

**Agenda Item 1.**

**CALL TO ORDER/AGENDA**

**Subject:**

1.1 Pledge of Allegiance

1.2 Agenda: Items to be removed from the agenda or changes to the agenda will be made at this time.

**Action Requested:**

1.1 None

1.2 Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

1.2 A trustee, administrator or a member of the public may request that an item be removed from the agenda or the order of the agenda be changed at the pleasure of the Board.

Agenda items may be added to the agenda if an "emergency situation" exists or "immediate action" is needed.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 2.**

**INTERVIEW/APPOINTMENT**

**Subject:**

2.1 Interview of NUCS Board Member Candidates

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

A board position is available in Humboldt County. The board received two applications from interested parties. See attached. The board will interview the potential board members.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

March 5, 2024

Board of Directors  
2120 Campton Rd. Suite H  
Eureka, CA, 95503

Dear Northern United Charter School Board of Directors,

My name is Brian Payton. I live in Eureka and ~~am~~ married with 4 children, and would like to be considered to be part of the NUCS Board of Directors.

I bring a unique perspective that I feel would be a great addition to your board. Community involvement continues to be a deep passion and a priority of mine. Particularly the children in our community. As a parent of special needs children, I bring understanding of the educational practices in this area. I stand by the practice of transparency in our community. I stand by parent choice in sending their children to the school of their choice.


I bring a wide range of experience. I am currently on the Humboldt Autism Alliance Board of Directors. I am the Communications Committee Chair for the Eureka Moose Lodge. I also oversee the Social Media Websites for the South Eureka Neighborhood Alliance as well as assist in the planning and organizing of events. I participated in the Winship PTSA as Vice President and President. Fundraising was successful both years.

I continue to volunteer for the Celebrate Recovery Kids Program.

The background and experiences I bring can be of great value to the NUCS Board of Directors.

I thank you for your time and consideration as you fill this vacancy.

Best Regards,

A handwritten signature in black ink that reads "Brian Payton". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Brian Payton



# Northern United Charter Schools

## Board Member Application

### Personal Information

Title/Prefix	Brian	M	Payton
First Name		Middle Initial	Last Name
Home Address	4520 Little Fairfield Street	City	Eureka
		State	Ca
			ZipCode
			95503
Home Phone	707-672-5935	Cell Phone	
		Work Phone	
Email Address	bnathan2000@aol.com	Highest Level of Education	Some college
Employer	In Home Support Service (IHSS)	Title/Position	Care Provider
Spouse's Name	Lisa Payton		

If you have children, are they enrolled in Northern United?

YES/NO

Will you be able to regularly attend scheduled Board Meetings?

YES/NO

### Professional Expertise

For the following areas of expertise, please rank your abilities based on a scale of one to five. One (1) represents that you have little to no experience with this area, five (5) represents a high degree of professional expertise in the area, such as the ability to work as professional in this field.

Accounting: 1  
Business: 1  
Education: 2  
Facilities: 1  
Finance: 2

Fund Raising: 5  
Government: 1  
Law: 1  
PTO/SSC: 4  
Public Relations: 4

# Northern United Charter Schools

## Education

**Education:** List colleges, or universities you attended. Please list your most recent education first.

School or Institution and Location	Major	Minor	Degree or Semester Units Earned
College of the Redwoods	Early Childhood Education		6 units

**California Credentials and Permits Held:** Include any California Credentials and Permits held.

Type and Level
none

**Training:** Summarize below the courses, workshops and or seminars you have attended that might be relevant to serving on the Board of Directors.

Title/Topic	Sponsor
Children's Mental Health Care Needs	California Mental Health Advocates for Children and Youth

# Northern United Charter Schools

## Employment and Volunteer

**Current Employment:**

Present Position Title	Present Employer
Care Provider	IHSS

**Previous Work Experience:** List your work experience. Please list your most recent employment first.

Position Title	Part-Time or Full-Time	Employer	Dates
Team Leader	Part - Time	Crossmark Careers	2011-2013
Event Manager	Full - Time	Muscle Marketing	2007-2011
Assistant Cook	Part - Time	North Coast Childrens Services	2001-2002

**Professional Organization or Volunteer Involvement:** Summarize any professional organization or volunteer participation. If appropriate, please briefly describe duties or leadership responsibilities you assumed.

Association/Organization	Degree of Activity, i.e. Member or Officer, etc.	Dates
Humboldt Autism Alliance	Board Member	2023 - present
Eureka Moose Lodge	Communications Commitee	2023 - present
Winship PTSA	VP and President	2021-2023
Celebrate Recovery Child Care	Volunteer Leader	2018 - present

South Eureka Neighborhood Alliance    Social Media Chair    2019 - present

Northcoast Children's Services    Board Member    2009 - 2010

Northcoast Children's Services    Vice Chair for Policy Council    2008 - 2009

# Northern United Charter Schools

## Narrative Responses

Please take a moment to answer the following narrative questions to give the Board a better understanding of your experiences that would make you a good addition to the school's Board of Directors. Attach a separate sheet if necessary.

<p><b>Why do you feel you would be a good addition to the Board?</b></p> <p>See Attached</p>	<p><b>What experience do you have with either school committees or not-for-profit agencies?</b></p>
<p><b>Do you have any restrictions which the Board should know about with regards to your participation? (I.e. conflict of interest, meeting requirements, etc.)</b></p>	<p><b>Is there anything else you would like to add?</b></p>

Why do you feel you would be a good addition to the Board?

I feel I would be a good addition to the NUCS Board of Directors in the following ways:

- ❖ Transparency is important to me. I think that in order to maintain a good relationship with the school community as well as the community at large, transparency is a must.
- ❖ I encourage growth and change in our school community.
- ❖ On a personal level, I have an understanding of the needs of special education students.
- ❖ My enthusiasm for bringing funding through fundraising, partnerships and other avenues is a strong desire in me.

What experiences do you have with either school committees or not-for-profit agencies?

- ❖ Humboldt Autism Alliance - Board of Directors member
- ❖ Eureka Moose Lodge 636 - Communications Committee Chair
- ❖ PTSA Winship and Alice Birney - Boosters, Vice President and President
- ❖ Northcoast Children's Services- Policy Council - Vice Chairman
- ❖ Northcoast Children's Services - Board Member

Do you have any restrictions which the Board should know about with regards to your participation?

- ❖ There are no restrictions or conflict of interests.

Is there anything else you would like to add?

- ❖ I have recently been accepted to be part of The Eureka Rotary Club which will bring more connections to the community.
- ❖ Volunteering for the Celebrate Recovery Child Care Program gives me a greater understanding of children who live with trauma in their lives.
- ❖ Participation in the South Eureka Neighborhood Alliance keeps me connected to the community through planned community events.



# Northern United Charter Schools

## Legal / Ethical Questions

Please circle YES or NO. If you answer "YES" to any of the following questions, please provide a written explanation for the issue as a separate attachment to this application.

Do or will you or your spouse have any contractual agreements NUCS? YES/NO

Do or will you, your spouse, or any member of your immediate family have any ownership interest in any educational service provider/management company or any other company contracting with NUCS? YES/NO

Did or will you or your spouse lease or sell property to NUCS? YES/NO

Did or will you or your spouse sell any supplies, materials, equipment or other personal property to NUCS? YES/NO

Are or will you, your spouse or any member of your immediate family employed by NUCS, its vendors or other contractors? YES/NO

Did, or do you or your spouse, or other member of your immediate family, have ownership interest, directly or indirectly, in any corporation, partnership, association, or other legal entity which would answer "YES" to any of the above questions? YES/NO

Does any other board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the NUCS Board? YES/NO

Do you currently serve as a member of any public school district or charter school board? YES/NO

To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the school, or would make it difficult for you to discharge your duties or exercise your judgement independently on behalf of NUCS? YES/NO

Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee, or other professional group? YES/NO

Are you presently, or have you ever been involved in an administrative agency proceeding or civil litigation during the past five years? YES/NO

# Northern United Charter Schools

## References

You should list as references those individuals who are capable of describing your ability to serve on the NUCS Board of Directors.

Name	Current Position	Address	Telephone
Stan Feldstine	Celebrate Recovery Program Director	1032 Bay Street Eureka	707-497-4974
Lucky Syphanthong	Lucky Star Reality	539 G St. Suite 105 Eureka	707-407-8004
Gretchen Rist	Parent	Eureka	707-834-5296

## Criminal Background

Please circle which of the following three choices best describes your situation. If you choose options 1 or 2, please provide, on a separate attachment, what the charges were and which courts were involved:

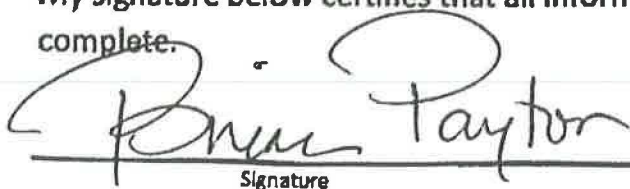
1. I have been convicted, pled guilty or nolo contendere (no contest) to one or more crimes.
2. I am currently charged with one or more crimes.
- ☒ 3. I have not been convicted, pled guilty or nolo contendere (no contest) to any crimes.

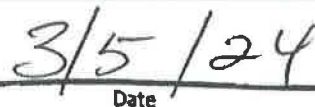
## Disclosure Verification

I recognize that all information submitted with this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Northern United Charter Schools, its Board of Directors, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this process.

I understand that it is my obligation to notify the School Director should any information change.

My signature below certifies that all information provided in this application is true and complete.

  
Signature

  
Date

# Northern United Charter Schools

## Board Member Application

### Personal Information

Mr.	Devine	L.	Von Pate
Title/Prefix	First Name	Middle Initial	Last Name
P.O. Box 56	Redway	CA	95560
Home Address	City	State	ZipCode
	707 223 4606	707 800 4901	
Home Phone	Cell Phone	Work Phone	Fax Number
eemccorp@gmail.com	College (Child Development)		
Email Address	Highest Level of Education		
EEMC/ Devine Designed	Owner		
Employer	Title/Position		
N/A			
Spouse's Name			

If you have children, are they enrolled in Northern United?

YES/NO

Will you be able to regularly attend scheduled Board Meetings?

YES/NO

### Professional Expertise

For the following areas of expertise, please rank your abilities based on a scale of one to five. One (1) represents that you have little to no experience with this area, five (5) represents a high degree of professional expertise in the area, such as the ability to work as professional in this field.

Accounting:	<u>4</u>	Fund Raising:	<u>5</u>
Business:	<u>5</u>	Government:	<u>3</u>
Education:	<u>4</u>	Law:	<u>3</u>
Facilities:	<u>5</u>	PTO/SSC:	<u>3</u>
Finance:	<u>3</u>	Public Relations:	<u>4</u>

# Northern United Charter Schools

## Education

**Education:** List colleges, or universities you attended. Please list your most recent education first.

School or Institution and Location	Major	Minor	Degree or Semester Units Earned
San Bernardino Valley College	Child Development	Early Childhood	6 units

**California Credentials and Permits Held:** Include any California Credentials and Permits held.

Type and Level

**Training:** Summarize below the courses, workshops and or seminars you have attended that might be relevant to serving on the Board of Directors.

Title/Topic	Sponsor
Apprenticeship Event Planning/Strategic Marking.	Andre Diamond (20 years)



# Northern United Charter Schools

## Employment and Volunteer

### Current Employment:

Present Position Title	Present Employer
Owner	EEMC/ Devine Designed

**Previous Work Experience:** List your work experience. Please list your most recent employment first.

Position Title	Part-Time or Full-Time	Employer	Dates
Care Provider	Part Time	Steven Parrish	6/1/18 to 6/2/19
Coordinator	Full Time	Mateel Comm. Center Reggae On The River	2016
Facility Manager Event Coordinator	Full Time	Beverly Hills Manner Casey Parker	2012
Street Team	Part Time	Clear Channel 99.1 KGGI	7/2000 to 7/2001
Office Assistant	Part Time	City Hall Les White(City Manager)	Summer of 1991

**Professional Organization or Volunteer Involvement:** Summarize any professional organization or volunteer participation. If appropriate, please briefly describe duties or leadership responsibilities you assumed.

Association/Organization	Degree of Activity, i.e. Member or Officer, etc.	Dates
Hublyfe / Xtreamcast	Founder/ Creator/ Designer	2009 - Current
Reggae On The River	Volunteer/ Accounting	2012 to 2015
Kwav.biz / Kwavradio.biz	Creator/Director/Station Manager	2006 to 2007
Xradio.biz XMC/ EEMC	Director/ Station Manager/ Host	2006



# Northern United Charter Schools

## Narrative Responses

Please take a moment to answer the following narrative questions to give the Board a better understanding of your experiences that would make you a good addition to the school's Board of Directors. Attach a separate sheet if necessary.

<p><b>Why do you feel you would be a good addition to the Board?</b></p> <p>I will bring valuable insights into pedagogy, curriculum development, and school management. As a seasoned business manager, I can help ensure the school operates within budgetary constraints and makes sound financial decisions, support fund raising initiatives, and cultivate relationships with donors and sponsors. I can provide strategic direction and oversight to the school's administration and staff. I own extensive networks and connections in relevant industries that can open doors for partnerships, internship opportunities, and other resources that benefit the school and its students. My diversity in terms of race, ethnicity, gender, socioeconomic background, and professional expertise can enrich discussions, and foster innovation. I am passionate about the school's mission &amp; values. I will advocate for the school, and work collaboratively with other board members to achieve its goals.</p>	<p><b>What experience do you have with either school committees or not-for-profit agencies?</b></p>
<p><b>Do you have any restrictions which the Board should know about with regards to your participation? (i.e. conflict of interest, meeting requirements, etc.)</b></p> <p>Currently I am A single Father Of two girls 7 and 10 both of whom are enrolled in Northern Charter. Therefore, it may be difficult to be available at short notice. I am always available virtually.</p>	<p><b>Is there anything else you would like to add?</b></p> <p>I love solving problems (issues)! I have been diagnosed as gifted and talented. I am always eager to offer my expertise, skills, and services for any budget.</p>

## Northern United Charter Schools

### Legal / Ethical Questions

Please circle YES or NO. If you answer "YES" to any of the following questions, please provide a written explanation for the issue as a separate attachment to this application.

Do or will you or your spouse have any contractual agreements NUCS? YES/NO

I currently have two girls, 7 and 10, both of whom are enrolled in Northern Charter.

Do or will you, your spouse, or any member of your immediate family have any ownership interest in any educational service provider/management company or any other company contracting with NUCS? YES/NO

Did or will you or your spouse lease or sell property to NUCS? YES/NO

Did or will you or your spouse sell any supplies, materials, equipment or other personal property to NUCS? YES/NO

I currently own several Internet properties that may be of service to NUCS.  
Are or will you, your spouse or any member of your immediate family employed by NUCS, its vendors or other contractors? YES/NO

Did, or do you or your spouse, or other member of your immediate family, have ownership interest, directly or indirectly, in any corporation, partnership, association, or other legal entity which would answer "YES" to any of the above questions? YES/NO

Does any other board, group or corporation believe it has a right to control or have input on votes you will cast as a member of the NUCS Board? YES/NO

Do you currently serve as a member of any public school district or charter school board?  
YES/NO

To the best of your knowledge, are there situations not described above which may give the appearance of a conflict of interest between you and the school, or would make it difficult for you to discharge your duties or exercise your judgement independently on behalf of NUCS?  
YES/NO

Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to a court, administrative agency, professional association, disciplinary committee, or other professional group? YES/NO

Are you presently, or have you ever been involved in an administrative agency proceeding or civil litigation during the past five years? YES/NO

# Northern United Charter Schools

## References

You should list as references those individuals who are capable of describing your ability to serve on the NUCS Board of Directors.

Name	Current Position	Address	Telephone
Heather Scharlack	Retired	N/A	707 382 7769
Tracy Hardy	Speech Pathologist	Humboldt Co	530 999 3791
Laura Walkner	Teacher	Fortuna, Ca	707 845 1243

## Criminal Background

Please circle which of the following three choices best describes your situation. If you choose options 1 or 2, please provide, on a separate attachment, what the charges were and which courts were involved:


1. I have been convicted, pled guilty or nolo contendere (no contest) to one or more crimes.
2. I am currently charged with one or more crimes.
- ☒ 3. I have not been convicted, pled guilty or nolo contendere (no contest) to any crimes.

## Disclosure Verification

I recognize that all information submitted with this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Northern United Charter Schools, its Board of Directors, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this process.

I understand that it is my obligation to notify the School Director should any information change.

My signature below certifies that all information provided in this application is true and complete.



Signature

February 14, 2024

Date

**Agenda Item 2.**

**INTERVIEW/APPOINTMENT**

**Subject:**

2.2 Consideration of Appointment of NUCS Board Member

**Action Requested:**

Appoint board members

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The board is responsible for appointing board members. There is a vacant board seat in Humboldt to replace a former member who resigned. This term would end 12/11/2026. The board will deliberate on whether or not to appoint a potential new board member..

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 2.**

**INTERVIEW/APPOINTMENT**

**Subject:**

2.3 NUCS Board Member Oath of Office

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

When a new board member is appointed, the new board member takes an oath of office. This is facilitated by the board president.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 3.**

**CONSENT AGENDA**

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

**Subject:**

3.1 Consideration of Approval of Warrants & Payroll for Northern United-Humboldt Charter School

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

This is a monthly process. The warrants and payroll totals are inspected and clarification is given if needed. See attached.

**Fiscal Implications:**

Warrants: NU-Humboldt Charter School - \$91,609.04

Payroll: NU-Humboldt Charter School - \$264,668.74

**Contact Person/s:** Shari Lovett, Kelley Withers



## Checks Dated 03/01/2024 through 03/31/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Comment	Expensed Amount	Check Amount
3000232924	03/04/2024	AMAZON CAPITAL SERVICES	62-4351	Office supplies	50.58	
			62-4381	Blinds - ELC	1,022.09	1,072.67
3000232925	03/04/2024	Casey Javier Mansfield	62-5800	PE Class (Tennis Lesson) - ELC		300.00
3000232926	03/04/2024	Cyrek, Teal W	62-5201	FEB 2024 MILEAGE		96.48
3000232927	03/04/2024	Daena L Velasco Acosta	62-5800	Yard work - ELC		75.00
3000232928	03/04/2024	DEPARTMENT OF JUSTICE CASHIERING UNIT	62-5861	Fingerprints - Jan 2024		49.00
3000232929	03/04/2024	SIMMONS, LORENZA	62-5800	Piano Lessons - Freitas Family	240.00	
				Piano Lessons - Hess Family	120.00	360.00
3000232930	03/04/2024	SONOMA COUNTY OFFICE OF EDUC	62-5207	Choral Counting - L.Ambrosini & R.Zuspan		2,000.00
3000232931	03/04/2024	STAPLES ADVANTAGE	62-4374	General supplies		93.93
3000232932	03/04/2024	UBEO West, LLC	62-4310	Staples Refill for Printer - ELC		72.28
3000233464	03/07/2024	Churchill Bos, Janna E	62-5207	Registration - SELPA		75.00
3000233465	03/07/2024	DOMINICK, JENNIFER	62-5800	Piano Lessons - L.Coppini		120.00
3000233466	03/07/2024	Harmon, Christopher S	62-5800	Boxing lesson - ORBE		100.00
3000233467	03/07/2024	HTA	62-5261	Transit passes - 252		2,520.00
3000233468	03/07/2024	Restif Cleaning Service Cooper ative, Inc	62-5800	Janitorial services - ELC / Admin (Dec 2023).	2,065.00	
				Janitorial services - ELC / Admin (Jan 2024)	2,445.00	4,510.00
3000233469	03/07/2024	SCHOOL PATHWAYS LLC	62-5800	CALPADS Consulting		139.25
3000233470	03/07/2024	STAPLES ADVANTAGE	62-4310	Supplies - ALC	105.38	
			62-4374	Supplies - ALC	229.40	334.78
3000233471	03/07/2024	UBEO West, LLC	62-5637	March 2024 Statement		948.39
3000233774	03/11/2024	Blake Ritter	62-5800	Violin lessons - A.Fosnaugh & Z.Fosnaugh		120.00
3000233775	03/11/2024	CITY OF ARCATA	62-5520	Feb Statement/ Water (ALC) Apt A	93.69	
			62-5530	Feb Statement / Water (ALC) House	86.43	180.12
3000233776	03/11/2024	CliftonLarsonAllen LLP	62-5822	Feb 2024 Statement		9,489.90
3000233777	03/11/2024	KOROBI STABLES	62-5800	Riding Lessons - J.Hausle & A.Hausle		280.00
3000233778	03/11/2024	NCS PEARSON INC	62-4310	WIAT4 Testing books & scoring sheets		734.71
3000233779	03/11/2024	RAINBOW RESOURCE CENTER	62-4310	Supplies for student		389.15
3000233780	03/11/2024	RECOLOGY HUMBOLDT COUNTY	62-5560	Feb 2024 Statement		260.31
3000233781	03/11/2024	Restif Cleaning Service Cooper ative, Inc	62-5800	Aug 2023 Statement - ELC / Admin	489.00	
				Oct 2023 Statement - ELC / Admin	2,445.00	2,934.00
3000233782	03/11/2024	SHRED AWARE	62-5560	Shred - Feb 2024 (ALC)	56.89	
				Shred Feb 2024 (Admin)	45.16	102.05
3000233783	03/11/2024	Wyller, Loriann M	62-5201	FEB 2024 MILEAGE		96.48
3000234270	03/14/2024	AMAZON CAPITAL SERVICES	62-4310	Supplies for students		195.37
3000234271	03/14/2024	CITY OF EUREKA	62-5800	Deposit for Prom - NUHCS		275.00

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

## Checks Dated 03/01/2024 through 03/31/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Comment	Expensed Amount	Check Amount
3000234272	03/14/2024	DEPARTMENT OF JUSTICE CASHIERING UNIT	62-5861	Feb statement		64.00
3000234273	03/14/2024	Fire Monkey Catering Services	62-5800	School Meal Program Feb 2024		1,536.00
3000234274	03/14/2024	Harmon, Christopher S	62-4310	SUPPLIES FOR ORBE		29.74
3000234275	03/14/2024	Hayhurst, Melody	62-4393	SUPPLIES (ELC MID-YEAR PD)		68.70
3000234276	03/14/2024	HUMBOLDT MOVING & STORAGE INC	62-5800	March statement		78.70
3000234277	03/14/2024	Janelli, Michele	62-5201	MAR 2024 MILEAGE		16.08
3000234278	03/14/2024	Kerr, Trevor L	62-5207	Outdoor Eduation Registration		75.00
3000234279	03/14/2024	Kerr, Wendy	62-5201	DEC 2023 MILEAGE	47.16	
				FEB 2024 MILEAGE	48.24	
				JAN 2024 MILEAGE	64.32	159.72
3000234280	03/14/2024	Sylvia, Jennah L	62-5201	FEB 2024 MILEAGE		467.66
3000234281	03/14/2024	VALLEY PACIFIC PETROLEUM SERV	62-4364	Feb statement	466.36	
				Pre-paid gas cards	800.00	1,266.36
3000234282	03/14/2024	Withers, Kelley L	62-5201	MAR 2024 MILEAGE		326.96
3000234545	03/18/2024	BRIGHT THINKER	62-4110	Textbooks for students		1,071.68
3000234546	03/18/2024	Cal Courts Health Club	62-5800	PE Class - ELC	200.00	
				PE Class- ELC	600.00	800.00
3000234547	03/18/2024	Churchill Bos, Janna E	62-5201	MAR 2024 MILEAGE		95.14
3000234548	03/18/2024	EDMENTUM	62-5800	Apex Learning Courses		47.49
3000234549	03/18/2024	EUREKA CITY SCHOOLS BUSINESS AND FISCAL SERVICES	62-5800	Feb 2024 Meals / CLC & ELC		6,720.52
3000234550	03/18/2024	H.C.S.D.	62-5530	Water (ELC) - Feb statement		176.72
3000234551	03/18/2024	MENDES SUPPLY COMPANY	62-4374	Janitorial supplies		90.13
3000234552	03/18/2024	Moody, Jenna M	62-5800	Contracted Service: ServSafe		9.99
3000234553	03/18/2024	P G & E	62-5520	feb statement - ELC		695.78
3000234554	03/18/2024	STAPLES ADVANTAGE	62-4351	Supplies		55.38
3000234900	03/21/2024	Alameda COE/Accts Recv	62-5207	Community school conference		600.00
3000234901	03/21/2024	AMAZON CAPITAL SERVICES	62-4110	Instructional materials - BLC	41.14	
			62-4310	Art supplies - ALC	385.82	
				Black toner	90.67	
				Instructional materials - BLC	8.11	525.74
3000234902	03/21/2024	AMBROSINI, DENNIS	62-5612	APR 2024 RENT		2,000.00
3000234903	03/21/2024	BEGINNINGS INC	62-5612	APR 2024 RENT		1,000.00
3000234904	03/21/2024	Big Lagoon School District	62-5207	Professional Develop. - T.Kerr		375.00
3000234905	03/21/2024	CAMPTON PLAZA	62-5612	APR 2024 RENT		5,625.00
3000234906	03/21/2024	CUTTEN COMMUNITY CHURCH	62-5612	APR 2024 RENT		5,000.00
3000234907	03/21/2024	CUTTEN COMMUNITY CHURCH	62-5520	April 2024 Utilities - CLC	954.47	
			62-5530	April 2024 Utilities - CLC	387.60	

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.



