EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑF	or the 2	2020 calendar year, or tax year beginning JUL L, ZUZU and er	ل nding	UN 30, 2021	-
B c	Check if applicable:	C Name of organization		D Employer identif	ication number
	Address change	NORTHERN UNITED CHARTER SCHOOLS			
	Name change	Doing business as		82-50020	004
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2120 CAMPTON ROAD, SUITE H	loom/suite	E Telephone number 707-445-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,715,654.	
	Amende			H(a) Is this a group	
	Applica- tion	F Name and address of principal officer: SHARI LOVETT		for subordinate	•••
	pending	2120 CAMPTON RD SUITE H, EUREKA, CA 95	503	H(b) Are all subordinates	
T 7	Γay-eyen	npt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) 4947(a)(1) or		1 ' '	a list. See instructions
		:► WWW.NUCHARTERS.ORG	021	H(c) Group exemption	
			TI Vear		M State of legal domicile: CA
_		Summary	- L 10a1	or formation.	VI Otate of logal doffilolic. O22
		riefly describe the organization's mission or most significant activities: THE O	RGANT	ZATION IS C	RGANTZED
Activities & Governance		EXCLUSIVELY FOR EDUCATIONAL PURPOSES.			71(0111(11111
nar	I —	heck this box if the organization discontinued its operations or dispose	nd of more	than 25% of its not a	ecoto
Ver	1	•		3	· -
ဗွ	1	umber of independent voting members of the governing body (Part VI, line 1b)			
დ დ		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			86
ij		otal number of volunteers (estimate if necessary)			0
ž		otal unrelated business revenue from Part VIII, column (C), line 12			
Ă		et unrelated business taxable income from Form 990-T, Part I, line 11			
	D 14	et differated busiliess taxable income from offit 990-1, Part 1, life 11		Prior Year	Current Year
Revenue	8 C	ontributions and grants (Part VIII, line 1h)	-	6,825,667.	
	1			0.	
	1	rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		19,739.	
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		292,643.	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,138,049.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	1			0.	
'n	1	enefits paid to or for members (Part IX, column (A), line 4)alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,274,550.	
se		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	1
Expenses	1		0.		
Ä	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,176,386.	1,510,507.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,450,936.	
	1	evenue less expenses. Subtract line 18 from line 12		-312,887.	
or es		evenue 1000 expenses. Cabataet into 10 front into 12	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	1	2,384,993.	
Ass I Ba	21 To	otal liabilities (Part X, line 26)		120,630.	
<u>Set</u>	22 N	et assets or fund balances. Subtract line 21 from line 20		2,264,363.	
		Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of n	nv knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of whic			,
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			
Sig	n	Signature of officer		Date	
Here		SHARI LOVETT, DIRECTOR			
	· []	Type or print name and title			
	F	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ARK G. WETZEL, CPA		if self-emplo	ved P00090969
		irm's name DAVID L. MOONIE & CO., LLP	1	Firm's EIN	/···
		irm's address 325 SECOND STREET, SUITE 301			
		EUREKA, CA 95501		Phone no. (7	707) 442-1737
Mav	the IRS	6 discuss this return with the preparer shown above? See instructions			X Yes No
		1 1 2			

