sites and programs on a cost-reimbursement basis:

NOW THEREFORE: the parties hereto agree as follows:

<u>CITY SCHOOLS</u> SHALL:

(1) Prepare and deliver Reimbursable Breakfast and Lunches, including milk, using the Santa Rosa City Schools Choice Menu to:

See Attachment A

By <u>9:00 a.m.</u>

EACH SCHOOL DAY, including minimum days, in accordance with the number of meals requested for that day. Eating utensils, straws, and napkins will also be provided.

- (2) Be responsible for meeting the nutritional standards for Reimbursable Lunches as set forth by the United States Department of Agriculture for the National School Lunch Program, and Reimbursable Breakfasts as set forth by the USDA for the School Breakfast Program, and also for the quality of the breakfasts and lunches at the time of delivery.
- (3) Pick up transport baskets from the previous day's delivery at the time of the current day's delivery.
- (4) Present itemized invoice the tenth working day of each month for the previous month's deliveries.

Reimbursable breakfasts for elementary schools will be billed at two dollars and five cents (\$2.05) each, including milk.

Reimbursable lunches will be billed at the rate of three dollars and thirty-five cents (\$3.35) each for elementary lunch, including milk.

- (5) Assume all liability for proper use and protection of surplus commodities assigned to <u>District</u>. Commodities will only be used for the preparation of breakfast and lunch meals and <u>may not be sent to sites for snacks</u>.
- (6) Provide <u>District</u> with a monthly menu one week prior to the beginning of the month covered by said menu.
- (7) Maintain all necessary records on the nutritional components of the breakfasts and lunches, the number of breakfasts and lunches delivered to, and make said records available for inspection by the State and Federal authorities upon request.
- (8) Shelf stable meals will be provided in the event your District is open on a scheduled CITY SCHOOLS holiday. Alternatively two days of meals will be provided on the delivery prior to the CITY SCHOOLS holiday.
- (9) <u>CITY SCHOOLS</u> <u>shall charge for a minimum of fifteen (15) lunches at any given site.</u> Fewer lunches may be received, but <u>CITY SCHOOLS</u> <u>will not charge less for a regularly scheduled stop.</u>
- (10) Sack lunches can be provided for field trips with ten (10) working days' notice to the site providing lunches.

District SHALL:

- (1) A. Orders must be placed by 9:30 AM three days prior to the delivery date to ensure we will have the number of lunch choices available and for the efficient operation of our services. Shelf stable meals are available to purchase as a back-up supply, should you ever need additional meals.
- B. Ensure that adequate storage shall be provided for the meals from time of delivery until served to the student in accordance with Health and Safety Codes.
- C. Ensure that lunches are heated to 165 degrees in accordance with Health and Safety Code #27601.
- D. Ensure that an employee is available at sites each school day to verify quality and quantity of said breakfasts and lunches. Errors in count called in shall be the responsibility of District.
- E. Ensure that breakfasts and lunches are delivered and served at sites approved on the District National School Lunch Agreement.

Failure to comply shall constitute sufficient reason for CITY SCHOOLS to immediately cease providing lunches under this AGREEMENT.

- (2) Provide CITY SCHOOLS with school calendars. Each site shall give notice to CITY SCHOOLS Central Kitchen Manager of calendar changes. Also, notice must be given for minimum day meal requirements and any holidays not clearly indicated on the calendar. THIS NOTICE MUST BE GIVEN THREE (3) WORKING DAYS PRIOR TO SAID SCHEDULE CHANGE.
- (3) Provide personnel to serve meals, clean the serving and eating areas, assemble and deliver transport baskets by Santa Rosa City Schools delivery the next day.
- (4) Establish collection procedures which are in accordance with State and Federal regulations relating to the overt identification of needy students, and keep accurate records of the number of free, reduced price, paid, and adult lunches served daily.
- (5) Prepare all claims for reimbursement under its own agreement number, receive and approve all free and reduced price meal applications, and maintain all necessary records to substantiate the above items.
- (6) Assign to CITY SCHOOLS one hundred percent (100%) of the commodities to which <u>District</u> is entitled and the responsibility for proper use of such commodities. If there is a short-fall of commodities, cash-in-lieu of commodities shall be given to CITY SCHOOLS. Commodities may not be sent to school sites except as they appear on the listed menu.
- (7) Pay CITY SCHOOLS within 60 days of invoice or a fee of 1% will be charged on the balance due.

TERM

This AGREEMENT becomes effective this day June 3, 2022, and will continue until August 10, 2022. This AGREEMENT may be renegotiated and renewed as revised and agreed upon by both parties. This AGREEMENT is valid through August 10, 2022.

TERMINATION/INDEMNIFICATION

Termination

CITY SCHOOLS or DISTRICT may terminate this AGREEMENT, with or without cause, upon 30 days' written notice to DISTRICT or CITY SCHOOLS.

Indemnification

APPROVED BY

To the fullest extent permitted by law, each party shall defend, indemnify, and hold the other party, its Governing Board, officers, agents, and employees harmless from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this AGREEMENT but only in proportion to and to the extent such liability, loss, expense, or claims for injury or damages are caused by or result from the willful or intentional misconduct or negligent acts or omissions of the indemnified party, its officers, employees, volunteers, or agents.

Each party to this agreement understands and is aware that the School and College Legal Services, Sonoma County Office of Education, provides legal advice and services to each of the parties on this and other matters. Each party has no objections to the representation of the other parties by the same legal counsel.

| By | |
|---|----------|
| Signature | Title |
| School District/Agency | Date |
| APPROVED BY | |
| Santa Rosa City Schools | |
| By | |
| Deputy Superintendent-Business Services | Date |
| Board Approved: | |
| | |
| Legal Counsel | Date |

ATTACHMENT A

Jack London Elementary School 2707 Francisco Ave. Santa Rosa, CA 95403