## Checks Dated 03/01/2024 through 03/31/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Comment	Expensed Amount	Check Amount
3000234907	03/21/2024	CUTTEN COMMUNITY CHURCH	62-5560	April 2024 Utilities - CLC	817.97	2,160.04
3000234908	03/21/2024	Cyrek, Teal W	62-5201	MAR 2024 MILEAGE		96.48
3000234909	03/21/2024	DAGGETT, PETER JAY	62-5612	APR 2024 RENT		3,800.00
3000234910	03/21/2024	Dharmarts	62-5800	March statement - BLC		800.00
3000234911	03/21/2024	Elemental Science	62-4110	Curriculum for T.Erickson		189.18
3000234912	03/21/2024	GREAT AMERICA FINANCIAL SERV	62-5623	March statement		816.25
3000234913	03/21/2024	Harmon, Christopher S	62-5800	Wild Trail Tours - ORBE		120.00
3000234914	03/21/2024	HUMBOLDT COUNTY DEPT OF HEALTH & HUMAN SERVICES	62-5884	School Cafeteria		520.00
3000234915	03/21/2024	Kerr, Wendy	62-5207	Career Compass Summit - W.Kerr & M.Havens		100.00
3000234916	03/21/2024	KGK RENTALS LLC	62-5612	APR 2024 RENT		5,544.36
3000234917	03/21/2024	PITNEY BOWES BANK INC PURCHASE POWER	62-5950	March statement		197.44
3000234918	03/21/2024	RAINBOW RESOURCE CENTER	62-4110	Curriculum for B.Dixon & J.Fair	133.44	
				Supplies for A.Haxan	173.69	307.13
3000234919	03/21/2024	Wyer, Lorian M	62-5201	MAR 2024 MILEAGE		91.12
3000235231	03/25/2024	AFLAC - ACCIDENTAL	62-9554	Lost/Reissue Aflac Checks: Accidental - - - Special Event		1,145.42
3000235232	03/25/2024	AMAZON CAPITAL SERVICES	62-4310	Biology supplies	67.83	
				Books for drills / Testing treats	82.62	
				Digital media / General supplies	147.24	
				Microwave - CLC	306.68	
				Supplies	45.72	650.09
3000235233	03/25/2024	PITNEY BOWES BANK INC RESERVE ACCOUNT	62-5623	Integrated Weigh Platform - 10/01/23 - 03/31/24	15.39	
				Meter Rental: 12/31/23 - 03/30/2024	145.46	160.85
3000235234	03/25/2024	Restif Cleaning Service Cooper ative, Inc	62-5800	Janitorial services - ELC / Admin		2,390.00
3000235235	03/25/2024	Rosie Bosco	62-5800	Piano lessons - Z.Prescott		120.00
3000235236	03/25/2024	STAPLES ADVANTAGE	62-4310	Supplies	80.04	
			62-4374	Supplies	289.12	369.16
3000235799	03/28/2024	AVID CENTER	62-5207	AVID Summer Institute: Humboldt / Siskiyou		5,994.00
3000235800	03/28/2024	BEGINNINGS INC	62-5800	Breakfast / Lunch - BLC		2,756.25
3000235801	03/28/2024	Boldway, Denise	62-4310	Floral - ELC		649.00
3000235802	03/28/2024	CITI CARDS	62-4393	Costco: 02/13/24 - 03/12/24	164.81	
			62-5205	Costco: 02/13/24 - 03/12/24	716.70	881.51
3000235803	03/28/2024	Community Initiatives	62-5207	Registration: Beyond the Needs Assess. - A.Jones		180.00
3000235804	03/28/2024	Dharmarts	62-5800	Martial arts - Z.Prescott		100.00

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.

## Checks Dated 03/01/2024 through 03/31/2024

Check Number	Check Date	Pay to the Order of	Fund-Object	Comment	Expensed Amount	Check Amount
3000235805	03/28/2024	Harmon, Christopher S	62-5800	Climbing Gym - ORBE		99.00
3000235806	03/28/2024	Humboldt Bay Fire	62-5207	CPR / First Aid Class - W.Kerr		70.00
3000235807	03/28/2024	Jere Cox	62-5201	FEB MAR 2024 MILEAGE	479.72	
			62-5210	Board Meeting Food	49.62	529.34
3000235808	03/28/2024	KGK RENTALS LLC	62-5450	April statement - Insurance (ELC)		116.91
3000235809	03/28/2024	KGK RENTALS LLC	62-5800	HVAC - ELC		87.08
3000235810	03/28/2024	P G & E	62-5520	March Statement - Admin / CRC		822.28
3000235811	03/28/2024	REPUBLIC INDEMNITY	62-9542	March statement: 03/15/24		1,969.48
3000235812	03/28/2024	SECURITY LOCK & ALARM	62-5800	Locksmith - ELC		212.26
3000235813	03/28/2024	STAPLES ADVANTAGE	62-4310	Supplies	586.60	
			62-4374	Supplies	76.45	663.05
Total Number of Checks					91	91,609.04

## Fund Summary

Fund	Description	Check Count	Expensed Amount
62	CHARTER SCHOOLS ENTERI	91	91,609.04
	Total Number of Checks	91	91,609.04
	Less Unpaid Sales Tax Liability		.00
	Net (Check Amount)		91,609.04

The preceding Checks have been issued in accordance with the District's Policy and authorization of the Board of Trustees. It is recommended that the preceding Checks be approved.



Pay Date 03/29/2024

Fiscal Year 2023/24

EARNINGS by Earnings Code	Income	Adjustments
Regular	264,668.74	
<b>TOTAL</b>	<b>264,668.74</b>	

EARNINGS by Group	Income	Adjustments
Base Pay	255,891.35	
Docks	484.00-	
Extra Duty	4,297.50	
Overtime	38.89	
Stipends	4,925.00	
<b>TOTAL</b>	<b>264,668.74</b>	

EARNINGS	Person Type	Female Employees
Certificated	33	185,987.34
Classified	30	78,681.40
<b>TOTAL</b>	<b>63</b>	<b>264,668.74</b>

## Vendor Summary for Pay Date 03/29/2024

Vendor Checks  
Vendor Liabilities

## BALANCING DATA

Gross Earnings	264,668.74	195,325.11	Net Pay
District Liability	138,995.56	69,343.63	Deductions
	<b>403,664.30</b>	<b>403,664.30</b>	Contributions

TAXES	Employee	Employer	Total	Subject Grosses
Federal Withholding	15,478.81		15,478.81	239,515.92
State Withholding	5,653.60		5,653.60	239,515.92
Social Security	5,510.68	5,510.68	11,021.36	88,881.61
Medicare	3,828.24	3,828.24	7,656.48	264,012.64
SUI		132.05	132.05	264,012.64
Workers' Comp		1,927.32	1,927.32	264,012.64
<b>SUBTOTAL</b>	<b>30,471.33</b>	<b>11,398.29</b>	<b>41,869.62</b>	

REDUCTIONS	Employee	Employer	Total	Subject Grosses
PERS	2,235.33	8,519.77	10,755.10	31,933.10
PERS / 62	4,097.95	13,666.71	17,764.66	51,224.50
STRS / 60	9,429.27	17,570.53	26,999.80	91,992.28
STRS / 62	8,434.17	15,785.53	24,219.70	82,646.72
Tax Sheltered Annuit	300.00		300.00	
Supplemental Insuran	656.10		656.10	
<b>SUBTOTAL</b>	<b>25,152.82</b>	<b>55,542.54</b>	<b>80,695.36</b>	

DEDUCTIONS	Employee	Employer	Total	Subject Grosses
Health & Welfare	1,872.78	72,054.73	73,927.51	
Supplemental Insuran	375.59		375.59	
Summer Savings	11,471.11		11,471.11	68,826.60
<b>SUBTOTAL</b>	<b>13,719.48</b>	<b>72,054.73</b>	<b>85,774.21</b>	
<b>TOTALS</b>	<b>69,343.63</b>	<b>138,995.56</b>	<b>208,339.19</b>	

## Cancel/Reissue for Process Date 03/29/2024

Reissued  
Cancel Checks  
Void ACH

## NET

Direct Deposits	174,177.06	50
Checks	21,148.05	13
Partial Net ACH		
Negative Net		
Check Holds		
Zero Net		
<b>TOTAL</b>	<b>195,325.11</b>	<b>63</b>



Grouped by Org, Filtered by (Org = 75, Fiscal Year = 2024, Starting Pay Date = 3/29/2024)

ERP for California

Page 1 of 1

**Agenda Item 3.**

**CONSENT AGENDA**

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

**Subject:**

3.2 Consideration of Approval of Warrants & Payroll for Northern United - Siskiyou Charter School

(0228,0229,0301,0302,0314,0315,0322,0419,0422)

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

This is a monthly process. The warrants and payroll totals are inspected and clarification is given if needed. See attached.

**Fiscal Implications:**

Warrants: NU-Siskiyou Charter School - \$87,918.53

Payroll: NU-Siskiyou Charter School - \$91,629.10

**Contact Person/s:** Shari Lovett, Kelley Withers

# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School Special Batch 0228

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School Special Batch 0228	240.08	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/4/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0228

J27026

ACCOUNTS PAYABLE PRELIST

APY500 L.00.22 02/29/24 06:54 PAGE 0

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Batch status: A All

From batch: 0228

To batch: 0228

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y



043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0228

J27026

ACCOUNTS PAYABLE PRELIST  
BATCH: 0228 SPECIAL BATCH 0228  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 02/29/24 06:54 PAGE 1

<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	

000031/00 HOLIDAY INN EXPRESS  
707 MONTAGUE ROAD  
YREKA, CA 96097

PO-000216 02/28/2024 CONFIRM#4456121272	1 62-0000-0-5200-0000-7200-000-20002 NN P	240.08	240.08
	TRAVEL & CONFERENCE		
TOTAL PAYMENT AMOUNT	240.08 *		240.08
TOTAL FUND PAYMENT	240.08 **		240.08
TOTAL BATCH PAYMENT	240.08 ***	0.00	240.08
TOTAL DISTRICT PAYMENT	240.08 ****	0.00	240.08
TOTAL FOR ALL DISTRICTS:	240.08 *****	0.00	240.08

Number of checks to be printed: 1, not counting voids due to stub overflows. 240.08

# SISKIYOU COUNTY OFFICE OF EDUCATION REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School Speical Batch 0229

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School Special Batch 0229	240.08	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/4/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0229

J27027

ACCOUNTS PAYABLE PRELIST

APY500 L.00.22 02/29/24 07:03 PAGE 0

---

Batch status: A All

From batch: 0229

To batch: 0229

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0229

J27027

ACCOUNTS PAYABLE PRELIST  
BATCH: 0229 SPECIAL BATCH 0229  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 02/29/24 07:03 PAGE 1  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT	GOAL FUNC SCH LOCAL	TRMPS	Liq Amt	Net Amount

000031/00 HOLIDAY INN EXPRESS  
707 MONTAGUE ROAD  
YREKA, CA 96097

PO-000216 02/29/2024 CONFIRMATION 45331672	1 62-0000-0-5200-0000-7200-000-20002 NN P	240.08	240.08
	TRAVEL & CONFERENCE		
TOTAL PAYMENT AMOUNT	240.08 *		240.08
TOTAL FUND PAYMENT	240.08 **		240.08
TOTAL BATCH PAYMENT	240.08 ***	0.00	240.08
TOTAL DISTRICT PAYMENT	240.08 ****	0.00	240.08
TOTAL FOR ALL DISTRICTS:	240.08 ****	0.00	240.08

Number of checks to be printed: 1, not counting voids due to stub overflows.

240.08



**SISKIYOU COUNTY OFFICE OF EDUCATION  
REQUEST FOR WARRANT PROCESSING**

District # 43 District Name: Northern United Siskiyou Charter School Special Batch 0301

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School Special Batch 0301	240.08	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/4/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0301

J27028

ACCOUNTS PAYABLE PRELIST

APY500

L.00.22 02/29/24 07:15

PAGE 0

Batch status: A All

From batch: 0301

To batch: 0301

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

043 NORTHERN UNITED SISKIYOU  
SPECIAL BATCH 0301

J27028

ACCOUNTS PAYABLE PRELIST  
BATCH: 0301 SPECIAL BATCH 0301  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 02/29/24 07:15 PAGE 1  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT	GOAL FUNC SCH LOCAL	TRMPS	Liq Amt	Net Amount

000031/00 HOLIDAY INN EXPRESS  
707 MONTAGUE ROAD  
YREKA, CA 96097

PO-000216 02/29/2024 CONFIRMATION 24931966 1 62-0000-0-5200-0000-7200-000-20002 NN P 240.08 240.08  
TRAVEL & CONFERENCE

TOTAL PAYMENT AMOUNT 240.08 \* 240.08

TOTAL FUND PAYMENT 240.08 \*\* 240.08

TOTAL BATCH PAYMENT 240.08 \*\*\* 0.00 240.08

TOTAL DISTRICT PAYMENT 240.08 \*\*\*\* 0.00 240.08

TOTAL FOR ALL DISTRICTS: 240.08 \*\*\*\*\* 0.00 240.08

Number of checks to be printed: 1, not counting voids due to stub overflows. 240.08

# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School Special Batch 0302

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School Special Batch 0302	120.04	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/4/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_



APY250 L.00.06

SISKIYOU COUNTY OFFICE OF EDUCATION  
 COMMERCIAL WARRANT REGISTER  
 FOR WARRANTS DATED 03/05/2024

03/05/24 PAGE 4

DISTRICT: 043 NORTHERN UNITED SISKIYOU  
 BATCH: 0302 SPECIAL BATCH 0302  
 FUND : 62 CHARTER SCH. ENTERPRISE FUND

WARRANT	VENDOR/ADDR	NAME (REMIT)	DEPOSIT TYPE	ABA NUM	ACCOUNT NUM	AMOUNT						
REQ#	REFERENCE	LN	FD	RESC	Y	OBJT	GOAL	FUNC	SCH	LOCAL	DESCRIPTION	
00640342	000031/	HOLIDAY INN EXPRESS										
		PO-000216	1.	62-0000-0-5200-0000-7200-000-20002		CONFIRMATION 40561137					120.04	
		WARRANT TOTAL										\$120.04
*** FUND TOTALS ***		TOTAL NUMBER OF CHECKS:		1	TOTAL AMOUNT OF CHECKS:		\$120.04*					
		TOTAL ACH GENERATED:		0	TOTAL AMOUNT OF ACH:		\$ .00*					
		TOTAL EFT GENERATED:		0	TOTAL AMOUNT OF EFT:		\$ .00*					
		TOTAL PAYMENTS:		1	TOTAL AMOUNT:		\$120.04*					
*** BATCH TOTALS ***		TOTAL NUMBER OF CHECKS:		1	TOTAL AMOUNT OF CHECKS:		\$120.04*					
		TOTAL ACH GENERATED:		0	TOTAL AMOUNT OF ACH:		\$ .00*					
		TOTAL EFT GENERATED:		0	TOTAL AMOUNT OF EFT:		\$ .00*					
		TOTAL PAYMENTS:		1	TOTAL AMOUNT:		\$120.04*					
*** DISTRICT TOTALS ***		TOTAL NUMBER OF CHECKS:		4	TOTAL AMOUNT OF CHECKS:		\$840.28*					
		TOTAL ACH GENERATED:		0	TOTAL AMOUNT OF ACH:		\$ .00*					
		TOTAL EFT GENERATED:		0	TOTAL AMOUNT OF EFT:		\$ .00*					
		TOTAL PAYMENTS:		4	TOTAL AMOUNT:		\$840.28*					

# SISKIYOU COUNTY OFFICE OF EDUCATION REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School BATCH 0314 SPECIAL

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School BATCH 0314 SPECIAL	1300.00	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/13/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
2324 NUSCS BATCH 0314 SPECIAL

J28979

ACCOUNTS PAYABLE PRELIST

APY500 L.00.22 03/13/24 13:54 PAGE 0

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Batch status: A All

From batch: 0314

To batch: 0314

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

043 NORTHERN UNITED SISKIYOU  
2324 NUSCS BATCH 0314 SPECIAL

J28979

ACCOUNTS PAYABLE PRELIST  
BATCH: 0314 BATCH 0314 SPECIAL  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/13/24 13:54 PAGE 1  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description		FD RESC Y	OBJT GOAL FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	

000167/00	DAVID L MOONIE & CO LLP	941056328						
	325 2ND STREET							
	EUREKA, CA 95501							

PO-000241 03/13/2024 REPLACEMENT CHECK MOONIE	1 62-0000-0-5830-0000-7191-000-00000 N1 F	1,300.00	1,300.00
	AUDIT FEES		
TOTAL PAYMENT AMOUNT	1,300.00 *		1,300.00
TOTAL FUND PAYMENT	1,300.00 **		1,300.00
TOTAL BATCH PAYMENT	1,300.00 ***	0.00	1,300.00
TOTAL DISTRICT PAYMENT	1,300.00 ****	0.00	1,300.00
TOTAL FOR ALL DISTRICTS:	1,300.00 ****	0.00	1,300.00

Number of checks to be printed: 1, not counting voids due to stub overflows. 1,300.00



# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School BATCH 0315

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School BATCH 0315	9029.30	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/11/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
0315 BATCH

J28658

ACCOUNTS PAYABLE PRELIST

APY500 L.00.22 03/11/24 12:39 PAGE 0

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Batch status: A All

From batch: 0315

To batch: 0315

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

043 NORTHERN UNITED SISKIYOU J28658 ACCOUNTS PAYABLE PRELIST APY500 L.00.22 03/11/24 12:39 PAGE 1  
 0315 BATCH : BATCH: 0315 NUSCS BATCH 0315 << Open >>  
 FUND : 62 CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL	T9MPS	Liq Amt	Net Amount

000151/00	ALSCO							
	PO BOX 1280							
	MEDFORD, OR 97501							
PO-000004	03/06/2024	INVOICE#2298477	1	62-3213-0-5500-0000-8100-000-00000	NN P		36.02	36.02
				OPERATION & HOUSEKEEPING SERV				
		TOTAL PAYMENT AMOUNT		36.02 *				36.02

000244/00	AMAZON CAPITAL SERVICES	0000000000						
	PO BOX 035184							
	SEATTLE, WA 98124							
PO-000191	01/14/2024	INVOICE# 17JN-1X6H-KN7Q	1	62-6300-0-4100-1110-1000-000-00000	NN F		212.81	224.10
				APPRVD TEXTBKS/CORE CURRICULA				
PO-000217	02/15/2024	INVOICE #17LV-NR1Y-1R4Y	1	62-6300-0-4100-1110-1000-000-00000	NN P		14.67	14.67
				APPRVD TEXTBKS/CORE CURRICULA				
PO-000218	02/24/2024	INVOICE# 13K1-KTPV-M71K	1	62-6300-0-4100-1110-1000-000-00000	NN F		133.54	129.22
				APPRVD TEXTBKS/CORE CURRICULA				
PO-000229	03/03/2024	INVOICE#1NKM-CRPP-TCKL	1	62-0000-0-4300-0000-8100-000-00000	NN F		245.18	211.85
				SUPPLIES				
PO-000230	03/02/2024	INVOICE#1K9H-JFXV-L9GN	1	62-0000-0-4300-0000-2700-000-00000	NN F		43.60	43.60
				SUPPLIES				
PO-000231	03/05/2024	INVOICE #1Y13-HP9C-6PG7	1	62-6300-0-4100-1110-1000-000-00000	NN F		136.96	136.96
				APPRVD TEXTBKS/CORE CURRICULA				
		TOTAL PAYMENT AMOUNT		760.40 *				760.40

000010/00	CHARTER SAFE							
	PO BOX 969							
	WEIMAR, CA 95736							
PO-000033	03/02/2024	INVOICE #45215	1	62-0000-0-5400-0000-7200-000-00000	NN P		1,148.50	1,148.50
				INSURANCE				
PO-000033	03/02/2024	INVOICE #45215	2	62-0000-0-5400-0000-8100-000-00000	NN P		1,148.50	1,148.50
				INSURANCE				
		TOTAL PAYMENT AMOUNT		2,297.00 *				2,297.00

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC	Y OBJT	GOAL FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	
000307/00	CINTAS CORP							
	PO BOX 650838							
	DALLAS, TX 75265-0838							
PO-000096	03/07/2024	INVOICE #4185616784	1	62-0000-0-4300-0000-8100-000-00000	NN P	63.47	63.47	
		SUPPLIES						
PO-000096	03/07/2024	INVOICE #4185616777	1	62-0000-0-4300-0000-8100-000-00000	NN P	47.07	47.07	
		SUPPLIES						
PO-000096	03/07/2024	INVOICE 4185616664	1	62-0000-0-4300-0000-8100-000-00000	NN P	88.48	88.48	
		SUPPLIES						
PO-000096	03/07/2024	INVOICE 4185616712	1	62-0000-0-4300-0000-8100-000-00000	NN P	64.66	64.66	
		SUPPLIES						
		TOTAL PAYMENT AMOUNT			263.68 *		263.68	
000022/00	CITY OF YREKA							
	PO BOX 1005							
	YREKA, CA 96097							
PO-000006	02/22/2024	ACCOUNT #012142-001	1	62-0000-0-5530-0000-8100-000-00000	NN P	96.13	96.13	
		WATER&/OR SEWAGE						
		TOTAL PAYMENT AMOUNT			96.13 *		96.13	
000322/00	DAWNIA DEEGAN	600183505						
	PO BOX 14							
	GAZELLE, CA 96034							
PV-240050	03/11/2024	REIMBURSEMENT DAWNIA DEEGAN	62-0000-0-4300-0000-8100-000-00000	NN		72.19		
		SUPPLIES						
		TOTAL PAYMENT AMOUNT			72.19 *		72.19	
000254/00	EMPLOYMENT DEVELOPMENT DEPT							
	PO BOX 989061							
	WEST SACRAMENTO, CA 95798-906							
PO-000234	03/05/2024	ACCOUNT#942-0021-9	1	62-0000-0-5881-0000-7200-000-00000	NN F	234.33	180.95	
		NORTH UNITED OTHER CHGS/FEES						
		TOTAL PAYMENT AMOUNT			180.95 *		180.95	



043 NORTHERN UNITED SISKIYOU J28658  
0315 BATCH

ACCOUNTS PAYABLE PRELIST  
BATCH: 0315 NUSCS BATCH 0315  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/11/24 12:39 PAGE 3  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef	
Req Reference	Date	Description	FD RESC	Y OBJT	GOAL FUNC	SCH LOCAL	T9MPS	Liq Amt	Net Amount

000063/00	G & G HARDWARE INC 729 SOUTH BROADWAY YREKA, CA 96097								
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PO-000236	03/06/2024	INVOICE#335718	1	62-0000-0-4300-1110-1000-000-00000	NN F			21.95	16.95
				SUPPLIES					
		TOTAL PAYMENT AMOUNT					16.95 *		16.95

000071/00	HUE & CRY INC PO BOX 548 ANDERSON, CA 96007	000000000							
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PO-000011	03/31/2024	INVOICE #855508	1	62-0000-0-5500-0000-8100-000-00000	NN P			201.70	201.70
				OPERATION & HOUSEKEEPING SERV					
		TOTAL PAYMENT AMOUNT					201.70 *		201.70

000295/00	JOHN SMITH SANITATION 6284 4TH STREET DUNSMUIR, CA 96025								
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PO-000020	03/01/2024	INVOICE #153491	1	62-0000-0-5550-0000-8100-000-00000	NN P			27.00	27.00
				DISPOSAL/GARBAGE REMOVAL					
		TOTAL PAYMENT AMOUNT					27.00 *		27.00

000182/00	KATHERINE O'BRIEN 1805 TIMMONS ROAD GRENADA, CA 96038								
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PV-240049	03/04/2024	PV-KATE O'BRIEN-MANN	62-0000-0-5200-1110-1000-000-00000	NN				117.12	
			TRAVEL & CONFERENCE						
PV-240049	03/04/2024	PV-KATE O'BRIEN-MANN	62-0000-0-5200-1110-1000-000-00000	NN				380.86	
			TRAVEL & CONFERENCE						
		TOTAL PAYMENT AMOUNT					497.98 *		497.98

000198/00	MT SHASTA POINT S 811 NORTH MT SHASTA BLVD MOUNT SHASTA, CA 96067								
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PO-000235	02/28/2024	INVOICE#1024917	1	62-0000-0-4300-0000-8110-000-00000	NN F			299.61	248.71
				SUPPLIES					
		TOTAL PAYMENT AMOUNT					248.71 *		248.71