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO, IN PARTNERSHIP WITH PARENTS AND COMMUNITY, ENGAGE ALL STU	IDENTE TH
	A COMPREHENSIVE EDUCATION, PREPARING THEM TO BE CONFIDENT, CO AND PROACTIVE CITIZENS IN A DIVERSE SOCIETY.	MEELEMI
	AND PROACTIVE CITIZENS IN A DIVERSE SOCIETY.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes ♪ No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes △ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ai expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,746,318 • including grants of \$) (Revenue \$	121,360.)
4a	(Code:) (Expenses \$ 5,746,318 including grants of \$) (Revenue \$) THE ORGANIZATION'S PROGRAMS ARE BASED ON A WELL-DEVELOPED EDU	
	PHILOSOPHY THAT PROVIDES FOR INDIVIDUALLY DESIGNED CURRICULA,	
	INCLUDE: HOME-BASED INDEPENDENT STUDY, LEARNING CENTER PROGRA	
	CLASSES, APPRENTICESHIPS, COMMUNITY-BASED EDUCATIONAL PROGRAM	
	DISTANCE LEARNING UTILIZING CURRENT TECHNOLOGY, AND SUPPLEMEN	
	PROJECTS.	11111
	INOUECTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
) (LAppended 4) (Installed grains of 4) (Installed grains of 4)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5,746,318.	- 000 <i>(</i>
		Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			T	
00	Did the annual state of the sta		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Α.
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α.
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. v	
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га				
	Check if Schedule O contains a response or note to any line in this Part V			N/a
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

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

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ited for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization field all required federal employment is restured? Note: If the sum of lines 1s and 2a is granter from 250, you may be required to e-fire (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if field a Form 900°T for this year? If YeV 10 line 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a dignature or other authority over, a financial account in a foreign country because in the financial account in a foreign country because a bank account, securities account, or other financial accounts (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or celeptation and any contributions that were not tax deductibles or celeptation and express statement that such contributions or gifts were not tax deductibles or celeptation and express statement that such contributions or gifts were not tax deductibles or celeptation and present than such contributions or gifts were not tax deductibles or advantable contributions or personal broken the property of the organization schelar payment in excess of \$5 make party as a contribution of present payment for goods and services provided to the payor? 7b Organizations that may receive deductible contributions under section 170(c). 8c If Yes, did the organization mental excess of Stande party as a contribution of present payment in exce				Yes	No		
b If all least one is reported on line 2a, did the organization file all required to e-file (see instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 Did the organization have unrelated business goes income of \$1,000 or more during the year? 4 Did the during the calendary year, did the organization have an interest in, or a significant or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 5 Did the organization aparty to a prohibited tax shelter transaction and any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and the prohibited tax shelter transaction or gifts were not tax deductibles or enhantable contributions? 5 Did the organization shelt was a contribution and express statement that such contributions or gifts were not tax deductibles or enhantable contributions? 5 Did the organization shelt was a payment in access of 575 made party set contributions and party for goods and services provided to the payor? 7 Did the organization receive a payment in access of 575 made party set contribution and party for goods and services provided to the payor? 7 Did the organization receive and payment in access of 575 made party set contribution or payments or a personal b	2a						
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 86					
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f ''ves', invalidation of Schedule O 3b X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
4a A tary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibite tax was reasonable and the free organization that it was or is a party to a prohibited tax was reasonable and the organization the foreign country. 5a Was the organization aparty to a prohibite tax washed transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible for enal sealant plants were not tax deductible or tax deductibles charitable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). b) If 'Yes,' did the organization only the donor only the donor of the value of the goods or services provided? 7b Under the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 8827? d) If 'Yes,' indicate the number of Forms 8822 filed during the year 1 Did the organization received a contribution of qualified intellectual property, of the organization file Form 8899 as required? 1 Did the organization makes any tax-b, boots, a parison or other vehicles, did the organization file a Form 1986 or the organization file Form 8899 as required? 1 The organization received a contribution of qualified intellectual property, of the organization file Form 1989 or the payor organization file organization makes any tax-bodings at any time	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
financial account in a foreign country (such as a bank account, securities account, or other financial account/? b if Yes, "reter the name of the foreign country ≥ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I "Yes' to line Sa or 5b, did the organization file Form 8986-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lid the organization receive a apprentin incesses 6157 made party as a contribution of property for which it was required to lile Form 8282? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 5 If "Yes," indicate the number of Forms 8282 filed during the year 6 Id the organization received a contribution of qualified intellectual property, did for granization foreived and contribution of qualified intellectual property, did for granization foreived and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 899. 8 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10a Gross received from them.) 12a Section 497(c)(29)	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
b If "Yes," enter the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of St, dif the organization fille Form 88867? 5c If "Yes" to line Sar of St, dif the organization fille Form 88867? 5c Is Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Is Wester of tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). bill the organization start may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). bill the organization start may receive deductible contributions under section 170(c). bill the organization receive application of cars, botts, arguments of the section 170(c). bill the organization receive application of cars, botts, arguments of the section 170(c). by Sponsoring organization maker alcontribution of qualified intellectual property, did the organization fi	4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X		
If "Yes," complete Form 4720, Schedule O.					77		
	16		16		X		
		If "Yes," complete Form 4720, Schedule O.	لتب	000	(0000		