043 NORTHERN UNITED SISKIYOU J28658 ACCOUNTS PAYABLE PRELIST APY500 L.00.22 03/11/24 12:39 PAGE 4  
 0315 BATCH : BATCH: 0315 NUSCS BATCH 0315 << Open >>  
 FUND : 62 CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT	GOAL FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	
000061/00	PITNEY BOWES GLOBAL FINANCIAL PO BOX 981026 BOSTON, MA 02298-1026	000000000						
PO-000220	03/06/2024	8000-9090-0069-5077	1	62-0000-0-5600-1110-1000-000-00000	NN P	196.94	197.44	
				RENTALS, LEASES & REPAIRS,N.C.			197.44	
		TOTAL PAYMENT AMOUNT		197.44 *			197.44	
000060/00	SISKIYOU FIRE EQUIPMENT 619 KENNETH WAY MT. SHASTA, CA 96067	569232797						
PO-000027	02/29/2024	INVOICE #21153	1	62-0000-0-5800-0000-8100-000-00000	NY P	284.40	284.40	
				PROFES'L/CONSULTG SVCS/OP EXP			284.40	
		TOTAL PAYMENT AMOUNT		284.40 *			284.40	
000052/00	STAPLES ADVANTAGE PO BOX 660409 DALLAS, TX 75266-0409							
PO-000224	02/26/2024	INVOICE #3560454271	1	62-0000-0-4300-0000-2700-000-00000	NN F	111.63	92.88	
				SUPPLIES			92.88	
		TOTAL PAYMENT AMOUNT		92.88 *			92.88	
000321/00	THERAPY TRAVELERS LLC EPIC SPECIAL EDUCATION STAFFIN P.O. BOX 840053 LOS ANGELES, CA 90084							
PO-000203	03/02/2024	INVOICW#98305	1	62-6500-0-5100-5770-1120-000-00000	NN P	2,807.00	2,807.00	
				SUBAGREEMENTS FOR SERVICES			2,807.00	
		TOTAL PAYMENT AMOUNT		2,807.00 *			2,807.00	
000023/00	UBEO PO BOX 301062 LOS ANGELES, CA 90030-1062	000000000						
PO-000021	03/01/2024	INVOICE #4429890	1	62-0000-0-5600-1110-1000-000-00000	NN P	349.21	349.21	
				RENTALS, LEASES & REPAIRS,N.C.			349.21	
PO-000021	03/01/2024	INVOICE#44209890	2	62-0000-0-5600-0000-2700-000-00000	NN P	104.76	104.76	
				RENTALS, LEASES & REPAIRS,N.C.			104.76	
PO-000021	03/01/2024	INVOICE#4429890	3	62-0000-0-5600-0000-7200-000-00000	NN P	44.90	44.90	
				RENTALS, LEASES & REPAIRS,N.C.			44.90	

043 NORTHERN UNITED SISKIYOU J28658 ACCOUNTS PAYABLE PRELIST APY500 L.00.22 03/11/24 12:39 PAGE 5  
 0315 BATCH : BATCH: 0315 NUSCS BATCH 0315 << Open >>  
 FUND : 62 CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef					
Req Reference	Date	Description	FD	RESC	Y	OBJT	GOAL	FUNC	SCH	LOCAL	T9MPS	Liq Amt	Net Amount

TOTAL PAYMENT AMOUNT												498.87 *	498.87
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000311/00 WENDY JAMES 571813949  
 DBA SHASTA STUDIOS/MSCT  
 PO BOX 714  
 MT SHASTA, CA 96067

PO-000232 03/04/2024 INVOICE#NUCS0224 1 62-0000-0-5800-1110-1000-000-00000 NY P 450.00 450.00

PROFES'L/CONSULTG SVCS/OP EXP  
 TOTAL PAYMENT AMOUNT 450.00 \* 450.00

TOTAL FUND PAYMENT 9,029.30 \*\* 9,029.30

TOTAL BATCH PAYMENT 9,029.30 \*\*\* 0.00 9,029.30

TOTAL DISTRICT PAYMENT 9,029.30 \*\*\*\* 0.00 9,029.30

TOTAL FOR ALL DISTRICTS: 9,029.30 \*\*\*\* 0.00 9,029.30

Number of checks to be printed: 18, not counting voids due to stub overflows. 9,029.30

# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School SPECIAL BATCH 0322

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School SPECIAL BATCH 0322	35390.00	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/22/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_



043 NORTHERN UNITED SISKIYOU  
2324 NUSCS SPECIAL BATCH 0322

J29951

ACCOUNTS PAYABLE PRELIST

APY500 L.00.22 03/22/24 11:46 PAGE 0

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Batch status: A All

From batch: 0322

To batch: 0322

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

043 NORTHERN UNITED SISKIYOU  
2324 NUSCS SPECIAL BATCH 0322

J29951

ACCOUNTS PAYABLE PRELIST  
BATCH: 0322 SPECIAL BATCH KEENAN  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/22/24 11:46 PAGE 1  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	
000020/00	KEENAN C/O SETECH	000000000						
	PO, BOX 4328							
	TORRANCE, CA 90510							
PO-000016	03/22/2024	FEBUARY/MARCH 2024 MEDICAL	1	62-0000-0-9514-0000-0000-000000	NN P	31,910.00	31,910.00	
				H & W	PASS THROUGH			
PO-000016	03/22/2024	FEBUARY/MARCH 2024 DENTAL	1	62-0000-0-9514-0000-0000-000000	NN P	2,952.00	2,952.00	
				H & W	PASS THROUGH			
PO-000016	03/22/2024	FEBUARY/MARCH 2024 VISION	1	62-0000-0-9514-0000-0000-000000	NN P	528.00	528.00	
				H & W	PASS THROUGH			
		TOTAL PAYMENT AMOUNT			35,390.00 *		35,390.00	
		TOTAL FUND PAYMENT			35,390.00 **		35,390.00	
		TOTAL BATCH PAYMENT			35,390.00 ***	0.00	35,390.00	
		TOTAL DISTRICT PAYMENT			35,390.00 ****	0.00	35,390.00	
		TOTAL FOR ALL DISTRICTS:			35,390.00 ****	0.00	35,390.00	
Number of checks to be printed:		1, not counting voids due to stub overflows.					35,390.00	

# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School BATCH 0419

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School BATCH 0419	11303.09	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/21/24

Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

043 NORTHERN UNITED SISKIYOU  
2324 ACCOUNTS PAYABLE PRELIST

J29711

ACCOUNTS PAYABLE PRELIST  
BATCH: 0419 NUSCS BATCH 0419  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/20/24 11:26 PAGE 3  
<< Open >>

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Reg Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	

000080/00 HOMESCHOOL SUPERCENTER  
8943 S. US HWY 231  
DOTHAN, AL 36301

PO-000193 01/01/2024 INVOICE 10213321,10213322 1 62-6300-0-4100-1110-1000-000-00000 YN F 492.77 456.62  
APPRVD TEXTBKS/CORE CURRICULA  
TOTAL PAYMENT AMOUNT 456.62 \*

OK  
456.62

000277/00 JANNA CHURCHILL-BOSS  
223 WEST WABASH AVE  
EUREKA, CA 95503

PV-240053 03/20/2024 JANNA CHURCHILL REIMBURSEMENT 62-6500-0-5200-5760-1120-000-00000 NN 456.72  
TRAVEL & CONFERENCE  
TOTAL PAYMENT AMOUNT 456.72 \*

Late @ .67c  
as of 1/1/24  
463.02

000139/00 JON DOVE  
1120 NEPTUNE WAY  
MT SHASTA, CA 96067

PV-240052 03/20/2024 JON DOVE MILEAGE EXPENSE 62-0000-0-5200-1110-1000-000-00000 NN 51.75  
TRAVEL & CONFERENCE  
TOTAL PAYMENT AMOUNT 51.75 \*

Late @ .67c  
52.93

000053/00 LOVETT, SHARI  
2311 FICKLE HILL RD  
ARCATA, CA 95521

PV-240051 03/14/2024 MILEAGE EXPENSE SHARI LOVETT 62-0000-0-5200-0000-7200-000-20002 NN 320.26  
TRAVEL & CONFERENCE  
TOTAL PAYMENT AMOUNT 320.26 \*

000114/00 MEL SCIENCE  
PO BOX 3248  
EDMONDS, WA 98020

PO-000233 03/19/2024 INVOICE # DA2024031912 1 62-0000-0-4300-1110-1000-000-00000 NN F 388.37 328.39  
SUPPLIES  
TOTAL PAYMENT AMOUNT 328.39 \*



APY250 L.00.06

SISKIYOU COUNTY OFFICE OF EDUCATION  
COMMERCIAL WARRANT REGISTER  
FOR WARRANTS DATED 03/28/2024

03/28/24 PAGE 3

DISTRICT: 043 NORTHERN UNITED SISKIYOU

BATCH: 0419 MUSCS BATCH 0419

FUND : 62 CHARTER SCH. ENTERPRISE FUND

WARRANT	VENDOR/ADDR	NAME (REMIT)	DEPOSIT TYPE	ABA NUM	ACCOUNT NUM	AMOUNT		
REQ#	REFERENCE	LN	FD	RESC	Y OBJT GOAL FUNC SCH LOCAL	DESCRIPTION		
WARRANT TOTAL						\$120.00		
00641615	000321/	THERAPY TRAVELERS LLC						
	PO-000203	5.	62-6500-0-5800-5760-1120-000-00000		INVOICE# INV98715	2,442.00		
WARRANT TOTAL						\$2,442.00		
*** FUND	TOTALS ***	TOTAL NUMBER OF CHECKS:				16	TOTAL AMOUNT OF CHECKS:	\$11,310.57*
		TOTAL ACH GENERATED:				0	TOTAL AMOUNT OF ACH:	\$ .00*
		TOTAL EFT GENERATED:				0	TOTAL AMOUNT OF EFT:	\$ .00*
		TOTAL PAYMENTS:				16	TOTAL AMOUNT:	\$11,310.57*
*** BATCH TOTALS ***		TOTAL NUMBER OF CHECKS:				16	TOTAL AMOUNT OF CHECKS:	\$11,310.57*
		TOTAL ACH GENERATED:				0	TOTAL AMOUNT OF ACH:	\$ .00*
		TOTAL EFT GENERATED:				0	TOTAL AMOUNT OF EFT:	\$ .00*
		TOTAL PAYMENTS:				16	TOTAL AMOUNT:	\$11,310.57*
*** DISTRICT TOTALS ***		TOTAL NUMBER OF CHECKS:				16	TOTAL AMOUNT OF CHECKS:	\$11,310.57*
		TOTAL ACH GENERATED:				0	TOTAL AMOUNT OF ACH:	\$ .00*
		TOTAL EFT GENERATED:				0	TOTAL AMOUNT OF EFT:	\$ .00*
		TOTAL PAYMENTS:				16	TOTAL AMOUNT:	\$11,310.57*

# SISKIYOU COUNTY OFFICE OF EDUCATION

## REQUEST FOR WARRANT PROCESSING

District # 43 District Name: Northern United Siskiyou Charter School BATCH 0422

Fund #	Fund Name	District Total	Audited Total
01	General Fund		
11	Adult Education Fund		
12	Child Development Fund		
13	Cafeteria Fund		
14	Deferred Maintenance Fund		
15	Pupil Transportation Equipment Fund		
17	Special Reserve Fund (Other than Capital Outlay)	XXXXXXXX	XXXXXXXX
25	Capital Facilities Fund (Developer Fees)		
30	State School Building/Lease Purchase Fund		
40	Special Reserve Capital Outlay Projects		
71	Retiree Benefit Fund		
	Northern United Siskiyou Charter School BATCH 0422	30055.86	
	Batch Total		

By order of the governing board, the Siskiyou County Office of Education is authorized to draw warrants to the claimants of said school district as per attached listing:

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_ Trustee \_\_\_\_\_  
 Trustee \_\_\_\_\_

District Superintendent/Administrator: Kelley Withers Date: 3/26/24  
 Board Approval Date: \_\_\_\_\_ Mail: \_\_\_\_\_ Hold: \_\_\_\_\_

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*For Siskiyou County Office of Education Use Only*

Audited By: \_\_\_\_\_ Audited Date: \_\_\_\_\_

Batch status: A All

From batch: 0422

To batch: 0422

Include Revolving Cash: Y

Include Address: Y

Include Object Desc: Y

Include Vendor TIN: Y

029

41.45	+
36.02	+
487.56	+
3,250.00	+
320.00	+
98.84	+
137.54	+
121.64	+
75.66	+
64.66	+
88.48	+
63.47	+
47.07	+
4,800.00	+
17.23	+
3,750.00	+
222.45	+
127.97	+
23.99	+
23.04	+
275.00	+
535.09	+
118.92	+
500.00	+
100.00	+
325.72	+
183.06	+
14,112.00	+
109.00	+
30,055.86	*

043 NORTHERN UNITED SISKIYOU  
ACCOUNTS PAYABLE PRELIST

J30743

ACCOUNTS PAYABLE PRELIST  
BATCH: 0422 NUSCS BATCH 0422  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/28/24 07:14 PAGE 1  
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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	

000151/00 ALSCO  
PO BOX 1280  
MEDFORD, OR 97501

PO-000004	03/20/2024	INVOICE#LMED2303354	MTSHASTA	1	62-3213-0-5500-0000-8100-000-00000	NN P	36.02	36.02
					OPERATION & HOUSEKEEPING SERV			
PO-000004	03/22/2024	INVOICE LMED2304237	YREKA	1	62-3213-0-5500-0000-8100-000-00000	NN P	41.45	41.45
					OPERATION & HOUSEKEEPING SERV			
			TOTAL PAYMENT AMOUNT		77.47 *		77.47	

000074/00 AMERICAN FAMILY LIFE INSURANCE  
ATTN: PAYROLL DEDUCTIONS  
1932 WYNNTON  
COLUMBUS, GA 31999

PO-000003	03/25/2024	INVOICE#437635	MAY	1	62-0000-0-9514-0000-0000-000-00000	NN P	487.56	487.56
					H & W PASS THROUGH			
			TOTAL PAYMENT AMOUNT		487.56 *		487.56	

000002/00 BOB STONE  
P.O. BOX 601  
YREKA, CA 96097

PO-000000	03/27/2024	MAY 2024 RENT		1	62-0000-0-5612-0000-8700-000-20007	N1 P	3,250.00	3,250.00
					NORTH UNITED RENT/LEASE BLDG			
			TOTAL PAYMENT AMOUNT		3,250.00 *		3,250.00	

000062/00 CDW GOVERNMENT  
75 REMITTANCE DRIVE  
SUITE 1515  
CHICAGO, IL 60675

PO-000248	03/20/2024	INVOICE #QH15792		1	62-0000-0-4300-0000-2700-000-00000	NN F	320.00	320.00
					SUPPLIES			
			TOTAL PAYMENT AMOUNT		320.00 *		320.00	



043 NORTHERN UNITED SISKIYOU  
ACCOUNTS PAYABLE PRELIST

J30743

ACCOUNTS PAYABLE PRELIST  
BATCH: 0422 NUSCS BATCH 0422  
FUND : 62

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CHARTER SCH. ENTERPRISE FUND

Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL	T9MPS	Liq Amt	Net Amount

000307/00 CINTAS CORP  
PO BOX 650838  
DALLAS, TX 75265-0838

PO-000096	03/21/2024	INVOICE #4187042012 MS	1	62-0000-0-4300-0000-8100-000-00000	NN P		64.66	64.66
		SUPPLIES						
PO-000096	03/21/2024	INVOICE#4187042007 MS	1	62-0000-0-4300-0000-8100-000-00000	NN P		88.48	88.48
		SUPPLIES						
PO-000096	03/21/2024	INVIOCE#4187042068 YREKA	1	62-0000-0-4300-0000-8100-000-00000	NN P		63.47	63.47
		SUPPLIES						
PO-000096	03/21/2024	INVOICE#4187042100 YREKA	1	62-0000-0-4300-0000-8100-000-00000	NN P		47.07	47.07
		SUPPLIES						
PO-000096	12/21/2023	INVOICE #4177712320 505	1	62-0000-0-4300-0000-8100-000-00000	NN P		121.64	121.64
		SUPPLIES						
PO-000096	12/21/2023	INVOICE #4177712363 423	1	62-0000-0-4300-0000-8100-000-00000	NN P		137.54	137.54
		SUPPLIES						
PO-000096	12/21/2023	INVOICE# 4177712232 MS	1	62-0000-0-4300-0000-8100-000-00000	NN P		98.84	98.84
		SUPPLIES						
PO-000096	12/21/2023	INVOICE# 4177712223 MS	1	62-0000-0-4300-0000-8100-000-00000	NN P		75.66	75.66
		SUPPLIES						
		TOTAL PAYMENT AMOUNT				697.36 *		697.36

000289/00 DANIEL D. NELSON  
A-1 MINI STORAGE  
PO BOX 600  
MT SHASTA, CA 96067

567925190

PO-000002	03/27/2024	MAY 2024 RENT	1	62-0000-0-5612-0000-8700-000-20007	NY P		4,800.00	4,800.00
				NORTH UNITED RENT/LEASE BLDG				
		TOTAL PAYMENT AMOUNT				4,800.00 *		4,800.00

000063/00 G & G HARDWARE INC  
729 SOUTH BROADWAY  
YREKA, CA 96097

PO-000250	03/20/2024	INVOICE#336267	1	62-0000-0-4300-0000-8110-000-00000	NN F		20.71	17.23
				SUPPLIES				
		TOTAL PAYMENT AMOUNT				17.23 *		17.23

043 NORTHERN UNITED SISKIYOU J30743  
ACCOUNTS PAYABLE PRELIST

ACCOUNTS PAYABLE PRELIST  
BATCH: 0422 NUSCS BATCH 0422  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Req Reference	Date	Description		FD RESC Y OBJT GOAL FUNC SCH LOCAL T9MPS		Liq Amt	Net Amount	

000215/00 GOLDEN ARROW INVESTMENTS 833970988  
PO BOX 796  
MONTAGUE, CA 96064

PO-000001	03/27/2024	MAY 2024 RENT	1	62-0000-0-5612-0000-8700-000-20007	NN P	3,750.00	3,750.00
				NORTH UNITED RENT/LEASE BLDG			
TOTAL PAYMENT AMOUNT				3,750.00 *			3,750.00

000294/00 HUNTER COMMUNICATION & TECH 000000000  
PO BOX 24644  
SEATTLE, WA 98124-0644

PO-000010	03/20/2024	INVOICE#564827	1	62-0000-0-5922-1110-1000-000-00000	NN P	155.72	155.72
				COMMUNICATION - TELEPHONE SVCS			
PO-000010	03/20/2024	INVOICE #564827	2	62-0000-0-5922-0000-2700-000-00000	NN P	46.71	46.71
				COMMUNICATION - TELEPHONE SVCS			
PO-000010	03/20/2024	INVOICE# 564827	3	62-0000-0-5922-0000-7200-000-00000	NN P	20.02	20.02
				COMMUNICATION - TELEPHONE SVCS			
TOTAL PAYMENT AMOUNT				222.45 *			222.45

000324/00 MELISSA JOHNSON  
50 STARR ACCESS RD.  
ETNA, CA 96027

PV-240054	03/22/2024	BOARD MEETING	62-0000-0-5200-0000-7200-000-00000	NN		127.97
				TRAVEL & CONFERENCE		
TOTAL PAYMENT AMOUNT				127.97 *		127.97

000011/00 MT SHASTA SPRING WATER 680174022  
1878 TWIN VIEW BLVD  
REDDING, CA 96003

PO-000015	03/05/2024	INVOICE# 321702	1	62-0000-0-4300-0000-8100-000-00000	NN P	23.99	23.99
				SUPPLIES			
PO-000015	03/26/2024	INVOICE#322744	1	62-0000-0-4300-0000-8100-000-00000	NN P	23.04	23.04
				SUPPLIES			
TOTAL PAYMENT AMOUNT				47.03 *			47.03

043 NORTHERN UNITED SISKIYOU  
ACCOUNTS PAYABLE PRELIST

J30743

ACCOUNTS PAYABLE PRELIST  
BATCH: 0422 NUSCS BATCH 0422  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

APY500 L.00.22 03/28/24 07:14 PAGE 4  
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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE ES	E-Term	E-ExtRef
Reg Reference	Date	Description	FD RESC Y	OBJT GOAL	FUNC SCH LOCAL T9MPS	Liq Amt	Net Amount	
000012/00	NORTH STATE PARENT PO BOX 1602 MT. SHASTA, CA 96067							
PO-000017	03/01/2024	INVOICE #73952	1	62-0000-0-5800-0000-2700-000-00000	NN P	221.00	275.00	
				PROFES'L/CONSULTG SVCS/OP EXP				
		TOTAL PAYMENT AMOUNT		275.00 *			275.00	
000013/00	PACIFIC POWER PO BOX 26000 PORTLAND, OR 97256-0001							
PO-000018	03/18/2024	ACCT# 64034125-001	1	62-0000-0-5520-0000-8100-000-00000	NN P	535.09	535.09	
				ELECTRICITY				
PO-000018	03/18/2024	ACCT:# 64034125-003 6	1	62-0000-0-5520-0000-8100-000-00000	NN P	118.92	118.92	
				ELECTRICITY				
		TOTAL PAYMENT AMOUNT		654.01 *			654.01	
000007/00	SISKIYOU COUNTY OFFICE OF ED 609 SOUTH GOLD STREET YREKA, CA 96097							
PO-000251	03/26/2024	INVOICE # 240524	1	62-6770-0-5800-1110-1000-000-00000	NN F	647.50	500.00	
				PROFES'L/CONSULTG SVCS/OP EXP				
PO-000252	03/26/2024	INVOICE# 240534	1	62-6770-0-5800-1110-1000-000-00000	NN F	129.50	100.00	
				PROFES'L/CONSULTG SVCS/OP EXP				
		TOTAL PAYMENT AMOUNT		600.00 *			600.00	
000052/00	STAPLES ADVANTAGE PO BOX 660409 DALLAS, TX 75266-0409							
PO-000237	03/13/2024	INVOICE#3561877779	1	62-0000-0-4300-0000-2700-000-00000	NN F	220.01	183.06	
				SUPPLIES				
PO-000240	03/14/2024	INVOICE#3562026202	1	62-0000-0-4300-0000-2700-000-00000	NN F	391.47	325.72	
				SUPPLIES				
		TOTAL PAYMENT AMOUNT		508.78 *			508.78	

043 NORTHERN UNITED SISKIYOU  
ACCOUNTS PAYABLE PRELIST

J30743

ACCOUNTS PAYABLE PRELIST  
BATCH: 0422 NUSCS BATCH 0422  
FUND : 62 CHARTER SCH. ENTERPRISE FUND

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Vendor/Addr	Remit name	Tax ID num	Deposit type	ABA num	Account num	EE	ES	E-Term	E-ExtRef		
Req Reference	Date	Description	FD RESC Y	OBJT	GOAL	FUNC	SCH	LOCAL	T9MPS	Liq Amt	Net Amount

000137/00 STUDY.COM  
100 VIEW STREET #202  
MOUNTAIN VIEW, CA 94041

PO-000239	03/18/2024	INVOICE #11228	1	62-0000-0-5800-1110-1000-000-00000	NN	F				18,275.04	14,112.00
										PROFES'L/CONSULTG SVCS/OP EXP	
TOTAL PAYMENT AMOUNT										14,112.00 *	14,112.00

000016/00 YREKA TRANSFER LLC  
303 YAMA STREET  
YREKA, CA 96097

PO-000031	03/19/2024	INVOICE#INV26109	1	62-0000-0-5550-0000-8100-000-00000	NN	F				109.00	109.00
										DISPOSAL/GARBAGE REMOVAL	
TOTAL PAYMENT AMOUNT										109.00 *	109.00

TOTAL FUND	PAYMENT	30,055.86 **								30,055.86
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TOTAL BATCH PAYMENT		30,055.86 ***	0.00							30,055.86
---------------------	--	---------------	------	--	--	--	--	--	--	-----------

TOTAL DISTRICT PAYMENT		30,055.86 ****	0.00							30,055.86
------------------------	--	----------------	------	--	--	--	--	--	--	-----------

TOTAL FOR ALL DISTRICTS:		30,055.86 ****	0.00							30,055.86
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Number of checks to be printed: 17, not counting voids due to stub overflows.

30,055.86

043 NORTHERN UNITED SISKIYOU  
2324 SUPPLEMENTAL PAYROLL

PAYNAME: SUPP

PAYROLL AUDIT PRELIST  
DISTRICT TOTALS

J30653 PAY510 L.00.22 03/27/24 PAGE 4  
PAY DATE: 04/10/2024 END DATE: 03/31/2024

PAYROLL PRELIST AUDIT TOTALS FOR DISTRICT

EMPLOYEE COUNTS

RECEIVING WARRANTS	12	GETTING PAID FIRST TIME	0	
APD TO CU	0	TERMINATED GETTING PAID	0	RET SYSTEM 1/3 OPTION: P %0.000
APD TO CHECKING	0	STARTING APD CHECKING NEXT MONTH	0	RET SYSTEM 2/4 OPTION: P %0.000
APD TO SAVINGS	0	STARTING APD SAVINGS NEXT MONTH	0	FICA OPTION:
-----		GETTING PAID BALANCE OF CONTRACT	0	
TOTAL GETTING PAID	12			

PAYROLL TOTALS

SALARY GROSS		DAILY GROSS		HOURLY GROSS		HOURLY AND DAILY GROSS		TOTAL GROSS	
NML	0.00	NML	0.00	NML	0.00	NML	0.00	NML	0.00
ADJ	0.00	ADJ	0.00	ADJ	0.00	ADJ	0.00	ADJ	0.00
ADJ NML	0.00*	ADJ NML	0.00*	ADJ NML	0.00*	ADJ NML	0.00*	ADJ NML	0.00*
STIP	18,250.00	STIP	0.00	STIP	0.00	STIP	0.00	STIP	18,250.00
TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*
NON-NML	18,250.00*	NON-NML	0.00*	NON-NML	0.00*	NON-NML	0.00*	NON-NML	18,250.00*
TOTAL	18,250.00**	TOTAL	0.00**	TOTAL	0.00**	TOTAL	0.00**	TOTAL	18,250.00**

TOTAL NUMBER HOURS WORKED: 0.00 TOTAL NUMBER DAYS WORKED: 0.00

GROSS	FED IMP GROSS	NTX GROSS	TSR	RET-TS	FED TAX GROSS	FIT	AFIT
18,250.00	0.00	0.00	0.00	41.00	18,209.00	323.50	0.00
SIT	ASIT	OASDI GROSS	OASDI	MEDI GROSS	MEDICARE	DEF-MEDI GROSS	DEF-MEDI
111.46	0.00	11,150.00	691.30	18,250.00	264.64	0.00	0.00
SURV-BEN	SDI	EIC	STRS SUBJ	STRS	PERS SUBJ	PERS	DED
0.00	0.00	0.00	400.00	41.00	0.00	0.00	0.00
NET	ADJ (+)	ADJ (-)	OASDI EMPR	MEDI EMPR	STRS EMPR	PERS EMPR	
16,818.10	0.00	0.00	0.00	0.00	0.00	0.00	
STATE IMP GROSS	STATE TAX GROSS	STRS (C)	STRS (P)	STRS (O)	PERS (C)	PERS (P)	PERS (O)
0.00	18,209.00	41.00	0.00	0.00	0.00	0.00	0.00
STRS/SUBJ (C)	STRS/SUBJ (P)	STRS/SUBJ (O)	PERS/SUBJ (C)	PERS/SUBJ (P)	PERS/SUBJ (O)	STRS/SUBJ DBS	STRS DBS
400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Kelley Withers

3/27/24



043 NORTHERN UNITED SISKIYOU  
NUSCS PAYROLL LIST

PAYNAME: REG

PAYROLL AUDIT PRELIST  
DISTRICT TOTALS

J28293 PAY510 L.00.22 03/07/24 PAGE 9  
PAY DATE: 03/29/2024 END DATE: 03/31/2024

PAYROLL PRELIST AUDIT TOTALS FOR DISTRICT

EMPLOYEE COUNTS

RECEIVING WARRANTS	4	GETTING PAID FIRST TIME	0	
APD TO CU	0	TERMINATED GETTING PAID	0	RET SYSTEM 1/3 OPTION: P %0.000
APD TO CHECKING	15	STARTING APD CHECKING NEXT MONTH	0	RET SYSTEM 2/4 OPTION: P %0.000
APD TO SAVINGS	0	STARTING APD SAVINGS NEXT MONTH	0	FICA OPTION:
		GETTING PAID BALANCE OF CONTRACT	0	
TOTAL GETTING PAID	19			

PAYROLL TOTALS

SALARY GROSS		DAILY GROSS		HOURLY GROSS		HOURLY AND DAILY GROSS		TOTAL GROSS	
NML	61,502.51	NML	0.00	NML	8,959.25	NML	8,959.25	NML	70,461.76
ADJ	0.00	ADJ	0.00	ADJ	0.00	ADJ	0.00	ADJ	0.00
ADJ NML	61,502.51*	ADJ NML	0.00*	ADJ NML	8,959.25*	ADJ NML	8,959.25*	ADJ NML	70,461.76*
STIP	608.34	STIP	0.00	STIP	0.00	STIP	0.00	STIP	608.34
XSER	0.00	XSER	0.00	XSER	700.00	XSER	700.00	XSER	700.00
SLV	140.00	SLV	0.00	SLV	1,469.00	SLV	1,469.00	SLV	1,609.00
TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*	TOTAL OT	0.00*
NON-NML	748.34*	NON-NML	0.00*	NON-NML	2,169.00*	NON-NML	2,169.00*	NON-NML	2,917.34*
TOTAL	62,250.85**	TOTAL	0.00**	TOTAL	11,128.25**	TOTAL	11,128.25**	TOTAL	73,379.10**

TOTAL NUMBER HOURS WORKED: 537.50 TOTAL NUMBER DAYS WORKED: 0.00

GROSS	FED IMP	GROSS	NTX GROSS	TSA	RET-TS	FED TAX GROSS	FIT	AFIT
73,379.10		0.00	803.76	0.00	7,081.80	65,493.54	3,244.32	565.00
SIT	ASIT	OASDI GROSS	OASDI	MEDI GROSS	MEDICARE	DEF-MEDI GROSS	DEF-MEDI	
1,121.68	0.00	24,683.28	1,530.36	72,575.34	1,052.36	0.00	0.00	
SURV-BEN	SDI	EIC	STRS SUBJ	STRS	PERS SUBJ	PERS	DED	
0.00	0.00	0.00	52,240.00	5,347.25	21,681.92	1,734.55	984.56	
NET	ADJ (+)	ADJ (-)	OASDI EMPR	MEDI EMPR	STRS EMPR	PERS EMPR		
57,799.02	0.00	0.00	0.00	0.00	0.00	0.00		
STATE IMP GROSS	STATE TAX GROSS	STRS (C)	STRS (P)	STRS (O)	PERS (C)	PERS (P)	PERS (O)	
0.00	65,493.54	3,675.66	1,671.59	0.00	0.00	1,734.55	0.00	
STRS/SUBJ (C)	STRS/SUBJ (P)	STRS/SUBJ (O)	PERS/SUBJ (C)	PERS/SUBJ (P)	PERS/SUBJ (O)	STRS/SUBJ DBS	STRS DBS	
35,860.00	16,380.00	0.00	0.00	21,681.92	0.00	0.00	0.00	

Kelley Withers

3/7/24

**Agenda Item 3.**

**CONSENT AGENDA**

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

**Subject:**

3.3 Consideration of Approval of Minutes for the March 7th, 8th, 13th and 20th Board Meetings

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The minutes from prior meetings are inspected, corrected if needed, and approved. This is a routine monthly process for the Board. The minutes for the four March board meetings are attached.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Lynda Speck

**Northern United Charter School**

**Board of Directors**

**Regular Board Meeting**

**March 7, 2024**

**4pm**

**Members Present:** Rosemary Kunkler, Jere Cox, Melissa Johnson and Briana Oesterle

**Staff Present:** Shari Lovett, Kirk Miller, Rebekah Davis, Dawn Fryling, Kelley Withers, Sara Thompson, Jennifer Rand and Julia Anderson

**Guests Present:** Aedhon Rossiter

- 1.0 CALL TO ORDER:** Rosemary Kunkler called the meeting to order at 4:01pm
  - 1.1 Pledge of Allegiance:**
  - 1.2 Adopt the Agenda:** A motion to adopt the agenda was made by Jere Cox and seconded by Melissa Johnson. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.
- 2.0 PRESENTATIONS:** There were none.
- 3.0 CONSENT AGENDA:**
  - 3.1 Consideration of Approval of Warrants and Payroll for Northern United-Humboldt Charter School:**
  - 3.2 Consideration of Approval of Warrants and Payroll for Northern United-Siskiyou Charter School (0222, 0223):**
  - 3.3 Consideration of Approval of Minutes for the February 7, 2024 Board Meeting:**
  - 3.4 Consideration of Resignations, Hires, Leaves and Change of Assignments:**
  - 3.5 Consideration of Resignation Letter from Board Member, Aime Snider:** A motion to approve the consent agenda as posted was made by Melissa Johnson and seconded by Briana Oesterle. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.
- 4.0 PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA:** There were none
- 5.0 ACTION ITEMS TO BE CONSIDERED:**
  - 5.1 Adopt Second Interim budget for Northern United-Humboldt Charter School:** Kelley Withers presented the second interim budget. A motion to certify the second interim budget as positive for Northern United-Humboldt Charter School was made by Jere Cox and seconded by Melissa Johnson. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.
  - 5.2 Adopt Second Interim Budget and Budget Resolution for Northern United-Siskiyou Charter School:** Kelley Withers presented the second interim budget. A motion to certify the second interim budget as positive and to adopt the budget resolution for Northern United-Siskiyou Charter School was made by Briana Oesterle and seconded by Jere Cox.

Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.

- 5.3 Approval of Financial Statements with Independent Auditor's Report for Fiscal Year 2022-2023 for Northern United Charter Schools:** Shari went over the audit report. A motion to approve the Financial Statements with Independent Auditor's Report for fiscal year 2022-2023 for Northern United Charter Schools was made by Melissa Johnson and seconded by Briana Oesterle. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.

- 5.4 Approval of 2024-2025 Calendar for Northern United-Humboldt Charter School:** A motion to approve the 2024-2025 calendar for Northern United-Humboldt Charter School was made by Briana Oesterle and seconded by Jere Cox. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.

- 5.5 Approval of 2024-2025 Calendar for Northern United-Siskiyou Charter School:** A motion to approve the 2024-2025 calendar for Northern United-Siskiyou Charter School was made by Melissa Johnson and seconded by Briana Oesterle. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.

## **6.0 DISCUSSION ITEMS:**

- 6.1 Eligibility for Additional Targeted Support and Improvement for Northern United-Humboldt Charter School.** A discussion was held on additional support for students.

## **7.0 REPORTS:**

- 7.1 Enrollment and Attendance Report:** In packet

- 7.2 Financial Report for Northern United-Humboldt and Siskiyou Charter Schools:** In packet

- 7.3 Director's Report:** Shari Lovett spoke on the following topics:

- We will be giving a report to HCOE's board on Wednesday, March 13th and their authorizer visit will be on April 23<sup>rd</sup>.
- We are completing the CYBHI application (Children and Youth Behavioral Health Initiative) which will allow us to bill private medical insurance, as well as MediCal for mental and behavioral services for students.
- We are looking for a new internal formative assessment for next year.
- NCSMIG set the rates for medical, dental and vision for next year.

- 7.4 Northern United-Humboldt Charter School Report:** In packet

- 7.5 Northern United-Siskiyou Charter School Report:**

- Six of our staff members at the Yreka learning center have finished the four course training on restorative justice circles.
- CTE Sustainable Ag- Our Ag. class just had a field trip to Raley's. We learned so much about global food distribution, distribution systems, what it's like to run the produce department and insight into managing different types of produce at the store. We're excited for nice spring weather to arrive, so we can get into our plot at the Yreka Community Garden. We'll soon start our lesson on soil and soil testing.
- We applied for a Strong Workforce CTE Pathway grant to support the creation of a building trades pathway.



- Community Schools: Kate been busy writing grants to help support our Community School efforts. A Raley's Extra Credit grant was submitted and submitting a Wellness Coach grant is in the works.
- CEI Team: Our CEI team had a great trip to Santa Clara, for a two-day conference, to continue our journey of community engagement best practices and how to best align our efforts.

**7.6 Board Report:**

**Jere Cox:** Asked about Super Student. He said that he felt out of the loop and spoke of the difficulty of getting board members.

**Melissa Johnson:** Thank you to Humboldt for coming over for the board meeting.

**Briana Oesterle:** No report

**Rosemary Kunkler:** Thank you and it was good to be all together.

**8.0 NEXT BOARD MEETING:**

**8.1 Possible Agenda Items:** Food Program, Closed session, Board self-evaluation, Board member applicants and interview

**8.2 Next Board Meeting:** March 8, 2024 and April 17, 2024

**9.0 ADJOURNMENT:** Rosemary Kunkler adjourned the meeting at 5:51pm



Northern United Charter Schools

Board of Directors

Regular Board Meeting

March 08, 2024

**Members Present:** Rosemary Kunkler, Jere Cox, and Melissa Johnson, Briana Oesterle

**Members Absent:**

**Staff Present:** Rebekah Davis, Kirk Miller, Kelley Withers, Jen Rand, Donnie Allen, Michaela Walston, Greta de la Pedraja, Julia Anderson

**Guests Present:** Aedhon Rossiter

- 1.0 **CALL TO ORDER:** Rosemary Kunkler called the meeting to order at 9:16am.
  - 1.1 **Pledge of Allegiance**
  - 1.2 **Adopt the Agenda:** A motion to adopt the agenda as posted was made by Briana Oesterle and seconded by Melissa Johnson. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye and Rosemary Kunkler-Aye. Motion carries.
- 2.0 **PRESENTATIONS:** There were none
- 3.0 **CONSENT AGENDA:** There were no items
- 4.0 **PUBLIC COMMENTS:** There were no comments
- 5.0 **DISCUSSION ITEMS:**
  - 5.1 **Process for Appointing New Humboldt Board Member:** The board discussed the process for interviewing and appointing a new board member.
  - 5.2 **Onboarding New Siskiyou Board Member-Briana Oesterle:** Briana Oesterle went through the onboarding process. They discussed the process and how it could be improved.
- 6.0 **ACTION ITEMS TO BE CONSIDERED:**
  - 6.1 **Discuss and Approve Northern United Charter Schools Board Self Evaluation Tool:** A discussion was held on the self-evaluation tool. Shari Lovett will create the evaluation and bring it back to the board in April. No action taken.
- 7.0 **REPORTS:** None
- 8.0 **NEXT BOARD MEETING:**
  - 8.1 **Possible Agenda Items:** None
  - 8.2 **Next Board Meeting:** April 17, 2024 at 4:00pm
- 9.0 **ADJOURNMENT:** Rosemary Kunkler adjourned the meeting at 11:39am

**Northern United Charter School**

**Board of Directors**

**Regular Board Meeting**

**March 13, 2024**

**9:00 am**

**Members Present:** Rosemary Kunkler, Jere Cox, and Briana Oesterle

**Members Absent:** Melissa Johnson

**Staff Present:** Shari Lovett, Kirk Miller, Rebekah Davis, Lynda Speck, Kelley Withers, and Sara Thompson,

- 1.0 CALL TO ORDER:** Rosemary Kunkler called the meeting to order at 9:07am.
  - 1.1 Pledge of Allegiance:**
  - 1.2 Adopt the Agenda:** A motion to adopt the agenda as posted was made by Jere Cox and seconded by Briana Oesterle. Vote taken: Jere Cox-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.
- 2.0 PRESENTATIONS:** There were none.
- 3.0 CONSENT AGENDA:** No items
- 4.0 PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA:** There were none.
- 5.0 DISCUSSION ITEMS:** No items
- 6.0 ACTION ITEMS TO BE CONSIDERED:**
  - 6.1 Approval of Northern United-Humboldt Charter Schools' Overnight Field Trip to Future Farmers of America (FFA) State Conference:** A motion to approve the overnight field trip to the FFA State Conference was made by Jere Cox and seconded by Briana Oesterle. Vote taken: Jere Cox-Aye, Briana Oesterle-Aye and Rosemary Kunkler-Aye. Motion carries.
- 7.0 REPORTS:** No items
- 8.0 NEXT BOARD MEETING:**
  - 8.1 Possible Agenda Items:** Taxes, closed session, Board self-evaluation, Board member applicants and interview
  - 8.2 Next Board Meeting:** April 17, 2024
- 9.0 ADJOURNMENT:** Rosemary Kunkler adjourned the meeting at 9:18am.

Northern United Charter Schools

Board of Directors

Special Board Meeting

March 20, 2024

**Members Present:** Rosemary Kunkler, Jere Cox, and Melissa Johnson

**Members Absent:** Briana Oesterle

**Staff Present:** Rebekah Davis, Kirk Miller, Kelley Withers, Lynda Speck, and Jen Rand

- 1.0 **CALL TO ORDER:** Rosemary Kunkler called the meeting to order at 12:01pm
  - 1.1 **Pledge of Allegiance**
  - 1.2 **Adopt the Agenda:** A motion to adopt the agenda as posted was made by Jere Cox and seconded by Melissa Johnson. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye and Rosemary Kunkler-Aye. Motion carries.
- 2.0 **PRESENTATIONS:** There were none
- 3.0 **CONSENT AGENDA:** There were no items
- 4.0 **PUBLIC COMMENTS:** There were no comments
- 5.0 **ACTION ITEMS TO BE CONSIDERED:**
  - 5.1 **Approval of Department of Health and Human Services-Behavioral Health Grant for Northern United-Humboldt Charter School:** Information was provided in board packet about the grant and the award amount. A motion to approve the Department of Health and Human Services-Behavioral Health Grant for Northern United-Humboldt Charter School was made by Melissa Johnson and seconded by Jere Cox. Vote taken: Jere Cox-Aye, Melissa Johnson-Aye and Rosemary Kunkler-Aye. Motion carries.
- 6.0 **DISCUSSION ITEMS:** None
- 7.0 **REPORTS:** None
- 8.0 **NEXT BOARD MEETING:**
  - 8.1 **Possible Agenda Items:** None
  - 8.2 **Next Board Meeting:** April 17, 2024 at 4:00pm
- 9.0 **ADJOURNMENT:** Rosemary Kunkler adjourned the meeting at 12:07pm

**Agenda Item 3.**

**CONSENT AGENDA**

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

**Subject:**

3.4 Consideration of Resignations, Hires, Leaves, and Change of Assignments

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The Board will approve all new hires, resignations and leaves throughout the year.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Lynda Speck



# Northern United Charter Schools

## Resignations, Hires, and Leaves

For Month Ending: 3/31/2024

### Resignations

Name	Date	Location	Comments
Cheryl Tunzini	4/2/2024	Special Ed/CLC	Resigned
Samanthat Hazlewood	3/29/2024	Secretary/YLC	Resigned
Michele Janelli	4/4/2024	Instructional Aide/CLC	Resigned

### HIRES

Name	Date	Location	Comments
Sara Cross	4/3/2024	Yreka Learning Center	Secretary
Jennah Moody	3/26/2024	Eureka Learning Center	Instructional Aide/Driver
Anna Sherman	3/26/2024	Cutten Learning Center	Instructional Aide

### Leaves

Name	Date	Location	Comments
Amanda Jeffares	3/31/2024	Records Office	Maternity Leave

### Change Of Assignment

Name	Date	Location	Comments



**Agenda Item 3.**

**CONSENT AGENDA**

A trustee can have an item removed from the Consent Agenda and given individual consideration for action as a regular agenda item. An administrator or a member of the public may request that an item be removed from the Consent Agenda and given individual consideration for action as a regular agenda item at the pleasure of the Board.

**Subject:**

3.5 Consideration of Approval of Williams' Uniform Complaint, Quarterly Report for NU-SCS

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

NU-SCS reports any complaints regarding the provision of textbooks and instructional materials, teacher vacancy or mis-assignment, and/or facilities conditions. The Board approves these reports each quarter. No complaints were received in the last quarter.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett



nucharters.org

# Northern United Charter Schools

*Learning Today, Leading Tomorrow*

2120 Campton Rd, Suite H  
Eureka, California 95503  
707/445-2660

## Quarterly Report on Williams Uniform Complaints

[Education Code § 35186]

District: Northern United – Siskiyou Charter School

Person completing this form: Shari Lovett

Title: School Director

Quarterly Report Submission Date:

(check one)

- ☐ January 2024  
☒ April 2024  
☐ July 2024  
☐ October 2024

Date for information to be reported publicly at governing board meeting: April 17, 2024

Please check the box that applies:

- ☒ No complaints were filed with any school in the district during the quarter indicated above.
- ☐ Complaints were filed with schools in the district during the quarter indicated above. The following chart summarizes the nature and resolution of these complaints.

General Subject Area	Total # of Complaints	# Resolved	# Unresolved
Textbooks and Instructional Materials	0		
Teacher Vacancy or Misassignment	0		
Facilities Conditions	0		
TOTALS	0		

Shari Lovett

Print Name of District Superintendent

Shari Lovett  
Signature of District Superintendent

4/17/2024  
Date

**Agenda Item 4.**

**PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA**

**Subject:**

4.1 Comments by the Public

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Board members or staff may choose to respond briefly to Public Comments.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 5.**

**ACTION ITEMS TO BE CONSIDERED**

**Subject:**

5.1 Approval of Employer Contribution Toward Health Benefits

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Currently, NUCS contributes the entire premium amount of the Spruce plan for the employee and any dependents for all full time equivalent employees. The employer contribution for part time employees is prorated to match the FTE ratio of the employee and the employee contributes the difference between the employer contribution and the premium. The medical premiums will be increasing by 3% and vision will be increasing by 2.3%. Dental premiums will not be increasing for the 2024-2025 school year. Staff recommends continuing full coverage of Spruce for the employee and dependents, as well as full dental and vision coverage.

**Fiscal Implications:**

NU-HCS - Approximate increase of \$29,512 (23-24 Total cost = \$753,908; 24-25 Total cost = \$783,420)  
Approximate 24-25 ending balance = \$1,633,139

NU-SCS - Approximate decrease of \$14,830 (23-24 Total cost = \$213,908; 24-25 Total cost = \$198,612)  
Approximate 24-25 ending balance = \$657,878

**Contact Person/s:** Shari Lovett, Kelley Withers

# North Coast Schools Medical Insurance Group

## 2024-2025 Program Rates

2024/2025 Medical Plan Rates (Active)				
Plan	Employee Only	Employee + Spouse/Partner	Employee + Child/ren	Employee + Family
Oak	\$ 983	\$ 1,900	\$ 1,545	\$ 2,330
Spruce	\$ 770	\$ 1,487	\$ 1,204	\$ 1,818
Pine	\$ 542	\$ 1,050	\$ 883	\$ 1,370
Maple	\$ 690	\$ 1,333	\$ 1,208	\$ 1,756

2024/2025 Medical Plan Rates (Retiree)			
Plan	Retiree, Spouse/Partner, Dep. Child > 26 (No Medicare)	Retiree, Spouse/Partner, Dep. Child > 26 (Medicare)	Dependent Child of Retiree < 26
Oak	\$ 1,524	\$ 1,458	\$ 700
Spruce	\$ 1,187	\$ 1,152	\$ 542
Pine	\$ 813	\$ 777	\$ 566
Maple	\$ 1,061	\$ 871	\$ 633

2024/2025 Dental Plan Rates				
Plan	Premium	Calendar Year Maximum	Orthodontics	Prosthodontics
D-15	\$ 91.00	\$ 1,500.00	None	50%/50%
D-20	\$ 113.00	\$ 2,000.00	\$1,500 Lifetime Maximum 70% Guardian/30% Member Children and Adults	50%/50%
D-30	\$ 123.00	\$ 3,000.00	\$2,500 Lifetime Maximum 75% Guardian/25% Member Children and Adults	75%/25%

2024/2025 Vision Plan Rates					
Plan	Premium	Copay	Exam Frequency	Lens Frequency	Frame Frequency
A	\$ 18.00	\$ 15.00	12 months	24 months	24 months
B	\$ 19.00	\$ 15.00	12 months	12 months	24 months
C	\$ 23.00	\$ 15.00	12 months	12 months	12 months

**Agenda Item 5.**

**ACTION ITEMS TO BE CONSIDERED**

**Subject:**

5.2 Approval of 2024-2025 NUCS Certificated and Classified Pay Schedules

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The certificated pay schedule was updated to increase the Regional Director and School Psychologist/Speech Pathologist lines, as well as the one-on-one tutor line. The classified pay schedule was updated to increase the CBO line and all hourly positions, as well as the one-on-one tutor. We also removed the Food Service position and the Behavior Support Aide position. These changes were made in order to be competitive within the community or because of the lack of relevancy of some positions.