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)	3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
	·	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd fina	ıncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	SHARI LOVETT - 707-445-2660				
	2120 CAMPTON RD. SUITE H, EUREKA, CA 95503				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee week from from related other organizations (list any the compensation organization (W-2/1099-MISC) hours for from the related (-2/1099-MISC) organization ndividual trustee organizations Key employee and related Institutional 1 below organizations line) (1) SHARI LOVETT 40.00 X 117,904 0. DIRECTOR 0. 2.00 (2) JERE COX CHATR X Х 0. 0. 0. 2.00 (3) BIANCA GARZA X Х 0. 0. 0. VTCE-CHATE 2.00 (4) MELISSA JOHNSON 0 0 0. MEMBER (5) ROSEMARY KUNKLER 2.00 MEMBER 0 0. 0. (6) KEVIN BRADLEY 2.00 X 0 0. 0. FORMER MEMBER 2.00 (7) JEFF LANPHERE 0. X 0. 0. MEMBER

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
	(A)	(B)			_ ((•			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one		Reportable	Reportable			timated					
		hours per week					is bot or/trus		compensation	compensation			ount o	f
		(list any	\vdash					Ĺ	from the	from related organization			other nensat	ion
		hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			pensat om the	
		related	9e Or (stee			sate		(W-2/1099-MISC)	(** 27 1000 14110	30)		anizatio	
		organizations	truste	al tru		yee	mpe		(** = *********************************				d relate	
		below	/id ual	Institutional trustee	er	Key employee	est co	Je.				orga	nizatio	ns
		line)	Indi	Insti	Officer	Keye	Highest compensated employee	For						
			_				_							
							1	\mathbb{Z}						
	Culatotal			Ι,	1		₽-		117,904.		0.			0.
10	Subtotal Tatal from a patient should be Bart VI	U Castian A							0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								117,904.		0.			0.
	Total number of individuals (including but n								·	000 of reportab				•
_	compensation from the organization	ot illilited to ti	1030	· IISL	Ju ai	DOV	C) WI	110 11	cocived more than \$100	,000 of reportab				1
	om pomounom mon uno or gui maurion.			$\overline{}$	_								Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	key e	emp	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	-		-					•	the organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				,	,		•		3	_		v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J i	or s	ucn ,	pers	son					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for										-			
	(A) Name and business	address	NT/	INC					(B) Description of s	envices	_	(C	;) nsation	
	Name and business	address	11/)INI					Description of s	ei vices		ompei	isation	
	Total number of independent contractors /	noludina but -	ot !:	mitc	d to	the	00 1	otos	I abovo) who received -	oro than				
	Total number of independent contractors (i \$100,000 of compensation from the organi		iot II	mte	u to	u10 (0	siec	i abovej who received m	юге шап			200	