**Fiscal Implications:**

TBD

**Contact Person/s:** Shari Lovett, Kelley Withers, Lynda Speck





## CERTIFICATED EMPLOYEE 2024 - 2025 PAY SCHEDULE

### 220 DAY CERTIFICATED SALARIED EMPLOYEE

Row	Position	Column I	Column II	Column III	Column IV	Column V	Column VI	Column VII
1	Regional Director	\$79,500	\$81,500	\$83,500	\$85,500	\$87,500	\$89,500	\$91,500
2	Director	\$65,400	\$67,400	\$69,400	\$71,400	\$73,400	\$75,400	\$77,400

### 190-220 DAY CERTIFICATED SALARIED EMPLOYEE

Row	Position	Column I	Column II	Column III	Column IV	Column V	Column VI	Column VII
1	School Psych./Speech Path.	\$63,500	\$65,500	\$67,500	\$69,500	\$71,500	\$73,500	\$75,500
2	Counselor	\$61,500	\$63,500	\$65,500	\$67,500	\$69,500	\$71,500	\$73,500
3	Coordinator	\$53,300	\$55,300	\$57,300	\$59,300	\$61,300	\$63,300	\$65,300

### 183 DAY CERTIFICATED SALARIED TEACHER

Row	Salary Amount	Per Student Amount (non - center based)
1	\$45,000	\$1,800 per year per student
2	\$47,000	\$1,880 per year per student
3	\$49,000	\$1,960 per year per student
4	\$51,000	\$2,040 per year per student
5	\$53,000	\$2,120 per year per student
6	\$55,000	\$2,200 per year per student
7	\$57,000	\$2,280 per year per student
8	\$59,000	\$2,360 per year per student
9	\$61,000	\$2,440 per year per student
10	\$63,000	\$2,520 per year per student
11	\$65,000	\$2,600 per year per student
12	\$67,000	\$2,680 per year per student
13	\$69,000	\$2,760 per year per student
14	\$71,000	\$2,840 per year per student
15	\$73,000	\$2,920 per year per student

### MISCELLANEOUS PAY TYPES

Substitute Teacher:	\$245/day (7hr) or \$35/hour	Masters Degree: \$1000 per year (Only 1 recognized)
Certificated One-On-One Tutor:	\$18.50 = 1-2 students	23/24 STRS Post Retirement Earnings Limit: \$74,735
Certificated Small Group Instructor:	\$35.00 = 3+ students	
Longevity:	\$500-6th yr    \$550-7th yr    \$600-8th yr    \$650-9th yr    \$700-10th yr	



## CLASSIFIED EMPLOYEE 2023 - 2024 PAY SCHEDULE

CLASSIFIED SALARIED EMPLOYEE						
Row	Position	Column I	Column II	Column III	Column IV	Column V
1	Chief Business Officer	\$84,250	\$86,250	\$88,250	\$90,250	\$92,250
2	Director	\$64,400	\$66,400	\$68,400	\$70,400	\$72,400
3	Coordinator	\$53,300	\$55,300	\$57,300	\$59,300	\$61,300
4	Registrar	\$41,500	\$43,500	\$45,500	\$47,500	\$49,500

CLASSIFIED HOURLY EMPLOYEE						
Row	Position	Column I	Column II	Column III	Column IV	Column V
1	Instructional Aide	\$20.00	\$20.75	\$21.50	\$22.25	\$23.00
2	Technician	\$21.00	\$22.00	\$23.00	\$24.00	\$25.00
3	Administrative Assistant	\$22.50	\$23.50	\$24.50	\$25.50	\$26.50
4	Office Clerk /Secretary	\$18.00	\$18.75	\$19.50	\$20.25	\$21.00
5	Custodian/Maintenance	\$18.00	\$18.75	\$19.50	\$20.25	\$21.00

MISCELLANEOUS PAY TYPES					
Classified One-One Tutor:	\$18.00 =1-2 students	Bachelor Degree: \$500 per year (Only 1 recognized)			
Classified Small Group Instructor:	\$33.00 = 3+ students	Associate Degree: \$350 per year (Only 1 recognized)			
Longevity:	\$500-6th yr	\$550-7th yr	\$600-8th yr	\$650-9th yr	\$700-10th yr

**Agenda Item 5.**

**ACTION ITEMS TO BE CONSIDERED**

**Subject:**

5.3 Approval of Briceland Learning Center Overnight Field Trip to Universal Studios

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Per our liability insurance, CharterSafe, the Board must approve overnight field trips. This field trip is for the 6th grade students who attend Briceland Learning Center. They are going to Universal Studios in Southern California.

**Fiscal Implications:**

The majority of the cost will be paid through fundraising, however the school will be paying for the gas in the school van.

**Contact Person/s:** Shari Lovett



# Northern United Charter Schools Field Trip Request Form



Teacher: Teal Cyrek Date of Request: 3/11/24

Learning Center (if applicable): Briceland

Date(s) of Trip: May 20-23 Kind of Trip: Day:      Out-of-County: X Overnight: X

Purpose: Sixth Grade Trip

Destination: Universal Studios Hollywood

Number of Students: 4 Number of Adult Chaperones: 2

Departure Date & Time: 5/20/24 9am Expected arrival time at destination: 6pm

Other Stops & Times: SFO → Burbank airports

Return Date & Time: 5/23/24 8pm

Mode of Transportation: Van, airplane, taxi

Cost:      Other Costs:       
(submit purchase request or PAR as necessary)

Teacher Signature: Teal Cyrek Date: 3/11/24

Charter Director/Designee Signature:      Date:     

**\*All overnight field trips require Northern United Charter Schools Board approval prior to the field trip.**

**\*School Board Approval:**      **Date:**     

**\*Please have Overnight Field Trip Forms in Charter Office at least one month before planned event. Include detailed agenda, updated driver's forms, all student excursion waiver forms. Incomplete packets will not be considered for approval.**

The Field Trip Request form must be submitted to the Charter Office for administrative approval.

Email to [debbisholes@nucharters.org](mailto:debbisholes@nucharters.org), or

Mail to: 2120 Campton Road, Ste. H, Eureka, CA 95503 Attention: Debbi

Please send in form **one week** before planned Day Field Trip.

All adults driving students of the Charter School are required to have a copy of their insurance, driver's license, DMV report, and Private Vehicle Form on file at the Charter Office prior to transporting students.

**Note: A fingerprint clearance and background check will be required of all volunteers. Be sure to allow enough time.**



Teal Cyrek

Mon, Mar 11, 4:26 PM (16 hours ago)

to me

Sixth Grade Trip May 20-23rd

Itinerary:

Leave Briceland 9am on May 20th. Arrive at the San Francisco airport, flights depart at 4pm and arrive at Burbank airport 6pm.

Taxi to the Hilton hotel.

May 21st and 22nd Universal Studios (walking distance from the hotel)

May 23rd returning flight arrives in San Francisco at 3pm, drive home

Chaperones: Teal Cyrek (707)223-1406 and Danielle Rye (707) 223-1187

Students attending:

Escher Ryce

Azalea Thompson

Gage Mitchell

Kada Murphy



**Agenda Item 5.**

**ACTION ITEMS TO BE CONSIDERED**

**Subject:**

5.4 Approval of AVID Elective College Tour Field Trip

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Per our liability insurance, CharterSafe, the Board must approve overnight field trips. This field trip is for the AVID Elective students in both NU-HCS and NU-SCS. They are touring colleges in the Sacramento area.

**Fiscal Implications:**

Approximately \$4,000

**Contact Person/s:** Shari Lovett



Revised: 8/22/22



**Northern United Charter Schools**  
**FIELD TRIP PERMISSION FORM**

(Student Name: please print) \_\_\_\_\_

(Grade) \_\_\_\_\_

has my permission to participate in the following field trip: AVID College Tours

to be held at Sacramento on 5/14 - 5/16

Departure time: 7:30 5/14 (A.M.) / P.M. Return time: 4pm 5/16 A.M. / P.M.

Supervising Teacher (please print): Sarah Schaefer

General  
Activity(s)  
to be  
included:

- (1) UC Davis and Sac. City College Tours
- (2) Capitol and Rail Museum
- (3) Old Town Sacramento

Method of Transportation: \_\_\_\_\_ Student is Walking \_\_\_\_\_ Student will ride on Bus

☒ Student will ride in NUCS Van \_\_\_\_\_ Student will ride in Private Vehicle \_\_\_\_\_ Other: \_\_\_\_\_

**PARENTS, PLEASE NOTE:** Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; student may remain in school at parent/ guardian's request.

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X \_\_\_\_\_

Authorized Signature of Parent or Guardian

☐ Check here if child may not participate in Activity number: (1) (2) (3) [Circle if applicable]

**AUTHORIZATION FOR  
MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Home Phone No.: \_\_\_\_\_

Parent/Guardian Work Phone No.: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

PLEASE CHECK  
MEDICATION FOR

☐

HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER  
THE STUDENT ARE ON FILE IN THE SCHOOL.





## NORTHERN UNITED CHARTER SCHOOLS

### OVERNIGHT OR EXPERIENTIAL FIELD TRIP PERMISSION FORM

Please read this document carefully before signing. It contains important information and advises of certain risks. Participant and family are asked to acknowledge and assume risks and waive claims they might have in the event of injury or other loss. This document must be signed by the Participant (student) and by at least one parent or legally appointed Guardian. If the Participant (student) is over the age of 18, s/he can sign on behalf of him/her self.

Education Code Section 35330 authorizes the governing board of any school NUCS to conduct field trips or excursions for students in connection with course instruction or school related social, educational, cultural, athletic or school band activities to and from places in the state, out of state, or a foreign country. Field trips or excursions, which may include overnight travel, may be connected with such courses and instruction or such school activities that further the student's education.

Name of Field/Excursion Trip: AVID College Tours

Location(s) of Field/Excursion Trip: Sacramento - UC Davis, Sac City College  
Old town Sac, Capitol

Departure Date, Time and Location: Tues. 5/14, 7:30 am, ELC

Return Date, Time and Location: Thurs. 5/16, 4pm @ ELC

List Trip Activities: (i.e. hiking, visiting museums, etc.) College tours, Capitol, railroad museum

Names of supervising teacher(s), program staff, chaperone(s): Sarah Schaefer, Cathie  
Shermer, Colleen Allen, Andy Allen

Mode(s) of Transportation (List in detail transportation mode and description for each segment of the educational trip):

Vans, walking

#### Acknowledgements and Agreements of Participant and Parent

I, Participant and Parent/Legal Guardian (hereinafter "parent") of minor Participant, for myself and on behalf of a minor Participant for whom I sign acknowledge and agree as follows:

**Participation is Voluntary.** I acknowledge that this field trip is voluntary and attendance by the Participant is not required and that an alternative educational activity will be provided if the parent/Legal Guardian does not give permission for him/her to participate.

**Waiver of Claims Against CHARTER SCHOOL.** I understand that California Education Code Section 35330 (d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the CHARTER SCHOOL, its authorizing school district, or the State of California for injury, illness or death occurring during or by reason of a field trip or excursion.

**Release and Discharge.** I RELEASE AND DISCHARGE (agreeing to make no claim, and not to sue) the State of California, or CHARTER SCHOOL (its Board of Directors, officials, employees, agents, authorizer/school district) ["Released Parties"] from all claims of injury or loss which I, or the minor Participant for whom I sign, may suffer, arising in whole or in part from the

**AVID Trip 2024  
Sacramento, CA**

**Tuesday, May 14th**

*Depart the Eureka Learning Center at 7:30 am  
(4 hour and 50 minute drive to UC Davis)*

**Arrive at UC Davis by 2pm**

UC Davis Campus Tour, 2:00-3:30pm **BOOKED**

**Meet at UC Davis Welcome Center:** 550 Alumni Lane, Davis, CA 95616

Time to look at the bookstore, buy souvenirs, etc...

**Arrive at Hostel and Check-In **BOOKED****

Hostel International, Sacramento: 925 H St, Sacramento, CA, 95814

Prices at hostel are \$59 per person/night

**Team meeting, go over itinerary, and order Pizza to eat at the hostel, time in the game room, team building activities. Lights out at 10 pm.**

**Wednesday, May 15th**

**Sacramento City College tour, 10 am 5/15 **BOOKED****

3835 Freeport Boulevard, Sacramento, CA 95822

Time in Old Town Sacramento, lunch on your own or sack lunch, 12:00-2:00pm

**Arrive at Capitol Building for Tour, 2:00 pm** (Still need to confirm, possibility of meet and greet with Senator McGuire)

**California State Railroad Museum (Alternative) @2pm - 125 I St, Sacramento, CA**

**Walk around Sacramento State University**

**Back to Hostel by 6pm, cook dinner as a team.**

**Thursday, May 16th**

**Leave Hostel by 9am**

**Drive back via Vallejo to stop and tour Cal Maritime Academy @10:30am-12:00pm**  
*200 Maritime Academy Dr, Vallejo, CA 94590*

**Return back to Eureka Learning Center, 4 hour and 30 minute drive**



Northern United Charter School's AVID Program is seeking donations for our Spring Field Trip. Every year, AVID Students take a trip out of the area to tour college campuses and see what opportunities the world has to offer outside of Humboldt County. Year after year this has been a life changing experience for many students who have not had the privilege to explore outside of their hometowns. I have taken students to see the Golden Gate Bridge and the Capitol Building for the first time and that is a formative experience for so many.

This year we are hoping to continue our fundraising efforts to make this trip even better and keep it going year after year. This year students will tour UC Davis, Sacramento City College, and Sacramento State University as well as visiting the state Capitol building. This trip will provide educational opportunities for students and expose them to what life on a college campus can be like. Please consider a donation to help support the costs for lodging, meals, and gas for this student trip.

**AVID Trip 2024  
Sacramento, CA**

**Tuesday, May 14th**

*Depart the Eureka Learning Center at 7:30 am  
(4 hour and 50 minute drive to UC Davis)*

**Arrive at UC Davis by 2pm**

UC Davis Campus Tour, 2:00-3:30pm **BOOKED**

**Meet at UC Davis Welcome Center:** 550 Alumni Lane, Davis, CA 95616

Time to look at the bookstore, buy souvenirs, etc...

**Arrive at Hostel and Check-In **BOOKED****

Hostel International, Sacramento: 925 H St, Sacramento, CA, 95814

Prices at hostel are \$59 per person/night

*Team meeting, go over itinerary, and order Pizza to eat at the hostel, time in the game room, team building activities. Lights out by 10 pm.*

**Wednesday, May 15th**

**Sacramento City College tour, 10 am 5/15 **BOOKED****

3835 Freeport Boulevard, Sacramento, CA 95822

**Time in Old Town Sacramento, lunch on your own or sack lunch, 12:00-2:00pm**

**Arrive at Capitol Building for Tour, 2:00 pm** (Still need to confirm, possibility of meet and greet with Senator McGuire)/**California State Railroad Museum (Alternative) @2pm - 125 I St, Sacramento, CA**

**Walk around Sacramento State University-** *Self guided tour or tour with alumni (Sac State will not be offering official tours this week due to finals)*

**Back to Hostel by 6pm, cook dinner as a team.**

**Thursday, May 16th**

**Leave Hostel by 9am**

**Drive back via Vallejo to stop and tour Cal Maritime Academy @10:30am-12:00pm**  
*200 Maritime Academy Dr, Vallejo, CA 94590*

**Return back to Eureka Learning Center, 4 hour and 30 minute drive, approx arrival 5pm**

Dear AVID Families,

Northern United Charter School's AVID Program is seeking donations for our Spring Field Trip. Every year, AVID Students take a trip out of the area to tour college campuses and see what opportunities the world has to offer outside of Humboldt County. Year after year this has been a life changing experience for many students who have not had the privilege to explore outside of their hometowns. I have taken students to see the Golden Gate Bridge and the Capitol Building for the first time and that is a formative experience for so many.

This year we are hoping to continue our fundraising efforts to make this trip even better and keep it going year after year. This year students will tour UC Davis, Sacramento City College, and Sacramento State University as well as visiting the state Capitol building. This trip will provide educational opportunities for students and expose them to what life on a college campus can be like. Please consider a donation to help support the costs for lodging, meals, and gas for this student trip.

Thank You,

Sarah Schaefer  
ELC Coordinator  
AVID District Director

## AVID Trip Budget

Approx. 620 miles  
(2 vans Humboldt, 1 van Siskiyou)

\$190 of gas per van = **total of \$570 for gas**

Lodging @ \$59 per person/night x 28 (23 students/5 chaperones)  
**Total of \$3700 for lodging**

**Approx cost for pizza and dinner supplies: \$300**

Planned fundraising- Italian Sodas at Talent Show and accepting donations from parents to mitigate food and gas costs.

**Total (approximate) cost of \$4,570**

**Lodging Invoice:**



### Group Invoice

April 2, 2024

**HI Sacramento**  
925 H St, Sacramento, California, 95814, United States  
Phone: 1 (916) 668-6631 Email: sacramento@hiusa.org

**Sales Contact**  
swgroupsales@hiusa.org / 1-619-354-3211

#### Reservation Information

**Name of Group:** Northern United Humboldt Charter  
**Primary Contact:** Sarah Schaefer **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** sschaefer@nucharters.org  
**Reservation #:** 9029067 **Nights:** 2  
**Arrival:** May 14, 2024 **Departure:** May 16, 2024

Room Type	14-May		15-May	
	Qty	Rate	Qty	Rate
10-Bed Rooms	2	\$590.00	2	\$590.00
8-Bed Rooms	1	\$472.00	1	\$472.00

#### Payments

Amount	Date	Payment Type
--------	------	--------------

#### Balance

**Accommodation Total:** \$3304.00  
**Local Occupancy Tax:** \$396.48

**Grand Total:** \$3700.48

**Payment Received:** \$0.00  
**Balance Due:** \$3700.48  
**Next Payment Amount:** \$3700.48  
**Next Payment Due Date:** 14-Apr-24

**Agenda Item 5.**

**ACTION ITEMS TO BE CONSIDERED**

**Subject:**

5.5 Approval of Cutten Learning Center Overnight Field Trip to Grizzly Creek Park

**Action Requested:**

Approval

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Per our liability insurance, CharterSafe, the Board must approve overnight field trips. This field trip is for the 4th-6th grade class at CLC to camp at Grizzly Creek.

**Fiscal Implications:**

Approximately \$500

**Contact Person/s:** Shari Lovett





## Northern United Charter Schools Field Trip Request Form



Teacher: Kerr Date of Request: 3/7/24

Learning Center (if applicable): CLC

Date(s) of Trip: 6/10/24 - 6/12/24 Kind of Trip: Day:      Out-of-County:      Overnight: X

Purpose: Camping Trip

Destination: Grizzly Creek Redwoods State Park

Number of Students: 20 Number of Adult Chaperones: 7

Departure Date & Time: 6/10 11:00 am Expected arrival time at destination: 12:00 pm

Other Stops & Times: NA

Return Date & Time: 6/12 11:00 am

Mode of Transportation: Vans / private vehicles

Cost: 187.99 / under reimbursement Other Costs: TBD - Food  
(submit purchase request or PAR as necessary)

Teacher Signature: [Signature] Date:     

Charter Director/Designee Signature:      Date:     

**\*All overnight field trips require Northern United Charter Schools Board approval prior to the field trip.**

**\*School Board Approval:**      **Date:**     

\*Please have Overnight Field Trip Forms in Charter Office at least **one month** before planned event. Include detailed agenda, updated driver's forms, all student excursion waiver forms. Incomplete packets will not be considered for approval.

The Field Trip Request form must be submitted to the Charter Office for administrative approval.

Email to [debbisholes@nucharters.org](mailto:debbisholes@nucharters.org), or

Mail to: 2120 Campton Road, Ste. H, Eureka, CA 95503 Attention: Debbi

Please send in form **one week** before planned Day Field Trip.

**All adults driving students of the Charter School are required to have a copy of their insurance, driver's license, DMV report, and Private Vehicle Form on file at the Charter Office prior to transporting students.**

**Note: A fingerprint clearance and background check will be required of all volunteers. Be sure to allow enough time.**

### Camping Trip Itinerary

#### **Monday 6/10**

10:00-Meet at CLC, Roll Call, check-in procedures (Extra Vehicle Payments, park rules, health and safety information, etc)

11:00-Leave to Grizzly Creek

11:45-Check in, set up camp

12:30-Lunch

1:30-Field Games (badminton, cornhole, frisbee, wiffleball, etc)

2:30-Break and snack.

3:00-Free time with parents (Dismissal for students staying the day)

5:00pm-Dinner

6:00pm-Campfire Activities

7:30- Free time with parents until bed.

#### **Tuesday 6/11**

8:30-Breakfast

9:00- Free Time

10:00- Hike

11:00-Break, Snack

12:00 Lunch

1:00- Art activity (Rock Painting)

2:30- Field games

3:00- Free Time with Parents

5:00- Dinner

6:00- Campfire Activities

7:30- Free Time with Parents until Bed

**Wednesday 6/12**

8:30- Breakfast

9:00- Clean up and Take Down

11:00-Check Out, dismissal.

### **Camping Trip Attendance.**

\*Indicates fingerprinted volunteer chaperone or staff member. Other parents will be responsible only for their own children.

<b>Student Name</b>	<b>Parent Chaperones</b> *indicates staff member
Baylie Austin	Trevor Kerr* (Teacher) (805) 714-0472
Aria Austrus	Tanya Fugate (707) 407-6005
Kasey Blount	Rick Fugate (707) 499-1049
Riley Booker	Maritza Tovar* (707) 819-6599
Aubree Edwards	Holly Wheeler (707) 278-9010
Irena Fugate	Wendy Kerr* (707) 616-5208
Katelynn Gomes	Kyra Kerr* (805) 714-0472
Corvus Jackson	
Freedom Jenkins	
Sophia Johnson	
Ronin Knight	
Cezar Langevin	
Joy Newkirk	
Kenzie Payne	
Zina Robinson	
Caleb Snider	
Timothy Terkelsen	
Eva Tovar	
Hiro Yang	

**Agenda Item 6.**  
**DISCUSSION**

**Subject:**

6.1 NUCS Board Self Evaluation Tool

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The Board has been developing a self evaluation tool. The Board will review the attached draft.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler



**Northern United Charter Schools**  
**Board Self Evaluation**  
**2023 - 2024**

*Exceeded  
Expectations*

*Met  
Expectations*

*Did Not Meet  
Expectations*

<p>1. Set the Direction for the Community's Schools</p> <ul style="list-style-type: none"> <li>• Focus on student learning</li> <li>• Assess needs/obtain baseline data</li> <li>• Generate, review or revise setting direction documents (beliefs, vision, priorities, strategic goals, success indicators)</li> <li>• Ensure an appropriate inclusive process is used</li> <li>• Ensure these documents are the driving force for all efforts of the schools</li> </ul>			
<p><i>Comments:</i></p>			
<p>2. Establish an Effective and Efficient Structure for the Schools</p> <ul style="list-style-type: none"> <li>• Employ and support the School Director</li> <li>• Establish a human resources framework that includes policies for hiring and evaluating other personnel</li> <li>• Oversee the development of and adopt policies</li> <li>• Set a direction for and adopt the curriculum and require data-producing assessment systems</li> <li>• Establish budget priorities, adopt the budget and oversee facilities issues</li> </ul>			
<p><i>Comments:</i></p>			

**Northern United Charter Schools  
Board Self Evaluation  
2023 - 2024**

<p><b>3. Provide Support Through Our Behavior and Actions</b></p> <ul style="list-style-type: none"> <li>Act with professional demeanor that models the schools' beliefs and vision</li> <li>Make decisions and provide resources that support mutually agreed upon priorities and goals</li> <li>Uphold board-approved policies and support staff implementation of board direction</li> <li>Ensure a positive working climate exists</li> <li>Be knowledgeable enough about the efforts of the schools to explain them to the public</li> </ul>			
<p><i>Comments:</i></p>			
<p><b>4. Ensure Accountability to the Public</b></p> <ul style="list-style-type: none"> <li>Evaluate the School Director</li> <li>Monitor, review and revise policies</li> <li>Serve as a judicial and appeals body</li> <li>Monitor student achievement and program effectiveness and require program changes as indicated</li> <li>Monitor and adjust finances of the schools and periodically review facilities issues</li> </ul>			
<p><i>Comments:</i></p>			

**Northern United Charter Schools  
Board Self Evaluation  
2023 - 2024**

<p><b>5. Act As Community Leaders</b></p> <ul style="list-style-type: none"><li>• Speak with a common voice about the schools' priorities, goals and issues</li><li>• Engage and involve the community in the schools and activities</li><li>• Communicate clear information about policies, programs and fiscal condition of the schools</li><li>• Educate the community and the media about the issues facing students, the schools and public education</li><li>• Advocate for children, programs and public education to the general public, key community members and local, state and national leaders</li><li>• Attend graduation ceremonies and other school functions</li></ul>			
<p><b>Comments:</b></p>			

**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.1 Student Enrollment and Attendance Report

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Each month the Board receives this report to keep the Board apprised of enrollment and attendance patterns. As our revenue is generated by our enrollment and actual daily attendance, there are fiscal implications based on student numbers each day.

Enrollment as of 3/22/2024 (LP 7):  
NU-Humboldt Charter School - 322  
NU-Siskiyou Charter School - 133

Attendance as of 2/23/2024 (LP 6):  
NU-Humboldt Charter School - 96.57%  
NU-Siskiyou Charter School - 94.57%

Enrollment as of 3/24/2023 (LP7):  
NU-Humboldt Charter School - 329  
NU-Siskiyou Charter School - 130

Attendance as of 2/24/2023 (LP 6):  
NU-Humboldt Charter School - 96.73%  
NU-Siskiyou Charter School - 93.88%

**Fiscal Implications:**

To be determined.

**Contact Person/s:** Shari Lovett, Lynda Speck

**NORTHERN UNITED CHARTER SCHOOLS**  
**ATTENDANCE AND ADA SUMMARY REPORT BY LEARNING PERIODS**

NORTHERN UNITED-HUMBOLDT CHARTER SCHOOL				NORTHERN UNITED-SISKIYOU CHARTER SCHOOL			
Date Range	End Enroll	ADA Enroll	% ADA	Date Range	End Enroll	ADA Enroll	% ADA
8/28-9/22	313	305.79	97.98%	8/28-9/22	124	110.95	94.23%
9/25-10/20	316	306.65	97.32%	9/25-10/20	122	115.8	92.16%
10/23-11/17	320	311.58	97.29%	10/23-11/17	125	114.42	90.73%
11/20-12/15	312	309.67	96.79%	11/20-12/15	123	116.53	92.88%
12/18-1/26	315	305.78	96.49%	12/18-1/26	116	119.44	94.96%
1/29-2/23	320	307.6	96.57%	1/29-2/23	123	116.2	94.57%
2/26-3/22	322	313.15	97.58%	2/26-3/22	133	122.05	95.35%
3/25-4/19				3/25-4/19			
4/22-5/17				4/22-5/17			
5/20-6/14				5/20-6/14			
Year Overall				Year Overall			



**Agenda Item 7.**  
**REPORTS**

**Subject:**  
7.2 Financial Reports

**Action Requested:**  
None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**  
Each month a Financial Report is given in order to keep the Board apprised of the fiscal condition of each school.