Part VIII Statement of Revenue

			Check if Schedule O contains a respons	se or note to any li	ne in this Part VIII			
			·	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	-	_	Federated campaigns 1a					
ant					-			
اعٌ ق			Membership dues 1b		-			
Ę,			Fundraising events 1c		-			
ig ig			Related organizations 1d	F70 77 <i>C</i>	_			
Contributions, Gifts, Grants and Other Similar Amounts			ÿ ` ,	,578,776.	_			
e ë	1	f	All other contributions, gifts, grants, and					
호된			similar amounts not included above 1f					
gg	9	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8</u> 0		h	Total. Add lines 1a-1f)	6,578,776.			
				Business Code				
e l	2	а						
ا ﴿ خَ		b						
Se		С						
an eve		d						
Pg		_						
Program Service Revenue	· ·	f	All other program service revenue	-				
	3	<u>9</u>	Total. Add lines 2a-2f					
	3		•		15,518.			15,518.
			other similar amounts)		13,310.			13,310.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties(i) Real	(ii) Personal				
				(II) Personal				
			Gross rents 6a		-			
			Less: rental expenses 6b		_			
			Rental income or (loss) 6c					
	•	d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	- 1	b	Less: cost or other basis					
en l			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
ther			Gross income from fundraising events (not					
ᅗ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ba				
		b		Bb				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
		.)a				
		h)b	-			
			A					
				<u> </u>				
	10	a	Gross sales of inventory, less returns	20				
		L-		0a 0b	-			
		С	Net income or (loss) from sales of inventory					
sn	4.4	_	ALL OTHER LOCAL REVENU	Business Code 611710	121,360.	121,360.		
ee ne			ALL OTHER LOCAL REVENO	011/10	121,300.	121,300.		
la la		b		-				
Miscellaneous Revenue		C	All all and an area and	-				
Ξ			All other revenue		121,360.			
		e	Total. Add lines 11a-11d		6,715,654.	121,360.	0.	15,518.
	12		Total revenue. See instructions	<u></u> <u> </u>	0,110,004.	L TTT,300.	ı .	T T , J T O •

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

	Check if Schedule O contains a response amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	d 10b of Part VIII.		expenses	general expenses	expenses
	other assistance to domestic organizations				
	etic governments. See Part IV, line 21 and other assistance to domestic				
	s. See Part IV, line 22d other assistance to foreign				
	ions, foreign governments, and foreign				
-	s. See Part IV, lines 15 and 16				
	paid to or for members				
	eation of current officers, directors,				
	and key employees	117,904.		117,904.	
	tion not included above to disqualified	,		<u> </u>	
-	s defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)				
	aries and wages	3,103,471.	3,040,571.	62,900.	
	an accruals and contributions (include	-		-	
	1(k) and 403(b) employer contributions)	723,752.	678,836.	44,916.	
	ployee benefits	647,746.	614,554.	33,192.	
	xes	100,762.	100,762.		
	services (nonemployees):				
a Managem	nent				
		12,917.	5,835.	7,082.	
	ng	27,483.	13,000.	14,483.	
e Profession	al fundraising services. See Part IV, line 17				
f Investme	nt management fees				
g Other. (If	line 11g amount exceeds 10% of line 25,				
column (A)) amount, list line 11g expenses on Sch O.)				
12 Advertisir	ng and promotion	2,866.	2,866.		
	penses	129,184.	129,184.		
4 Information	on technology	56,989.	35,702.	21,287.	
S Royalties		200	200 200		
6 Occupan	cy	377,056.	377,056.		
I 7 Travel		6,299.	6,299.		
•	s of travel or entertainment expenses				
•	deral, state, or local public officials				
19 Conferen	ces, conventions, and meetings				
0 Interest					
	s to affiliates	62 262	62 262		
	ion, depletion, and amortization	62,363. 59,342.	62,363. 29,003.	30,339.	
3 Insurance		59,544.	49,003.	30,339.	
24 Other expe above (List	nses. Itemize expenses not covered t miscellaneous expenses on line 24e. If				
line 24è an	nount exceeds 10% of line 25, column (A)				
OT TIM C T	st line 24e expenses on Schedule 0.)	473,545.	357,117.	116 / 20	
	DE CONTRACT SERVIC BOOKS AND CLASSROOM	115,183.	115,183.	116,428.	
TIMITI		44,524.	44,524.		
. DED 3 T		36,353.	36,353.		
		106,403.	97,110.	9,293.	
e All other o		6,204,142.	5,746,318.	457,824.	
	tional expenses. Add lines 1 through 24e	0,404,144.	J, 140, J10.	731,024.	
	s. Complete this line only if the organization				
-	column (B) joint costs from a combined				
Check here	I campaign and fundraising solicitation.				
Oneck nere	if following SOP 98-2 (ASC 958-720)				Form 990 (2)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	1,310,491.	2	1,896,189.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			767,976.	4	2,159,080.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			F 000	8	F 000
•	9				5,000.	9	5,000.
	10a	Land, buildings, and equipment: cost or other		252 004			
		basis. Complete Part VI of Schedule D	10a	352,094. 112,931.	201 526		220 162
		Less: accumulated depreciation			301,526.	10c	239,163.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,384,993.	15	4,299,432.
	16	Total assets. Add lines 1 through 15 (must equ			111,703.	16 17	96,782.
	17 18	Accounts payable and accrued expenses			111,703.	18	50,1021
	19	Grants payable			8,927.	19	216,774.
	20	Deferred revenue Tax-exempt bond liabilities			0,521.	20	210,7740
	21	Escrow or custodial account liability. Complete				21	
G	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subst		A			
abil		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			0.	25	1,210,000.
	26	Total liabilities. Add lines 17 through 25			120,630.	26	1,523,556.
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 X			
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			2,200,314.	27	2,472,697.
Ä	28				64,049.	28	303,179.
Ē		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0.064.065	31	0 885 056
Š	32	Total net assets or fund balances			2,264,363.	32	2,775,876.
	33	Total liabilities and net assets/fund balances			2,384,993.	33	4,299,432.

Forn	1990 (2020) NORTHERN UNITED CHARTER SCHOOLS	82-	5002004	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,204		
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,264	1,3	63.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,77	5,8	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review or compilation of its financial statements and selection of an independent accountant?		20		Х

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2020)

За

Х

SCHEDULE A

Internal Revenue Service

3

4

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number 82-5002004

Part	ı	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
he or	gan	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

- city, and state:

 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
- section 170(b)(1)(A)(iv). (Complete Part II.)

 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

- 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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

	Enter the number of supported t	organizations					
g	Provide the following information	n about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Ota							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	\					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		_
	organization meets the facts-and-circle		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	ciow, picade com	picto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					'	
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2020 (li	ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	•			
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see in	structions	•

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

	dule A (Form 990 or 990-EZ) 2020 NORTHERN UNITED CHARTER SCHOOLS 82-50	0200	4 Pa	ıge 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		res	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	ш	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<i>i-</i>		
a b	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.			
C	The organization is the parent of each or its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4 5		
3 4		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
a		
7		
Tu		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
ntegrate	d Type III supporting orga	anization (see
	2 3 4 5 6 7 8	8 (A) Prior Year 2 3 4 5 6 7 8 1 2 3 4 5 5

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	That actano mi al al a a a	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
Ū	(provide details in Part VI). See instructions.	no organization to reopensive	´ 8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
10	Line o amount divided by line 9 amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \f

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization Employer identification number

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUMBOLDT COUNTY OFFICE OF EDUCATION 901 MYRTLE AVE EUREKA, CA 95501	\$ <u>134,260.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF EDUCATION 400 MARYLAND AVE SW WASHINGTON, DC 20202	\$ 456,368.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 STATE OF CALIFORNIA DEPARTMENT OF EDUCATION 1430 N STREET SACRAMENTO, CA 95814	Total contributions \$ 5,841,018.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVE NW WASHINGTON, DC 20220	\$36,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SISKIYOU COUNTY OFFICE OF EDUCATION 609 SOUTH GOLD STREET YREKA, CA 96097	\$ 82,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COUNTY OF SISKIYOU 311 FOURTH STREET, ROOM 101 YREKA, CA 96097	\$ 25,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (see instructions.)	(d) Date received (d) Date received (d) Date received
Description of noncash property given (b)	(c) FMV (or estimate) (See instructions.) (c) FMV (or estimate)	Date received
Description of noncash property given (b)	(c) FMV (or estimate) (See instructions.) (c) FMV (or estimate)	Date received
	FMV (or estimate)	1
	FMV (or estimate)	1
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b)	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) (c) FMV (or estimate)