**Fiscal Implications:**  
None

**Contact Person/s:** Shari Lovett, Kelley Withers

## 62 - CHARTER SCHOOLS ENTERPRISE FND

Fiscal Year 2023/24 March

Object	Description	Balance Forward	Budgeted	Revenue	Ending Balance
<b>Revenue Detail</b>					
<b>LCFF Revenue Sources</b>					
8011	REVENUE LIMIT ST AID-CURR YR	1,510,532.00		402,135.00	1,108,397.00
8012	REVENUE LIMIT-EPA	29,801.00			29,801.00
8096	TRANSFERS>CHARTERS IN LIEU TAX			3,356.00	3,356.00-
	<b>Total LCFF Revenue Sources</b>	<b>1,540,333.00</b>	<b>.00</b>	<b>405,491.00</b>	<b>1,134,842.00</b>
<b>Federal Revenue</b>					
8181	SP ED-ENTITLEMENT PER UDC	50,100.00			50,100.00
8221	NATIONAL LUNCH PROGRAM	41,183.06		11,679.08	29,503.98
8290	ALL OTHER FEDERAL REVENUES	76,856.00	3,319.00		80,175.00
8295	ALL FEDERAL REV PRIOR YEAR	0.07-			.07-
	<b>Total Federal Revenue</b>	<b>168,138.99</b>	<b>3,319.00</b>	<b>11,679.08</b>	<b>159,778.91</b>
<b>Other State Revenues</b>					
8520	CHILD NUTRITION	16,189.84		2,397.90	13,791.94
8560	STATE LOTTERY REVENUE	43,714.75			43,714.75
8590	ALL OTHER STATE REVENUES	210,441.00		12,750.00	197,691.00
8595	ALL OTHER STATE REV-PRIOR YR	429.82-			429.82-
	<b>Total Other State Revenues</b>	<b>269,915.77</b>	<b>.00</b>	<b>15,147.90</b>	<b>254,767.87</b>
<b>Other Local Revenue</b>					
8660	INTEREST	16,496.33-			16,496.33-
8677	INTERAGENCY SVCS BETWEEN LEA	38,803.37			38,803.37
8699	ALL OTHER LOCAL REVENUES	131,260.61		1,379.00	129,881.61
8792	TRANS OF APPORTION FROM COE	46,676.00		11,669.00	35,007.00
	<b>Total Other Local Revenue</b>	<b>200,243.65</b>	<b>.00</b>	<b>13,048.00</b>	<b>187,195.65</b>
	<b>Total Revenues</b>	<b>2,178,631.41</b>	<b>3,319.00</b>	<b>445,365.98</b>	<b>1,736,584.43</b>

Object	Description	Balance Forward	Budgeted	Encumbrance	Actual	Ending Balance
<b>Expenditure Detail</b>						
<b>Certificated Salaries</b>						
1100	TEACHERS SALARIES - REGULAR	402,798.92			100,625.06	302,173.86
1104	SPECIAL ED TEACHER	133,625.31			33,293.67	100,331.64
1131	SUMMER TEACHERS	0.36				.36
1132	COACHES AND SPECIAL ADVISORS	5,000.00				5,000.00
1140	TEACHER SALARY - SUBSTITUTES	4,795.80			717.50	4,078.30
1150	TEACHER SALARY - OTHER PAY	22,243.00			3,985.00	18,258.00

Selection Grouped by Account Type - Sorted by Org, Fund, Object, Filtered by (Org = 75, Starting Period = 9, Ending Period = 9, Zero Amounts? = N, Use SACS? = N, Restricted? = Y)

## 62 - CHARTER SCHOOLS ENTERPRISE FND

Fiscal Year 2023/24 March

Object	Description	Balance Forward	Budgeted	Encumbrance	Actual	Ending Balance
<b>Expenditure Detail (continued)</b>						
<b>Certificated Salaries (continued)</b>						
1200	CERT PUPIL SUPPORT SAL - REG	34,800.25			8,550.00	26,250.25
1300	CERT SUPRVSRs' & ADMINS' SAL	41,208.92			10,302.26	30,906.66
1311	COORDINATOR	27,800.00			6,950.00	20,850.00
1350	CERT SUPRVSR & ADMN-OTH PAY	6,962.50			50.00	6,912.50
1900	OTHER CERT SALARY- REGULAR	86,965.20			21,741.35	65,223.85
	<b>Total Certificated Salaries</b>	<b>766,200.26</b>	<b>.00</b>	<b>.00</b>	<b>186,214.84</b>	<b>579,985.42</b>
<b>Classified Salaries</b>						
2100	CLASS INSTR AIDE SAL-REGULAR	46,392.25			10,998.34	35,393.91
2122	INSTR AIDE SAL HRLY-SPECL ED	27,315.98			5,611.57	21,704.41
2131	INSTR AIDE SAL XTR ASGN-REG	0.33				.33
2210	FOOD SERVICE PERSONNEL	17,056.00			4,264.00	12,792.00
2214	CUSTODIAN	4,167.67			725.38	3,442.29
2255	COMPUTER LAB TECHNICIAN	23,106.64			5,776.67	17,329.97
2304	BUSINESS MANAGER	34,083.28			8,520.84	25,562.44
2307	COORDINATOR	26,528.78			6,632.09	19,896.69
2308	DIRECTOR	23,633.28			5,908.34	17,724.94
2309	ADMINISTRATIVE ASSISTANT	12,160.00			3,040.00	9,120.00
2402	ACCOUNT TECHNICIAN	24,613.50			6,185.00	18,428.50
2403	CLERICAL TECHNICIAN	7,952.50			1,701.00	6,251.50
2405	ATTENDANCE TECHNICIAN	15,566.64			3,891.67	11,674.97
2406	SECRETARY	12,000.00			3,200.00	8,800.00
2900	OTHER CLASS SALARIES-REGULAR	52,105.50			11,699.00	40,406.50
2950	OTHER CLASS SALARIES-OTH PAY	100.00			300.00	400.00
	<b>Total Classified Salaries</b>	<b>326,582.35</b>	<b>.00</b>	<b>.00</b>	<b>78,453.90</b>	<b>248,128.45</b>
<b>Employee Benefits</b>						
3101	STRS - CERTIFICATED	315,267.07			33,356.06	281,911.01
3201	PERS - CERTIFICATED	10,761.24			2,690.24	8,071.00
3202	PERS - CLASSIFIED	80,685.62			19,496.24	61,189.38
3311	SOCIAL SECURITY-CERTIFICATED	2,478.51			669.66	1,808.85
3312	SOCIAL SECURITY-CLASSIFIED	20,158.35			4,841.02	15,317.33
3331	MEDICARE-CERTIFICATED	11,094.22			2,696.07	8,398.15
3332	MEDICARE-CLASSIFIED	4,714.99			1,132.17	3,582.82
3411	HEALTH & WELFARE BENEFITS-CRT	214,474.40			51,325.60	163,148.80
3412	HEALTH & WELFARE BENEFITS-CLS	84,908.28			20,729.13	64,179.15
3501	ST UNEMPLOYMENT INS-CERTIF	381.73			93.02	288.71

Selection Grouped by Account Type - Sorted by Org, Fund, Object, Filtered by (Org = 75, Starting Period = 9, Ending Period = 9, Zero Amounts? = N, Use SACS? = N, Restricted? = Y)



## 62 - CHARTER SCHOOLS ENTERPRISE FND

Fiscal Year 2023/24 March

Object	Description	Balance Forward	Budgeted	Encumbrance	Actual	Ending Balance
<b>Expenditure Detail (continued)</b>						
<b>Employee Benefits (continued)</b>						
3502	ST UNEMPLOYMENT INS-CLASSIFD	162.78			39.03	123.75
3601	WORKER'S COMP-CERTIFICATED	5,608.70			1,357.33	4,251.37
3602	WORKER'S COMP-CLASSIFIED	2,398.07			569.99	1,828.08
	<b>Total Employee Benefits</b>	<b>753,093.96</b>	<b>.00</b>	<b>.00</b>	<b>138,995.56</b>	<b>614,098.40</b>
<b>Books and Supplies</b>						
4110	TEXTBOOKS	706.00		182.76-	1,609.13	720.37-
4310	MATERIALS & SUPPLIES	91,365.17		972.85-	3,976.96	88,361.06
4312	SUBSCRIPTIONS/PERIODICALS	2,310.11				2,310.11
4314	TESTS	500.00				500.00
4351	OFFICE SUPPLIES	6,544.33		105.97-	105.96	6,544.34
4364	GASOLINE	2,433.77	800.00		1,266.36	1,967.41
4374	CUSTODIAL SUPPLIES	6,399.79		99.83-	779.03	5,720.59
4377	GROUND SUPPLIES	842.55		10.90-		853.45
4381	BUILDING MAINTENANCE SUPPLS	1,506.18		994.83-	1,022.09	1,478.92
4382	SMALL TOOLS	61.00				61.00
4383	LOCKS AND KEYS	17.35				17.35
4384	REPAIR PARTS-BUILDING	210.00				210.00
4393	WORKSHOP REFRESHMENTS	1,197.20			233.51	963.69
4396	FOOD SERVICE SUPPLIES	2,570.55				2,570.55
4400	EQUIPMENT	105,260.00				105,260.00
4445	COMPUTERS	1,000.00				1,000.00
4453	OTHER TECHNOLOGY	500.00				500.00
4710	FOOD	845.55		284.82		560.73
	<b>Total Books and Supplies</b>	<b>224,269.55</b>	<b>800.00</b>	<b>2,082.32-</b>	<b>8,993.04</b>	<b>218,158.83</b>
<b>Services and Other Operating Expenditures</b>						
5201	EMPLOYEE MILEAGE	10,279.78			1,925.84	8,353.94
5205	AIRFARE	1,729.57			716.70	1,012.87
5207	REGISTRATION FEES	12,714.45		8,018.65-	9,469.00	11,264.10
5209	ACCOMMODATIONS	9,280.59				9,280.59
5210	TRAVEL & CONFERENCES	139.15-			49.62	188.77-
5261	BUS TICKETS FOR STUDENTS		2,519.00		2,520.00	1.00-
5300	DUES & MEMBERSHIPS	16,951.18				16,951.18
5450	OTHER INSURANCE	1,517.99		116.91-	116.91	1,517.99
5510	HEATING FUEL	418.94				418.94
5512	PROPANE	960.82				960.82

Selection Grouped by Account Type - Sorted by Org, Fund, Object, Filtered by (Org = 75, Starting Period = 9, Ending Period = 9, Zero Amounts? = N, Use SACS? = N, Restricted? = Y)

## 62 - CHARTER SCHOOLS ENTERPRISE FND

Fiscal Year 2023/24 March

Object	Description	Balance Forward	Budgeted	Encumbrance	Actual	Ending Balance
<b>Expenditure Detail (continued)</b>						
<b>Services and Other Operating Expenditures (continued)</b>						
5520	ELECTRICITY SERVICES	4,641.59		1,870.44-	2,566.22	3,945.81
5530	WATER SERVICES	1,051.92		650.75-	650.75	1,051.92
5560	WASTE DISPOSAL	2,681.24		1,078.28-	1,180.33	2,579.19
5565	HAZARDOUS WASTE DISPOSAL	150.00				150.00
5612	RENTALS AND LEASES-BUILDINGS	0.39-		22,969.36-	22,969.36	.39-
5623	RENTALS AND LEASES-EQUIPMENT	4,135.28		961.71-	977.10	4,119.89
5628	RENTALS AND LEASES-OTHER	227.00				227.00
5633	REPAIRS-VEHICLES	7.99				7.99
5637	MAINTENANCE AGREEMENTS	5,440.51		948.39-	948.39	5,440.51
5800	CONTRACTED SERVICES	138,080.12		5,666.07	25,090.54	107,323.51
5801	STUDENT TRAVEL/FIELDTRIPS	658.00				658.00
5805	PRINTING SERV-OUTSIDE VENDOR	654.24				654.24
5812	LIBRARY CONTRACT	3,328.00				3,328.00
5819	OTHER INTER-LEA CONTRACTS	88,337.42				88,337.42
5822	AUDIT FEES	4,271.10-			9,489.90	13,761.00-
5823	LEGAL FEES	9,358.00				9,358.00
5831	ADVERTISEMENT	4,676.00				4,676.00
5845	INFORMTN NETWORK SERV CONTR	9,595.00				9,595.00
5861	FINGERPRINTING	1,765.00		49.00-	113.00	1,701.00
5881	OTHER CHARGES/FEES	6,479.48				6,479.48
5884	LICENSE, PERMIT, USE FEE, TX	1,002.00			520.00	482.00
5885	STUDENT AWARDS	100.00				100.00
5888	OTHER OPERATING EXPENSE	34,087.00				34,087.00
5909	TELEPHONE/COMMUNICATIONS	3,615.59				3,615.59
5922	TELEPHONE LINES - TECHNOLOGY	9,365.98				9,365.98
5950	POSTAGE	2,395.16			197.44	2,197.72
<b>Total Services and Other Operating Expenditures</b>		<b>381,275.20</b>	<b>2,519.00</b>	<b>30,997.42-</b>	<b>79,501.10</b>	<b>335,290.52</b>
<b>6600 - 6999</b>						
6900	DEPRECIATION EXPENSE				23,854.00	23,854.00-
<b>Total 6600 - 6999</b>		<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>23,854.00</b>	<b>23,854.00-</b>
<b>Tuition</b>						
7142	OTH TUITN, EXCESS CSTS> COE	3,204.00				3,204.00
<b>Total Tuition</b>		<b>3,204.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>3,204.00</b>
<b>Total Expenditures</b>		<b>2,454,625.32</b>	<b>3,319.00</b>	<b>33,079.74-</b>	<b>516,012.44</b>	<b>1,975,011.62</b>

Selection Grouped by Account Type - Sorted by Org, Fund, Object, Filtered by (Org = 75, Starting Period = 9, Ending Period = 9, Zero Amounts? = N, Use SACS? = N, Restricted? = Y)



62 - CHARTER SCHOOLS ENTERPRISE FND

Fiscal Year 2023/24 March

Excess Revenues ( Expenditures )

(70,646.46)

Account classifications selected							Field ranges selected			
	FD	RESC	Y	OBJT	GOAL	FUNC	SCH	LOCAL	FI	RANGE
1.	-	-	-	-	-	-	-	-		
2.	-	-	-	-	-	-	-	-		
3.	-	-	-	-	-	-	-	-		
4.	-	-	-	-	-	-	-	-		
5.	-	-	-	-	-	-	-	-		
6.	-	-	-	-	-	-	-	-		
7.	-	-	-	-	-	-	-	-		
8.	-	-	-	-	-	-	-	-		
9.	-	-	-	-	-	-	-	-		
10.	-	-	-	-	-	-	-	-		

Primary sort/rollup levels: FD

Income summary level: 4

Expense summary level: 4

Data source: GLSTEX Standard Extract

Report template: /var/opt/qss/data/CTFAR300: 07/07/2020 17:07:13

Budget type: R Revised

Include budget transfers: U

GL Transactions: B Approved and Unapproved

Exclude Pre-encumbrances: N

Use Reference Values: N

Restricted Fld Nbr: 02 RESOURCE

Separation Option: No Separation of Restricted and UnRestricted

Extraction Type: Restricted and UnRestricted

Report prepared: 04/09/2024 09:22:03

FUND :01 GENERAL FUND

OBJECT	Beg. Balance/ Adjusted Budget	Current Activity	Year to date Activity	Encumbrances	Balance	%used
Beginning balance						
9110 CASH IN COUNTY TREASURY	0.00	0.00	0.00	0.00	0.00	
TOTAL Beginning balance	0.00	0.00	0.00	0.00	0.00	
Current year revenue						
8290 ALL OTHER FEDERAL REVENUES	0.00	0.00	0.00	0.00	0.00	N/A
TOTAL Current year revenue	0.00	0.00	0.00	0.00	0.00	
**Fund balance	0.00	0.00	0.00			**

03/01/2024 - 03/31/2024

FUND :62

CHARTER SCH. ENTERPRISE FUND

OBJECT	Beg. Balance/ Adjusted Budget	Current Activity	Year to date Activity	Encumbrances	Balance	Used
Beginning balance						
9110 CASH IN COUNTY TREASURY	1,275,841.72	76,639.20	107,781.09	0.00	1,383,622.81	
9200 ACCOUNTS RECEIVABLE	0.00	0.00	2,000.00-	0.00	2,000.00-	
9209 A/R SET-UP ODD YEARS	522,657.43	0.00	395,948.14-	0.00	126,709.29	
9210 A/R POST	29,756.04	0.00	56,956.04-	0.00	27,200.00-	
9330 PREPAID EXPENDITURES	9,683.26	0.00	0.00	0.00	9,683.26	
9508 USE TAX LIABILITY	101.81-	0.00	0.00	0.00	101.81-	
9509 ACCOUNTS PAYABLE SET UP-ODD YR	45,425.75-	0.00	0.00	0.00	45,425.75-	
9510 ACCOUNTS PAYABLE CURRENT LIAB	18,605.11-	0.00	51,013.86	0.00	32,408.75	
9511 STRS PASS THROUGH	1,434.50	0.00	0.00	0.00	1,434.50	
9512 PERS PASS THROUGH	0.00	0.00	0.00	0.00	0.00	
9513 OASDHI PASS THROUGH	0.00	0.00	0.00	0.00	0.00	
9514 H & W PASS THROUGH	23,990.42	14,245.44	9,046.56	0.00	33,036.98	
9515 SUI PASS THROUGH	0.00	0.00	0.00	0.00	0.00	
9516 W/COMP PASS THROUGH	0.00	0.00	0.00	0.00	0.00	
9518 MEDICARE PASS THROUGH	0.00	0.00	0.00	0.00	0.00	
9556 MISC DISTRICT VOL-DEDS	3,370.26-	0.00	0.00	0.00	3,370.26-	
9650 DEFERRED REVENUE	325,042.97-	0.00	250,261.65	0.00	74,781.32-	
TOTAL Beginning balance	1,470,817.47	90,884.64	36,801.02-	0.00	1,434,016.45	
Current year revenue						
8011 STATE AID - CURRENT YEAR	1,386,730.00	156,783.00	1,207,010.00	0.00	179,720.00	87.0
8012 EPA REVENUE	20,160.00	5,476.00	17,129.00	0.00	3,031.00	85.0
8019 STATE AID - PRIOR YEAR	8,034.00	0.00	0.00	0.00	8,034.00	0.0
8096 TRANSFERS TO CHART. IN LIEU TX	0.00	81,155.00	81,155.00	0.00	81,155.00-	N/A
8290 ALL OTHER FEDERAL REVENUES	233,789.65	2,721.00	54,826.43	0.00	178,963.22	23.5
8550 MANDATED COST REIMBURSEMENTS	3,811.20	0.00	3,994.00	0.00	182.80-	104.8
8560 STATE LOTTERY REVENUE	23,889.60	0.00	20,185.75	0.00	3,703.85	84.5
8590 ALL OTHER STATE REVENUES	258,520.96	0.00	17,929.50	0.00	240,591.46	6.9
8660 INTEREST	5,000.00	0.00	18,607.61	0.00	13,607.61-	372.2
8699 ALL OTHER LOCAL REVENUES	30,021.00	0.00	5,000.00	4,200.00	20,821.00	30.6
8792 TF OF APPORT FROM COE	39,145.00	0.00	0.00	0.00	39,145.00	0.0
8980 CONTRIBUTIONS FR UNRESTR REV	0.00	0.00	0.00	0.00	0.00	N/A
TOTAL Current year revenue	2,009,101.41	246,135.00	1,425,837.29	4,200.00	579,064.12	
*TOTAL Beginning balance + Revenue	3,479,918.88	1,716,952.47	2,896,654.76			*
Expense						
1100 CERTIFICATED TEACHERS SALARIES	547,330.83	47,628.34	347,180.94	176,901.70	23,248.19	95.8
1150 NUCS TUTOR	0.00	700.00	3,155.00	0.00	3,155.00-	N/A
1170 CERTIFICATED TEACHER SUBSTITUT	0.00	0.00	227.50	0.00	227.50-	N/A
1200 CERT PUPIL SUPPORT SALARY	36,750.00	3,112.50	21,787.50	15,312.50	350.00-	101.0
1300 CERTIFICATED SUPERV & ADM SAL	87,000.00	7,250.00	65,875.02	21,375.00	250.02-	100.3
2100 INSTRUCTIONAL AIDE SALARIES	4,862.00	2,864.00	7,593.50	8,592.00	11,323.50-	332.9
2200 CLASSIFIED SUPPORT SALARIES	25,807.00	1,769.67	22,097.91	4,764.00	1,054.91-	104.1
2400 CLERICAL/TECHNICAL/OFFICE SAL	113,100.00	9,473.34	99,351.43	23,738.01	9,989.44-	108.8
2900 OTHER CLASSIFIED SALARIES	156,940.00	581.25	41,888.38	1,743.75	113,307.87	27.8
3101 STRS CERTIFICATED	174,923.45	9,977.89	70,845.23	29,661.37	74,416.85	57.5
3201 PERS CERTIFICATED	0.00	2,694.68	17,742.20	7,523.76	25,265.96-	N/A

03/01/2024 - 03/31/2024

FUND :62 CHARTER SCH. ENTERPRISE FUND

OBJECT	Beg. Balance/ Adjusted Budget	Current Activity	Year to date Activity	Encumbrances	Balance	%used
3202 PERS CLASSIFIED	80,229.17	3,090.06	31,979.29	8,565.81	39,684.07	50.5
3301 SOCIAL SECURITY CERTIFICATED	0.00	619.69	4,269.76	1,748.40	6,018.16-	N/A
3302 SOCIAL SECURITY CLASSIFIED	18,643.96	910.67	10,702.69	2,407.95	5,533.32	70.3
3311 MEDICARE - CERTIFICATED	9,730.69	839.37	6,318.56	3,097.08	315.05	96.8
3312 MEDICARE - CLASSIFIED	4,360.28	212.97	2,502.88	563.16	1,294.24	70.3
3401 HEALTH & WELFARE CERTIFICATED	181,518.00	16,662.00	119,526.67	49,986.00	12,005.33	93.4
3402 HEALTH & WELFARE CLASSIFIED	108,177.60	3,498.00	36,834.00	10,494.00	60,849.60	43.8
3501 UNEMPLOYMENT - CERTIFICATED	335.56	28.97	218.09	105.59	11.88	96.5
3502 UNEMPLOYMENT - CLASSIFIED	150.36	7.34	86.27	19.40	44.69	70.3
3601 WORKERS COMP - CERTIFICATED	4,563.35	393.61	2,963.15	1,446.97	153.23	96.6
3602 WORKERS COMP - CLASSIFIED	2,044.83	99.87	1,173.75	264.10	606.98	70.3
4100 APPRVD TEXTBKS/CORE CURRICULA	33,753.60	1,006.09	29,836.23	3,762.48	154.89	99.5
4200 BOOKS AND REFERENCE MATERIALS	0.00	0.00	3,704.91	0.00	3,704.91-	N/A
4300 SUPPLIES	41,069.00	5,411.43	40,365.59	19,975.47	19,272.06-	146.9
4310 NORTH UNITED SUPPLIES	0.00	0.00	0.00	0.00	0.00	N/A
4400 NON-CAPITALIZED EQUIP.	0.00	0.00	8,602.88	0.00	8,602.88-	N/A
4700 FOOD	25,000.00	0.00	0.00	647.50	24,352.50	2.6
5100 SUBAGREEMENTS FOR SERVICES	0.00	0.00	0.00	49,187.00	49,187.00-	N/A
5200 TRAVEL & CONFERENCE	34,950.00	2,201.95	21,396.86	4,334.06	9,219.08	73.6
5300 DUES & MEMBERSHIPS	18,304.00	0.00	8,665.00	0.00	9,639.00	47.3
5400 INSURANCE	25,000.00	2,297.00	42,116.00	39,703.00	56,819.00-	327.3
5500 OPERATION & HOUSEKEEPING SERV	15,000.00	511.58	5,356.83	7,754.63	1,888.54	87.4
5510 HEATING BUTANE, OIL	0.00	0.00	217.77	0.00	217.77-	N/A
5520 ELECTRICITY	25,000.00	2,155.10	8,876.03	9,335.62	6,788.35	72.8
5530 WATER&/OR SEWAGE	5,000.00	191.24	761.10	1,828.90	2,410.00	51.8
5550 DISPOSAL/GARBAGE REMOVAL	2,000.00	136.00	1,017.75	373.09	609.16	69.5
5600 RENTALS, LEASES & REPAIRS,N.C.	14,100.00	1,239.74	8,397.50	16,986.82	11,284.32-	180.0
5612 NORTH UNITED RENT/LEASE BLDG	141,600.00	11,800.00	115,876.00	23,600.00	2,124.00	98.5
5710 TRANSFERS OF DIRECT COSTS	0.00	0.00	0.00	0.00	0.00	N/A
5800 PROFES'L/CONSULTG SVCS/OP EXP	354,261.31	14,405.06	225,590.12	242,671.26	114,000.07-	132.2
5801 LEGAL FEES	2,000.00	0.00	195.00	0.00	1,805.00	9.8
5830 AUDIT FEES	20,000.00	1,300.00	17,510.00	0.00	2,490.00	87.6
5864 CO-OP / SCOE	4,700.00	0.00	2,350.00	2,350.00	0.00	100.0
5881 NORTH UNITED OTHER CHGS/FEES	0.00	180.95	180.95	0.00	180.95-	N/A
5912 COMMUN - INTERNET SVCS/LINES	4,560.00	0.00	407.88	0.00	4,152.12	8.9
5922 COMMUNICATION - TELEPHONE SVCS	5,500.00	0.00	6,737.03	3,315.54	4,552.57-	182.8
5930 COMMUNICATION - POSTAGE/METER	750.00	0.00	157.16	1,500.00	907.16-	221.0
7142 OTH TUIT,EXC CST PMT TO COE	12,185.00	0.00	0.00	0.00	12,185.00	0.0
TOTAL Expense	2,341,199.99	155,250.36	1,462,638.31	795,635.92	82,925.76	
Ending balance						
9790 FUND BAL-UNDESIG/UNAPPROP	332,098.58	0.00	0.00	0.00	332,098.58	
9791 FUND BAL-BEGINNING BALANCE	1,470,817.47-	0.00	0.00	0.00	1,470,817.47-	
TOTAL Ending balance	1,138,718.89-	0.00	0.00	0.00	1,138,718.89-	
**Fund balance	1,138,718.89	1,561,702.11	1,434,016.45			**



03/01/2024 - 03/31/2024

FUND :77 SCHOOL / PAYROLL CLEARING 995

OBJECT	Beg. Balance/ Adjusted Budget	Current Activity	Year to date Activity	Encumbrances	Balance	%used
Beginning balance						
9110 CASH IN COUNTY TREASURY	6,090.60-	0.00	12,490.66-	0.00	18,581.26-	
9620 DUE TO OTHER AGENCIES	6,090.60	0.00	12,490.66	0.00	18,581.26	
TOTAL Beginning balance	0.00	0.00	0.00	0.00	0.00	
**Fund balance	0.00	0.00	0.00			

FUND :87 AP CLEARING (994)

OBJECT	Beg. Balance/ Adjusted Budget	Current Activity	Year to date Activity	Encumbrances	Balance	%used
Beginning balance						
9110 CASH IN COUNTY TREASURY	2,303.00-	0.00	111,729.75-	0.00	114,032.75-	
9620 DUE TO OTHER AGENCIES	2,303.00	0.00	111,729.75	0.00	114,032.75	
TOTAL Beginning balance	0.00	0.00	0.00	0.00	0.00	
*TOTAL Beginning balance + Revenue	0.00	0.00	0.00			*
**Fund balance	0.00	0.00	0.00			**

**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.3 Director's Report - Report on Food Program

**Action Requested:**

Information

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The Board requested a review of the food program. Please see attached.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett

<b>Food Program Analysis</b>									
	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total Cost</b>	<b>Price Per Meal</b>
<b>Yreka Center Total Cost</b>			\$829.50	\$1,304.00	\$852.50	\$1,792.00	\$1,248.00	\$6,026.00	
<b>Yreka Total Enrollment</b>	0	78	82	85	82	86	79		
<b>Yreka Lunches Served</b>	0	0	43	100	69	172	103		\$4.50
<b>Yreka Breakfast Served</b>	0	89	103	87	59	148	95		\$3.50
<b>Yreka Operating Days</b>	0	15	22	15	11	21	15		
<b>Mt. Shasta Center Total Cost</b>			\$532.50	\$329.50	\$224.00	\$435.50	\$288	\$1,809.50	
<b>Mt. Shasta Total Enrollment</b>	0	47	43	43	43	50	43		
<b>Mt. Shasta Lunches Served</b>	0	0	52	36	25	47	37		\$4.50
<b>Mt. Shasta Breakfast Served</b>	0	60	73	37	22	48	33		\$3.50
<b>Mt. Shasta Operating Days</b>	0	15	18	11	8	21	12		
<b>Briceland Center Total Cost</b>		\$4,309.75	\$4,748.50	\$3,430.25	\$1,895.25	\$3,810.25	\$2,756.25	\$20,950.25	
<b>Briceland Total Enrollment</b>	0	48	48	48	48	48	48		
<b>Briceland Lunches Served</b>	0	510	562	408	227	470	339		\$5.50
<b>Briceland Breakfast Served</b>	0	463	510	365	199	377	271		\$3.25
<b>Briceland Operating Days</b>	0	15	18	13	8	17	12		
<b>Eureka Center Total Cost</b>	\$643.60	\$2,413.50	\$2,592.80	\$1,721.20	\$1,059.20	\$2,024.60	\$1,991.95	\$12,446.85	
<b>Eureka Total Enrollment</b>	70	71	73	70	74	74	73		
<b>Eureka Lunches Served</b>	56	193	235	179	95	180	155		\$4.75
<b>Eureka Breakfast Served</b>	45	133	162	124	78	173	170		\$2.85
<b>Eureka Operating Days</b>	4	15	17	13	8	14	16		
<b>Cutten LC &amp; RC Center Total Cost</b>	\$1,844.40	\$4,883.50	\$6,307.30	\$3,869.15	\$2,944.00	\$5,214.70	\$4,686.15	\$29,749.20	
<b>Cutten LC Total Enrollment</b>	74	75	48	55	69	71	74		
<b>Cutten RC Total Enrollment</b>		68	70	69	69	66	65		
<b>Cutten LC Lunches Served</b>	187	437	724	369	340	581	506		\$4.75
<b>Cutten RC Lunches Served</b>	0	32	36	18	18	36	27		\$4.75
<b>Cutten LC Breakfast Served</b>	180	638	687	537	326	558	554		\$2.85
<b>Cutten RC Breakfast Served</b>	0	0	0	0	0	0	0		\$2.85
<b>Cutten LC Operating Days</b>	4	15	17	13	8	14	13		
<b>Cutten RC Operating Days</b>	0	4	3	2	2	4	3		
<b>Arcata Center Total Cost</b>	\$100.00	\$375.00	\$450.00	\$300.00	\$200			\$1,425.00	
<b>Arcata Total Enrollment</b>	0	28	32	36	35	38	37		
<b>Arcata Lunches Served</b>	0	33	72	51	35	52	67		\$5.00
<b>Arcata Breakfast Served</b>	0	50	60	47	58	50	57		
<b>Arcata Operating Days</b>	0	15	17	12	8	12	13		
<b>Total Cost of Meals</b>								\$72,406.80	
<b>Food Service Coordinator Cost Thru February</b>								\$39,399.58	
<b>Supplies/Mileage/Permits</b>								\$4,498.92	
<b>Total Cost Thru February</b>								\$116,305.30	
<b>Total Revenues Received Thru February</b>								\$70,798.21	
<b>Cost to General Fund</b>								<b>-\$45,507.09</b>	

### Positive Points about ECS

Their specialized programs ensure compliance with state regulations for nutrition requirements.

They readily adjust their schedules to accommodate our centers even when there are scheduling conflicts.

They work well with us when we have field trips.

They excel at ensuring that students with allergies receive appropriate meals and are not exposed to any foods related to their allergies.

Their record keeping is commendable. They collaborate efficiently with the Food Coordinator at NUCS to guarantee that we obtain all of the state-mandated documents.

They can quickly supply us with utensils and other necessary items if needed.

Their facility is clean and updated with state-of-the-art equipment.

Their staff is friendly and very accommodating.

They are timely and dependable.

They genuinely care about the students and make sure they have meals even on short notice or when there are sudden changes.

They are affordable and still meet state requirements.

They are close to our centers with easy access.



**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.4 Northern United - Humboldt Charter School Report

**Action Requested:**

Information

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Each month staff will give an update on NU-HCS events and programs. Please see attached.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rebekah Davis

## Humboldt Regional Director Board Report 4-17-24

### What's happening Schoolwide?

- A. Our FFA Chapter held bake sales to raise funds for the State Conference. At the State Conference, we were awarded our official FFA Chapter.



### B. FFA's trip to the Coppini Dairy



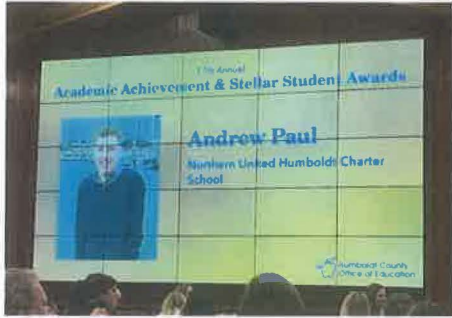
- C. ALC hosted our Science Fair. The students were able to share their projects with the judges. They enjoyed an awards ceremony at the end.

Our students with posters were asked to share them at the Awards Ceremony at HCOE. Timmy, ALC student, won 3rd place at the County Science Fair!



- D. Congratulations to Andrew! Our Academic Achievement and Stellar Student! Andrew embodies SRR behavior, grit, determination, perseverance, hard work, and kindness!

The staff at ELC joined Andrew and his family at the awards ceremony at HCOE for this honorary award!



- E. CLC's Jantz won the Regional Spelling Bee at Winship. He is moving on to the County Spelling Bee.

Jantz won the County Spelling Bee!! He is moving on to the State Spelling Bee!



- F. Geography Bee



#### **G. Talent Show**



#### **H. Track and Field is going to begin.**



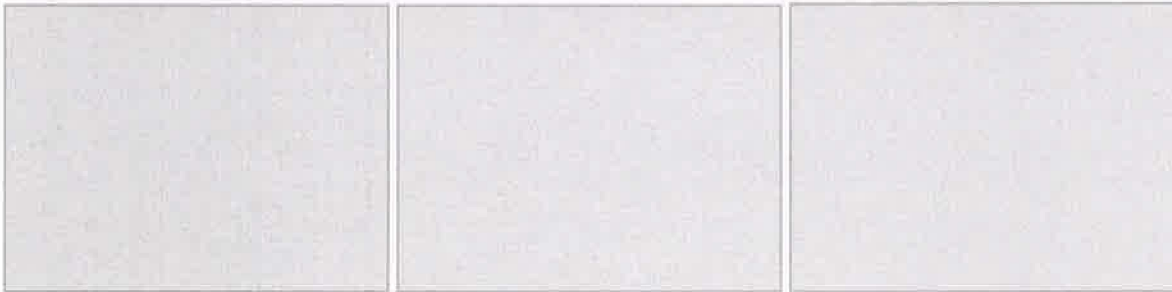
I. On March 8th, we had a professional development day about math with our staff. It was a wonderful time together looking at our data, learning new strategies of engagement, and collaborating with colleagues. The best part was watching our fellow colleagues present their best math tips to each other.

**What's happening at Individual Learning Centers that is Newsworthy?**

- A. ALC Ceramics Lab is offering a class for elementary students. The first class was well attended with 14 students and 8 on a waitlist.



- B. Cathie Shermer shares that on Tuesday, February 27th, our K-8 independent study Science and Social Studies class had a wonderful guest, Pathmakers! Guest teacher Lisa provided some basic engineering ideas and potential challenges and the kids began creating! It was a blast, and we can't wait to see her again!



- C. CLC celebrated Dr. Seuss' birthday and Read Across America with week-long activities related to Dr. Seuss' books. Here is Crazy Sock Day for the book *Fox in Socks*.



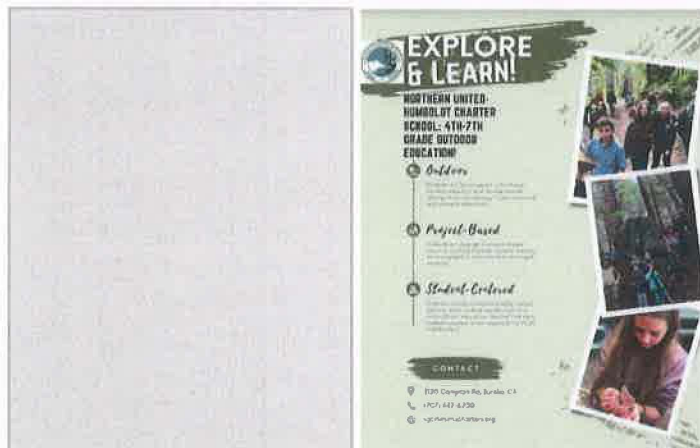


D. Mrs. Davis' Rubik's Cube Club had 2 new completers this week!!



E. ELC's Ag Floral Design class will be taking orders for special arrangements again! They will have options for **spring baskets**, **prom**, and **mothers day** ☐ Orders will be filled by specified dates and can either be picked up at the Eureka Learning Center or delivered by students. All proceeds from the orders will go directly back into class supplies and experiences for the students. To order, contact Amanda Cobine, ELC Secretary, at [acobine@nucharters.org](mailto:acobine@nucharters.org). Thank you in advance for all your support!

F. CLC's Open House where Trevor will introduce the new format for his class next year.



- G. Debbi's art classes created murals to submit to the Redwood Region Logging Conference mural contest. A few of the posters won awards!



- H. BLC had a busy month with an all school Jeopardy Game, Literacy Day, a visiting artist, and Science Day.
- I. Trevor is building his Outdoor Program for next year at CLC by taking his class this year on 1-2 field trips per week.



- J. ELC continues their outreach to local middle schools. Here they are presenting to CLC 8th graders.



- K. Trevor and Caleb took their CLC classes to the Redwood Region Logging Conference at Redwood Acres. One of the students was selected to come and hold the red-tailed hawk- our mascot!



L. ELC celebrating Pi Day



M. CLC celebrating Pi Day



N. AG Floral Design creating standing sprays





O. These 2 CLC students showed up to Foundations Class. Meg loved their hats and wanted to share.



P. Cathie and Laura took their K-8th independent study students on the Friends of the Dunes- Bay to Dunes field trip.



Q. ELC's Student Leadership did a great job creating an inviting environment for their Open House.



R. Cathie's IS Science class dissected daffodils.



- S. Trevor's class was 1 of 9 to receive the Connecting to the Coast day with Humboldt Redwoods Lagoons State Park. The students learned about local history and geography. They also learned kayaking! Trevor said that it was the best field trip that he's ever done!



- T. Cathie's IS science class made compost stew with guest presenters from the Department of Waste Management.





**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.5 Northern United - Siskiyou Charter School Report

**Action Requested:**

Information

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Each month staff will give an update on NU-SCS events and programs. Please see attached.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Kirk Miller

# NU-SCS Board Report April 2024

## Mt Shasta Learning Center

We had a successful Northbound Coffee fundraiser. Our K5 program raised \$450.

A SCOE nurse will offer CPR training to our students Friday, April 26

Upcoming field trips to the Gateway Trail washout on Mt Shasta, the fish hatchery, and Canterra Loop on the Sacramento River.

Photos of:

Jarred's students cooperatively working on a NASA paper rocket project.



Winter Sports Ski Program



Field Trip to Lake Siskiyou during a warm March day

Cascade Theater Percy Jackson Lightning Thief the Musical





Mosaic: Allison sharing 'Crystal Bowl Bath' experience

## Yreka Learning Center

Our Enrichment Class students have been focusing on learning the various aspects of color theory, the artwork of Vincent Van Gogh, and creating artwork for this year's fundraising quilt project. Their art projects have included Notan style Japanese art, a collaborative recreation of Van Gogh's *Starry Night*, and are creating beautiful watercolor flowers in the style of Georgia O'Keeffe. In addition, they are in the beginning stages of learning about computer coding through guided instruction and exploration.

The 3-6 Science Class finished a unit on energy by learning about electricity and circuits, and enjoyed learning how to create their own circuits in a hands-on activity that involved experimenting, troubleshooting, and problem solving skills. The students have now started a unit in life science, and have been engaging in activities that include building food web diagrams, dissecting owl pellets, and classifying plants and animals based on their characteristics. We have also had SCOE's science education specialist come to our class as a guest teacher.

YLC teachers and students from the AVID class helped out at the local Elks Bingo Hall as a fundraiser. This is the third year we have done this, and we earned over \$1,200!! We cooked all the food, and got to keep the proceeds. We raffled off gift baskets and desserts, and received half the 50/50 raffle prize.





**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.6 Board Report

**Action Requested:**

Information

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Each month the Board may give a report related to the governance of the schools.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 7.**  
**REPORTS**

**Subject:**

7.7 Approval of the 2022 Federal and State Taxes for NUCS

**Action Requested:**

Information

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Tax exempt organizations complete specific tax forms for the IRS and the California State Tax Franchise Board. Attached are copies of our 2022 filings. They were prepared by our independent CPA firm, CliftonLarsonAllen LLP. A review by the Board is required.

**Fiscal Implications:**

None

**Contact Person/s:** Shari Lovett, Kelley Withers



## Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading 'as Separate Files' is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:

DS  
SL

[CLAconnect.com](http://CLAconnect.com)

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAGlobal.com/disclaimer](http://CLAGlobal.com/disclaimer).

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CLIFTONLARSONALLEN LLP  
2210 EAST ROUTE 66  
GLENORA, CA 91740

NORTHERN UNITED CHARTER SCHOOLS  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503

|||||

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

CLIENT'S COPY



CliftonLarsonAllen LLP  
CLAconnect.com

March 25, 2024

Northern United Charter Schools  
2120 Campton Road Suite H  
Eureka, CA 95503

Northern United Charter Schools:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2024 the filing deadline.

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

### **CALIFORNIA FORM 199 RETURN:**

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

No payment is required.

### **A few final reminders relating to your tax return filings:**

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

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

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP  
CLAAconnect.com

**NORTHERN UNITED CHARTER SCHOOLS**

**FORM 990 INCOME TAX RETURN**

**FOR YEAR ENDED JUNE 30, 2023**





Form **8868**  
(Rev. January 2022)**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>NORTHERN UNITED CHARTER SCHOOLS</b>	<b>82-5002004</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2120 CAMPTON ROAD SUITE H</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EUREKA, CA 95503</b>	

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

01

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

**KELLEY WITHERS**

- The books are in the care of ► **2120 CAMPTON ROAD, SUITE I - EUREKA, CA 95503**

Telephone No. ► **(707) 445-2660**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)



EXTENDED TO MAY 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**NORTHERN UNITED CHARTER SCHOOLS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**2120 CAMPTON ROAD SUITE H**

City or town, state or province, country, and ZIP or foreign postal code

**EUREKA, CA 95503****F** Name and address of principal officer: **SHARI LOVETT****SAME AS C ABOVE****D** Employer identification number**82-5002004****E** Telephone number**(707) 445-2660****G** Gross receipts \$**8,807,399.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NUCHARTERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2017****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>NORTHERN UNITED CHARTER SCHOOLS OPERATES TWO PUBLIC CHARTER SCHOOLS.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>4</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>108</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>4</b>
Revenue	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>7,243,283.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>16,575.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>72,735.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>7,332,593.</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,375,448.</b>
Expenses	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,605,594.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>6,981,042.</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>351,551.</b>
	<b>20</b>	Total assets (Part X, line 16) <b>3,623,547.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>496,120.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>3,127,427.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	<b>SHARI LOVETT, DIRECTOR</b>	<b>3/26/2024</b>
Paid	Print/Type preparer's name	Preparer's signature
	<b>MARLEN GOMEZ</b>	<b>MARLEN GOMEZ</b>
Preparer Use Only	Firm's name	Firm's EIN
	<b>CLIFTONLARSONALLEN LLP</b>	<b>41-0746749</b>
Preparer Use Only	Firm's address	Phone no.
	<b>2210 EAST ROUTE 66 GLENORA, CA 91740</b>	<b>(626) 857-7300</b>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990 (2022)

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

Page 2

**Part III 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:

NORTHERN UNITED CHARTER SCHOOLS, IN PARTNERSHIP WITH PARENTS AND COMMUNITY, WILL ENGAGE ALL STUDENTS IN A COMPREHENSIVE EDUCATION, PREPARING THEM TO BE CONFIDENT, COMPETENT 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,166,126. including grants of \$ ) (Revenue \$ )  
 THE ORGANIZATION'S PROGRAMS ARE BASED ON A WELL-DEVELOPED EDUCATIONAL PHILOSOPHY THAT PROVIDES FOR INDIVIDUALLY DESIGNED CURRICULA, WHICH INCLUDE: HOME-BASED INDEPENDENT STUDY, LEARNING CENTER PROGRAMS AND CLASSES, APPRENTICESHIPS, COMMUNITY-BASED EDUCATIONAL PROGRAMS, DISTANCE LEARNING UTILIZING CURRENT TECHNOLOGY, AND SUPPLEMENTAL PROJECTS.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,166,126.

Form 990 (2022)

Form 990 (2022)

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

Page 3

**Part IV Checklist of Required Schedules**

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



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**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	108
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	



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

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

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**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, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
KELLEY WITHERS - (707) 445-2660  
2120 CAMPTON ROAD, SUITE I, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

[illegible]

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week  (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								129,148.	0.	43,315.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								129,148.	0.	43,315.

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

1

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

## Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 8,716,073.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 598.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		8,716,671.			
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		58,255.		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6 a</b> Gross rents		<b>6a</b>				
<b>b</b> Less: rental expenses		<b>6b</b>				
<b>c</b> Rental income or (loss)		<b>6c</b>				
<b>d</b> Net rental income or (loss)						
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b> (i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>				
<b>c</b> Gain or (loss)		<b>7c</b>				
<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>				
<b>b</b> Less: direct expenses		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b> REFUNDS/REIMBURSEMENTS	<b>Business Code</b> 900099	32,473.			32,473.
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		32,473.			
	<b>12 Total revenue.</b> See instructions		8,807,399.	0.	0.	90,728.

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,903.		176,903.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,620,697.	3,543,258.	77,439.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	894,422.	864,283.	30,139.	
9 Other employee benefits	927,497.	907,456.	20,041.	
10 Payroll taxes	133,725.	125,904.	7,821.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,130.		6,130.	
c Accounting	34,500.		34,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	466,821.	437,110.	29,711.	
12 Advertising and promotion	12,695.	12,695.		
13 Office expenses	108,693.	108,230.	463.	
14 Information technology	34,638.	18,731.	15,907.	
15 Royalties				
16 Occupancy	531,118.	530,326.	792.	
17 Travel	28,546.	28,225.	321.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,417.	97,641.	5,776.	
20 Interest	916.	916.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,908.	68,908.		
23 Insurance	86,527.	42,941.	43,586.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>INSTRUCTIONAL MATERIALS</b>	200,244.	200,090.	154.	
b <b>OTHER EXPENSES</b>	92,200.	87,886.	4,314.	
c <b>FOOD AND FOOD SUPPLIES</b>	91,526.	91,526.		
d				
e All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>7,620,123.</b>	<b>7,166,126.</b>	<b>453,997.</b>	<b>0.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,188,466.	2	3,914,728.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,253,281.	4	796,848.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,000.	9	9,683.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 352,094.		
	b Less: accumulated depreciation	10b 237,656.	176,800.	10c 114,438.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	431,958.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,623,547.	16	5,267,655.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	320,007.	17	339,409.
	18 Grants payable		18	
	19 Deferred revenue	176,113.	19	176,888.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	436,655.
	26 <b>Total liabilities.</b> Add lines 17 through 25	496,120.	26	952,952.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	2,514,806.	27	4,314,703.
	28 Net assets with donor restrictions	612,621.	28	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	3,127,427.	32	4,314,703.
33 <b>Total liabilities and net assets/fund balances</b>	3,623,547.	33	5,267,655.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,807,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,620,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,187,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,127,427.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,314,703.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



**Part IV Supporting Organizations** (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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## Part VI

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



**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number  
82-5002004**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

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NORTHERN UNITED CHARTER SCHOOLS

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		196,485.	119,721.	76,764.
d Equipment		155,609.	117,935.	37,674.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				114,438.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

NORTHERN UNITED CHARTER SCHOOLS

82-5002004 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPERATING RIGHT-OF-USE (ROU) ASSETS	401,012.
(2) FINANCING RIGHT-OF-USE (ROU) ASSETS	30,946.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	431,958.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES - OPERATING	405,308.
(3) LEASE LIABILITIES - FINANCING	31,347.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	436,655.

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) 2022



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NORTHERN UNITED CHARTER SCHOOLS

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,807,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,807,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,807,399.

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

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

1	Total expenses and losses per audited financial statements	1	7,620,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,620,123.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,620,123.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE SCHOOL IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THE SCHOOL FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD.