Employer identification number

Name of organization

82-5002004 NORTHERN UNITED CHARTER SCHOOLS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number 82-5002004

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose conf	erring
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	- A	
	Preservation of land for public use (for example, recreation		torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included in (c) acquired aft		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	used, extinguished, or terminated by the organic	anization during the tax
	year >	A	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Voc. No.
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha		
6	Starr and volunteer flours devoted to monitoring, inspecting, ha	andling of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing conservation	assements during the year
′	\$	ig of violations, and emorcing conservation of	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section $170(h)(4)$	(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,		nce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			L A
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		🕨 \$
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2020

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Sched Par	(N UNITED CI				82-50			
	t III Organizations Maintaining C Using the organization's acquisition, accessi							nuea)	
	collection items (check all that apply):	on, and other record	o, oncorrainy or the	Tollowing that make	oigiiiioaiii	400 01 110			
а	Public exhibition	d	I oan or exc	change program					
b	Scholarly research	e		onango program					
c	Preservation for future generations	J							
	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's ex	empt purp	ose in Par	t XIII		
	During the year, did the organization solicit o	· · · · · · · · · · · · · · · · · · ·	· ·	-		000 1111 41	. 7		
	to be sold to raise funds rather than to be ma						Yes		No
	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		·· ·· · · · · · · · · · · · · · · ·			-,,			
1a	Is the organization an agent, trustee, custod		iary for contribution	ns or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
	If "Yes," explain the arrangement in Part XIII								
	, ,	,	J				Amoun	ıt	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	ears back	(e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the organi	zation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	<u> </u>	
	(ii) Related organizations							Ь—	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	?			. 3b	Ш	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						

Part VI Land, Buildings, and Equipment.

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

Complete if the digarization anothered. The confidence of the conf							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings		77,214.	13,508.	63,706.			
c Leasehold improvements							
d Equipment		274,880.	99,423.	175,457.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	239,163.						

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NORTHERN UN	ITED CHARTER	SCHOOLS 82-	5002004 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	 of-vear market value
(1)		1 '	
(2)			
(3)			
(4)			
(5)			
(6)		,	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	
(a) L	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.	,	· ·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REVENUE ANTICIPATION NOTE	PAYABLE		1,210,000

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REVENUE ANTICIPATION NOTE PAYABLE	1,210,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,210,000.

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

Schedule D (Form 990) 2020

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4c

6,204,142.

Sche	edule D (Form 990) 2020 NORTHERN UNITED CHARTER	R SCHOOLS	82-	5002004 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,963,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 24	8,238.	
е	Add lines 2a through 2d		2e	248,238.
3	Subtract line 2e from line 1		3	6,715,654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			6,715,654.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	nses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	6,452,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d 24	8,238.	
е	Add lines 2a through 2d		2e	248,238.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

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

PART X, LINE 2:

e Add lines 2a through 2d 3 Subtract line 2e from line 1

b Other (Describe in Part XIII.) c Add lines 4a and 4b

THE CHARTER SCHOOL EVALUATES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC 740-10-25-6, INCOME TAXES, WHEREBY THE EFFECT OF UNCERTAINTY WOULD BE RECORDED IF THE TAX POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2021, THE CHARTER SCHOOL HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTER-SCHOOL EXPENSE TRANSFERS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTER-SCHOOL EXPENSE TRANSFERS

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number 82-5002004

	rt I		YES	N
l	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1		:
:	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			Г
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		Γ
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			Г
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		
	CALIFORNIA CHARTER SCHOOLS ARE CONSIDERED PUBLIC RATHER THAN			
	PRIVATE SCHOOLS AND ARE THEREFORE NOT SUBJECT TO THE			
	REQUIREMENTS OF SCHEDULE E.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		
b		4b		t
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	15		H
٠	with student admissions, programs, and scholarships?	4c		
ч	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	-t u		H
	CALIFORNIA CHARTER SCHOOLS ARE CONSIDERED PUBLIC RATHER THAN			
	PRIVATE SCHOOLS AND ARE THEREFORE NOT SUBJECT TO THE			
	REQUIREMENTS OF SCHEDULE E.			
	REQUIREMENTS OF BEHEBOHE H.			
	Does the examination discriminate by rece in any way with respect to			
_	Does the organization discriminate by race in any way with respect to:	F-		
	Students' rights or privileges?	5a		
	Admissions policies?	5b		
с	Employment of faculty or administrative staff?	5c		
	Scholarships or other financial assistance?	5d		
e		5e		_
f		5f		
	Athletic programs?	5g		
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
а	Does the organization receive any financial aid or assistance from a governmental agency?	6a		l
		6a 6b		
	Has the organization's right to such aid ever been revoked or suspended?	-		
		-		

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

Schedule E (Form 990 or 990-EZ) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number 82-5002004

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: CHARTER SCHOOL FORM 990, PART IV, LINE 13: CHARTER SCHOOLS ARE CONSIDERED PUBLIC RATHER THAN PRIVATE SCHOOLS, AND THEREFORE, ARE NOT REQUIRED TO COMPLETE SCHEDULE E. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS SUBMITTED TO BOARD OF DIRECTORS FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS REVIEW ALL POSSIBLE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: DIRECTOR SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 18: AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART X, LINE 15: THE NORTHERN UNITED CHARTER SCHOOLS WERE ESTABLISHED AS INDEPENDENT CHARTER SCHOOLS BY THE HUMBOLDT COUNTY OFFICE OF EDUCATION AND THE SISKIYOU OFFICE OF EDUCATION, AFTER THE MATTOLE VALLEY CHARTER SCHOOL'S

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NORTHERN UNITED CHARTER SCHOOLS	82-5002004
CHARTER WITH MATTOLE UNIFIED SCHOOL DISTRICT WAS TERMINAT	ED ON JUNE 30,
2018, DUE TO RECENT COURT CASES LIMITING THE ABILITY OF C	HARTER SCHOOLS
TO OPERATE SITES OUTSIDE OF SPONSORING DISTRICT'S BOUNDAR	IES. THE
REMAINING UNRESTRICTED FUND BALANCE IN THE MATTOLE VALLEY	CHARTER
SCHOOL AFTER TERMINATION IS BEING DISTRIBUTED TO NORTHERN	UNITED
CHARTER SCHOOLS, AND REFLECTED AS THE AMOUNT REPORTED AS	OTHER ASSETS,
TITLED "DUE FROM LAPSED ORGANIZATION". AS OF JUNE 30, 20	20 THE BALANCE
WAS RECEIVED IN FULL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.
SCHEDULE D, PART XI, LINE 1, SCHEDULE D PART XII, LINE 1	
NORTHERN UNITED CHARTER SCHOOLS IS A NON-PROFIT CORPORATI	ON THAT
GOVERNS NORTHERN UNITED-HUMBOLDT CHARTER SCHOOL AND NORTH	ERN UNITED -
SISKIYOU CHARTER SCHOOL. INDEPENDENT AUDIT REPORTS WERE	PREPARED FOR
EACH SCHOOL. HOWEVER, THE FINANCIAL INFORMATION HAS BEEN	COMBINED ON
THIS RETURN.	