Schedule D (Form 990) 2022		NOTARIZED	
<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>		

**SCHEDULE E**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schools**Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number

82-5002004

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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 <b>THE SCHOOL'S POLICY IS POSTED ON THE SCHOOL'S WEBSITE.</b>	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?		X
If you answered "No" to any of the above, please explain. If you need more space, use Part II. <b>THE SCHOOL DOES NOT PROVIDE ANY SCHOLARSHIPS OR FINANCIAL ASSISTANCE.</b>		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990) 2022

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
InspectionEmployer identification number  
82-5002004**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2022



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (j). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARI LOVETT	(i) 129,148.	0.	0.	23,107.	20,208.	172,463.	0.
DIRECTOR	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						
	(i)						
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	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						
	(i)						
	(ii)						
	(iii)						

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

TO DETERMINE COMPENSATION, THE BOARD REVIEWS THE SALARY COMPARISON SURVEY  
THAT THE COUNTY OFFICE CREATES AND SHARES. THIS LISTS THE COMPENSATION FOR  
SCHOOL ADMINISTRATORS OF THE DISTRICTS AND CHARTERS WITHIN THE COUNTY. A  
WRITTEN EMPLOYMENT CONTRACT IS CREATED FOR THE EXECUTIVE (SCHOOL) DIRECTOR.  
THE BOARD APPROVES THE CONTRACT IN AN OPEN MEETING.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number  
82-5002004

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

NO COMMITTEE WITH THE AUTHORITY TO ACT ON THE ORGANIZATION'S BEHALF HAVE  
BEEN FORMED.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING  
FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE  
RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND THE ORGANIZATION'S  
ACCOUNTANT. ANY CHANGES OR REVISIONS ARE INCORPORATED INTO THE FILING.

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

THE BOARD MEMBERS AND OFFICERS COMPLETE THE CONFLICT OF INTEREST FORM 700  
ANNUALLY, AS WELL AS WHEN A MEMBER IS FIRST APPOINTED TO THE BOARD OR WHEN  
A MEMBER LEAVES THE BOARD.

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

THE BOARD REVIEWS THE SALARY COMPARISON DOCUMENT COMPLETED BY THE COUNTY  
OFFICE OF EDUCATION FOR COMPARABLE DATA. ALL COMPENSATION IS STATED IN THE  
PUBLIC BOARD MEETING, A COPY OF THE CONTRACT IS INCLUDED IN THE BOARD  
PACKET, AND THE BOARD DELIBERATES AND VOTES ON THE COMPENSATION DURING THE  
PUBLIC MEETING. MINUTES OF THE MEETING AND A RECORDING OF THE MEETING IS  
COMPLETED AND POSTED ON THE WEBSITE.

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

ON THE WEBSITE AND IN THE BOARD PACKETS WHICH ARE POSTED ON THE WEBSITE.

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number

82-5002004

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.



TAXABLE YEAR  
**2022****California Exempt Organization  
Annual Information Return**228941 01-10-23  
FORM**199**Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name

California corporation number

**NORTHERN UNITED CHARTER SCHOOLS****4027853**

Additional information. See instructions.

FEIN

**82-5002004**

Street address (suite or room)

**2120 CAMPTON ROAD SUITE H**

PMB no.

City

**EUREKA**

State

**CA**

ZIP code

**95503**

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) •
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
- If "Yes," what is the parent's name?

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
- If "Yes," enter the gross receipts from nonmember sources \$
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
- Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	90,728	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	8,716,671	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	8,807,399	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	8,807,399	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,620,123	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,187,276	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title	Date	Telephone	
Paid Preparer's Use Only	DocuSigned by: <i>Shari Louett</i>		DIRECTOR		3/26/2024
	Preparer's signature	F304EA396B07402	Date	Check if self-employed	PTIN
	MARLEN GOMEZ		03/25/24	<input type="checkbox"/>	P01306775
	Firm's name (or yours, if self-employed) and address	CLIFTONLARSONALLEN LLP 2210 EAST ROUTE 66 GLEN DORA, CA 91740	Firm's FEIN	Telephone	
		41-0746749	(626) 857-7300		
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

## NORTHERN UNITED CHARTER SCHOOLS

82-5002004

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

229951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	58,255	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions)	6		00
	7	Other income	7	32,473	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	90,728	00
	9	Contributions, gifts, grants, and similar amounts paid	9		00
	10	Disbursements to or for members	10		00
Expenses and Disbursements	11	Compensation of officers, directors, and trustees	11	176,903	00
	12	Other salaries and wages	12	3,620,697	00
	13	Interest	13	916	00
	14	Taxes	14	133,725	00
	15	Rents	15	531,118	00
	16	Depreciation and depletion (See instructions)	16	68,908	00
	17	Other expenses and disbursements	17	3,087,856	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,620,123	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		2,188,466		3,914,728	
2 Net accounts receivable		1,253,281		796,848	
3 Net notes receivable					
4 Inventories					
5 Federal and state government obligations					
6 Investments in other bonds					
7 Investments in stock					
8 Mortgage loans					
9 Other investments					
10 a Depreciable assets	352,094		352,094		
b Less accumulated depreciation	( 175,294 )	176,800	( 237,656 )	114,438	
11 Land					
12 Other assets	STMT 4	5,000		441,641	
13 <b>Total assets</b>		3,623,547		5,267,655	
<b>Liabilities and net worth</b>					
14 Accounts payable		320,007		339,409	
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable					
17 Mortgages payable					
18 Other liabilities	STMT 5	176,113		613,543	
19 Capital stock or principal fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund		3,127,427		4,314,703	
22 <b>Total liabilities and net worth</b>		3,623,547		5,267,655	

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	1,187,276	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	1,187,276
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	1,187,276		

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

CA 199

OTHER INCOME

STATEMENT 1

DESCRIPTIONAMOUNT

REFUNDS/REIMBURSEMENTS

32,473.

TOTAL TO FORM 199, PART II, LINE 7

32,473.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESSTITLE AND  
AVERAGE HRS WORKED/WKCOMPENSATIONSHARI LOVETT  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503DIRECTOR  
40.00

176,903.

ROSEMARY KUNKLER  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503PRESIDENT  
2.00

0.

AMIE SNIDER  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503VICE PRESIDENT  
2.00

0.

JERE COX  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503MEMBER  
2.00

0.

MELISSA JOHNSON  
2120 CAMPTON ROAD SUITE H  
EUREKA, CA 95503MEMBER  
2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

176,903.

## NORTHERN UNITED CHARTER SCHOOLS

82-5002004

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
INSTRUCTIONAL MATERIALS		200,244.
OTHER EXPENSES		92,200.
FOOD AND FOOD SUPPLIES		91,526.
PENSION PLAN CONTRIBUTIONS		894,422.
OTHER EMPLOYEE BENEFITS		927,497.
LEGAL FEES		6,130.
ACCOUNTING FEES		34,500.
OTHER PROFESSIONAL FEES		466,821.
ADVERTISING AND PROMOTION		12,695.
OFFICE EXPENSES		108,693.
INFORMATION TECHNOLOGY		34,638.
TRAVEL		28,546.
CONFERENCES AND CONVENTIONS		103,417.
INSURANCE		86,527.
TOTAL TO FORM 199, PART II, LINE 17		3,087,856.

CA 199	OTHER ASSETS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	5,000.	9,683.
OPERATING RIGHT-OF-USE (ROU) ASSETS	0.	401,012.
FINANCING RIGHT-OF-USE (ROU) ASSETS	0.	30,946.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,000.	441,641.

CA 199	OTHER LIABILITIES	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LEASE LIABILITIES - OPERATING	0.	405,308.
LEASE LIABILITIES - FINANCING	0.	31,347.
DEFERRED REVENUE	176,113.	176,888.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	176,113.	613,543.



NORTHERN UNITED CHARTER SCHOOLS

82-5002004

CA 199	FUND BALANCES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,514,806.	4,314,703.
NET ASSETS WITH DONOR RESTRICTIONS	612,621.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,127,427.	4,314,703.

022

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR  
**2022****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>NORTHERN UNITED CHARTER SCHOOLS</b>	<b>82-5002004</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <b>8,807,399</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <b>8,807,399</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <b>7,620,123</b>

**Part II Settle Your Account Electronically for Taxable Year 2022**

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

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

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

**Part IV Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

**Sign  
Here**

DocuSigned by:  
*Shari Lovett*  
Signature of officer  
F304EA398B07402...

3/26/2024  
Date

**DIRECTOR**  
Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

FTB 8453-EO 2022

Form **8868**  
(Rev. January 2022)**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NORTHERN UNITED CHARTER SCHOOLS</b>	Taxpayer identification number (TIN) <b>82-5002004</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2120 CAMPTON ROAD SUITE H</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EUREKA, CA 95503</b>	

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

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

**KELLEY WITHERS**

- The books are in the care of ► **2120 CAMPTON ROAD, SUITE I - EUREKA, CA 95503**

Telephone No. ► **(707) 445-2660**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)



Form **990**Department of the Treasury  
Internal Revenue ServiceSTATE REGISTRATION NO. 4027853  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**Open to Public  
Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**NORTHERN UNITED CHARTER SCHOOLS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**2120 CAMPTON ROAD SUITE H**

City or town, state or province, country, and ZIP or foreign postal code

**EUREKA, CA 95503****F** Name and address of principal officer: **SHARI LOVETT****SAME AS C ABOVE****D** Employer identification number**82-5002004****E** Telephone number**(707) 445-2660****G** Gross receipts \$ **8,807,399.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. See instructions**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NUCHARTERS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2017****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>NORTHERN UNITED CHARTER SCHOOLS OPERATES TWO PUBLIC CHARTER SCHOOLS.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>4</b>		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>		
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>108</b>		
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>4</b>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>		
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>			
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>7,243,283.</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>	<b>0.</b>	<b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>16,575.</b>	<b>58,255.</b>	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>72,735.</b>	<b>32,473.</b>	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>7,332,593.</b>	<b>8,807,399.</b>	
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>	<b>0.</b>	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>	<b>0.</b>	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,375,448.</b>	<b>5,753,244.</b>	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>	<b>0.</b>	
Expenses	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,605,594.</b>	<b>1,866,879.</b>	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>6,981,042.</b>	<b>7,620,123.</b>	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>351,551.</b>	<b>1,187,276.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>3,623,547.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>496,120.</b>	<b>5,267,655.</b>	<b>952,952.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>3,127,427.</b>	<b>4,314,703.</b>	

**Part II Signature Block**

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

**Sign Here** Signature of officer: **Shari Lovett** Date: **3/26/2024**  
**SHARI LOVETT, DIRECTOR**  
 Type or print name and title

**Paid** Print/Type preparer's name: **MARLEN GOMEZ** Preparer's signature: **MARLEN GOMEZ** Date: **03/25/24** Check ☐ self-employed PTIN: **P01306775**

**Preparer Use Only** Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**  
 Firm's address: **2210 EAST ROUTE 66**  
**GLENDORA, CA 91740** Phone no.: **(626) 857-7300**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No



Form 990 (2022)

NORTHERN UNITED CHARTER SCHOOLS

82-5002004

Page 2

**Part III 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:

NORTHERN UNITED CHARTER SCHOOLS, IN PARTNERSHIP WITH PARENTS AND COMMUNITY, WILL ENGAGE ALL STUDENTS IN A COMPREHENSIVE EDUCATION, PREPARING THEM TO BE CONFIDENT, COMPETENT 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,166,126. including grants of \$ ) (Revenue \$ )  
 THE ORGANIZATION'S PROGRAMS ARE BASED ON A WELL-DEVELOPED EDUCATIONAL PHILOSOPHY THAT PROVIDES FOR INDIVIDUALLY DESIGNED CURRICULA, WHICH INCLUDE: HOME-BASED INDEPENDENT STUDY, LEARNING CENTER PROGRAMS AND CLASSES, APPRENTICESHIPS, COMMUNITY-BASED EDUCATIONAL PROGRAMS, DISTANCE LEARNING UTILIZING CURRENT TECHNOLOGY, AND SUPPLEMENTAL PROJECTS.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,166,126.

Form 990 (2022)

Form 990 (2022)

NORTHERN UNITED CHARTER SCHOOLS

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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



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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	108
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8822 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	



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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

**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, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
KELLEY WITHERS - (707) 445-2660  
2120 CAMPTON ROAD, SUITE I, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

[illegible]





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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,716,073.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	598.			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b> Total. Add lines 1a-1f		8,716,671.			
<b>Program Service Revenue</b>	<b>2 a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
	<b>Business Code</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		58,255.			58,255.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b> REFUNDS / REIMBURSEMENTS		32,473.			32,473.
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e</b> Total. Add lines 11a-11d		32,473.			
	<b>12</b> Total revenue. See instructions		8,807,399.	0.	0.	90,728.



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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,903.		176,903.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,620,697.	3,543,258.	77,439.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	894,422.	864,283.	30,139.	
9 Other employee benefits	927,497.	907,456.	20,041.	
10 Payroll taxes	133,725.	125,904.	7,821.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,130.		6,130.	
c Accounting	34,500.		34,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	466,821.	437,110.	29,711.	
12 Advertising and promotion	12,695.	12,695.		
13 Office expenses	108,693.	108,230.	463.	
14 Information technology	34,638.	18,731.	15,907.	
15 Royalties				
16 Occupancy	531,118.	530,326.	792.	
17 Travel	28,546.	28,225.	321.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,417.	97,641.	5,776.	
20 Interest	916.	916.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,908.	68,908.		
23 Insurance	86,527.	42,941.	43,586.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>INSTRUCTIONAL MATERIALS</b>	200,244.	200,090.	154.	
b <b>OTHER EXPENSES</b>	92,200.	87,886.	4,314.	
c <b>FOOD AND FOOD SUPPLIES</b>	91,526.	91,526.		
d				
e All other expenses				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>7,620,123.</b>	<b>7,166,126.</b>	<b>453,997.</b>	<b>0.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,188,466.	2	3,914,728.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,253,281.	4	796,848.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,000.	9	9,683.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 352,094.		
	b Less: accumulated depreciation	10b 237,656.	10c	114,438.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	431,958.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,623,547.	16	5,267,655.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	320,007.	17	339,409.
	18 Grants payable		18	
	19 Deferred revenue	176,113.	19	176,888.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	436,655.
	26 <b>Total liabilities.</b> Add lines 17 through 25	496,120.	26	952,952.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	2,514,806.	27	4,314,703.
	28 Net assets with donor restrictions	612,621.	28	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,127,427.	32	4,314,703.
	33 Total liabilities and net assets/fund balances	3,623,547.	33	5,267,655.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,807,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,620,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,187,276.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,127,427.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,314,703.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		



**Part IV Supporting Organizations** (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

## Part VI

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



**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number  
82-5002004**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

232051 09-01-22



Schedule D (Form 990) 2022

NORTHERN UNITED CHARTER SCHOOLS

82-5002004 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		196,485.	119,721.	76,764.
d Equipment		155,609.	117,935.	37,674.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				114,438.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

NORTHERN UNITED CHARTER SCHOOLS

82-5002004 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPERATING RIGHT-OF-USE (ROU) ASSETS	401,012.
(2) FINANCING RIGHT-OF-USE (ROU) ASSETS	30,946.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

431,958.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES - OPERATING	405,308.
(3) LEASE LIABILITIES - FINANCING	31,347.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

436,655.

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) 2022

Schedule D (Form 990) 2022

NORTHERN UNITED CHARTER SCHOOLS

82-5002004 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,807,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,807,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,807,399.

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

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

1	Total expenses and losses per audited financial statements	1	7,620,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,620,123.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,620,123.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE SCHOOL IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THE SCHOOL FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE E**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

**NORTHERN UNITED CHARTER SCHOOLS**

Employer identification number

**82-5002004****Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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	<input checked="" type="checkbox"/>	
<b>THE SCHOOL'S POLICY IS POSTED ON THE SCHOOL'S WEBSITE.</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		<input checked="" type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?		<input checked="" type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>THE SCHOOL DOES NOT PROVIDE ANY SCHOLARSHIPS OR FINANCIAL ASSISTANCE.</b>		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended?		<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	

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

Schedule E (Form 990) 2022

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number  
82-5002004**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2022

## Part II Officers, Directors

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> Use duplicate copies if additional space is needed.
----------------	---

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARI LOVETT DIRECTOR	(i)	129,148.	0.	0.	23,107.	20,208.	172,463.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 3:**

TO DETERMINE COMPENSATION, THE BOARD REVIEWS THE SALARY COMPARISON SURVEY THAT THE COUNTY OFFICE CREATES AND SHARES. THIS LISTS THE COMPENSATION FOR SCHOOL ADMINISTRATORS OF THE DISTRICTS AND CHARTERS WITHIN THE COUNTY. A WRITTEN EMPLOYMENT CONTRACT IS CREATED FOR THE EXECUTIVE (SCHOOL) DIRECTOR. THE BOARD APPROVES THE CONTRACT IN AN OPEN MEETING.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

NORTHERN UNITED CHARTER SCHOOLS

Employer identification number  
82-5002004

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

NO COMMITTEE WITH THE AUTHORITY TO ACT ON THE ORGANIZATION'S BEHALF HAVE  
BEEN FORMED.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING  
FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE  
RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND THE ORGANIZATION'S  
ACCOUNTANT. ANY CHANGES OR REVISIONS ARE INCORPORATED INTO THE FILING.

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

THE BOARD MEMBERS AND OFFICERS COMPLETE THE CONFLICT OF INTEREST FORM 700  
ANNUALLY, AS WELL AS WHEN A MEMBER IS FIRST APPOINTED TO THE BOARD OR WHEN  
A MEMBER LEAVES THE BOARD.

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

THE BOARD REVIEWS THE SALARY COMPARISON DOCUMENT COMPLETED BY THE COUNTY  
OFFICE OF EDUCATION FOR COMPARABLE DATA. ALL COMPENSATION IS STATED IN THE  
PUBLIC BOARD MEETING, A COPY OF THE CONTRACT IS INCLUDED IN THE BOARD  
PACKET, AND THE BOARD DELIBERATES AND VOTES ON THE COMPENSATION DURING THE  
PUBLIC MEETING. MINUTES OF THE MEETING AND A RECORDING OF THE MEETING IS  
COMPLETED AND POSTED ON THE WEBSITE.

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

ON THE WEBSITE AND IN THE BOARD PACKETS WHICH ARE POSTED ON THE WEBSITE.

Name of the organization	Employer identification number
NORTHERN UNITED CHARTER SCHOOLS	82-5002004

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Empty lines for additional information.

**Certificate Of Completion**

Envelope Id: A42B031F00754669ADCF246F083CE47C  
 Subject: 990 Tax Return for Northern United Charter Schools A819748 - 2022  
 Client Name: Northern United Charter Schools  
 Client Number: A819748  
 Source Envelope:  
 Document Pages: 79  
 Certificate Pages: 5  
 AutoNav: Enabled  
 EnvelopeId Stamping: Enabled  
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:  
 CLA Operations  
 220 S 6th St Ste 300  
 Minneapolis, MN 55402-1418  
 Laurie.Nakakhara@claconnect.com  
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Status: Original  
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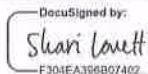
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**Signer Events**

Shari Lovett  
 slovett@nucharters.org  
 Director

Security Level: Email, Account Authentication  
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 marlen.gomez@claconnect.com

Security Level: Email, Account Authentication  
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Signing Complete	Security Checked	3/26/2024 1:17:33 PM
Completed	Security Checked	3/26/2024 1:17:33 PM
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### **How to contact CliftonLarsonAllen LLP:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com)

#### **To advise CliftonLarsonAllen LLP of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### **To request paper copies from CliftonLarsonAllen LLP**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

#### **To withdraw your consent with CliftonLarsonAllen LLP**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.





## Statement of Work - Audit Services

March 24, 2024

This document constitutes a statement of work ("SOW") under the master service agreement ("MSA") dated April 3, 2023, or superseding MSA, made by and between CliftonLarsonAllen LLP ("CLA," "we," "us," and "our") and Northern United Charter Schools ("you," "your," or "the entity"). We are pleased to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services CLA will provide for the entity as of and for the year ended June 30, 2024.

Marlen Gomez is responsible for the performance of the audit engagement. Per Education Code Section 41020(f)(2), there is a limit of six consecutive years for any firm where the principal of the audit and the reviewing principal have been the same in each of those years. This is the second consecutive year Marlen Gomez will be the engagement principal.

### **Scope of audit services**

We will audit the financial statements of Northern United Charter Schools, which comprise the financial statements identified below, and the related notes to the financial statements (collectively, the "financial statements") as of and for the year ended June 30, 2024.

The statement of financial position and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

We will also evaluate and report on the presentation of the following supplementary information accompanying the financial statements in relation to the financial statements as a whole.

Schedule of Expenditures of Federal Awards

Schedule of Instructional Time

Schedule of Average Daily Attendance

Reconciliation of Annual Financial Report With Audited Financial Statements

The following supplementary information accompanying the financial statements will not be subjected to the auditing procedures applied in our audit of the financial statements and our auditors' report will not provide an opinion or any assurance on that information:

Local Education Agency Organization Structure

### **Nonaudit services**

We will also provide the following nonaudit services:

- Preparation of your financial statements and the related notes.
- Preparation of the supplementary information.
- Preparation of schedule of federal awards.
- Preparation of adjusting journal entries, as needed.
- Preparation of the Data Collection Form.
- Preparation of the informational tax returns.

### **Audit objectives**

The objectives of our audit of the financial statements are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Our audit will be conducted in accordance with U.S. GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the 2023-2024 Guide for Annual Audits of K-12 Local Education Agencies and State Compliance Reporting, published by the Education Audit Appeals Panel (State Audit Guide). Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Our audit will include tests of your accounting records, a determination of major program(s) in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express opinions and render the required reports.

We will also perform procedures to enable us to express an opinion on whether the supplementary information (as identified above) accompanying the financial statements is fairly stated, in all material respects, in relation to the financial statements as a whole.

The objectives of our audit also include:

- Reporting on internal control over financial reporting and on compliance with the provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Reporting on internal control over compliance related to major programs and expressing an opinion (or

disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Uniform Guidance.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

The state compliance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the State Audit Guide.

We will issue written reports upon completion of our audit of your financial statements and compliance with requirements applicable to major programs.

Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from the engagement. If our opinions on the financial statements or compliance are other than unmodified, we will discuss the reasons with you in advance. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements or material noncompliance caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements or an opinion on compliance, we retain the right to take any course of action permitted by professional standards, including declining to express opinions or issue reports, or withdrawing from the engagement.

### **Auditor responsibilities, procedures, and limitations**

We will conduct our audit in accordance with U.S. GAAS, the standards for financial audits contained in *Government Auditing Standards*, the Uniform Guidance, and the State Audit Guide.

Those standards require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

- Identify and assess the risks of material misstatement of the financial statements and material noncompliance, whether due to fraud or error, design and perform audit procedures responsive to those

risks, and evaluate whether audit evidence obtained is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement or a material noncompliance resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Conclude, based on our evaluation of audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Management Override of Controls
- Revenue Recognition

There is an unavoidable risk, because of the inherent limitations of an audit, together with the inherent limitations of internal control, that some material misstatements or noncompliance may not be detected, even though the audit is properly planned and performed in accordance with U.S. GAAS, *Government Auditing Standards*, the Uniform Guidance, and the State Audit Guide. Because we will not perform a detailed examination of all transactions, material misstatements, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity, may not be detected. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not require auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management and those charged with governance of any material errors, fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management and those charged with governance of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a single audit.



Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting fraud or errors that are material to the financial statements and to preventing and detecting misstatements resulting from noncompliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify deficiencies, significant deficiencies, or material weaknesses in internal control. However, we will communicate to you in writing significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we identify during the audit that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, the Uniform Guidance, and the State Audit Guide.

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the entity's compliance with the provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

We will include in our report on internal control over financial reporting and on compliance relevant information about any identified or suspected instances of fraud and any identified or suspected noncompliance with provisions of laws, regulations, contracts, or grant agreements that may have occurred that are required to be communicated under *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards that may have a direct and material effect on each of the entity's major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the "OMB Compliance Supplement" for the types of compliance requirements that could have a direct and material effect on each of the entity's major programs. The purpose of these procedures will be to express an opinion on the entity's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

We will evaluate the presentation of the schedule of expenditures of federal awards accompanying the financial statements in relation to the financial statements as a whole. We will make certain inquiries of management and evaluate the form, content, and methods of preparing the schedule to determine whether the information complies with U.S. GAAP and the Uniform Guidance, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of

the financial statements. We will compare and reconcile the schedule to the underlying accounting records and other records used to prepare the financial statements or to the financial statements themselves.

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

### **Management responsibilities**

Our audit will be conducted on the basis that you (management and, when appropriate, those charged with governance) acknowledge and understand that you have certain responsibilities that are fundamental to the conduct of an audit.

You are responsible for the preparation and fair presentation of the financial statements and the schedule of expenditures of federal awards in accordance with U.S. GAAP. Management is also responsible for identifying all federal awards received, understanding and complying with the compliance requirements, and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in accordance with the requirements of the Uniform Guidance.

Management's responsibilities include the selection and application of accounting principles; recording and reflecting all transactions in the financial statements; determining the reasonableness of significant accounting estimates included in the financial statements; adjusting the financial statements to correct material misstatements; and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is responsible for compliance with applicable laws and regulations and the provisions of contracts and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs. Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are responsible for the design, implementation, and maintenance of effective internal control, including internal control over compliance, relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including evaluating and monitoring ongoing activities and safeguarding assets to help ensure that appropriate goals and objectives are met; and that there is reasonable assurance that government programs are administered in compliance with compliance requirements.

You are responsible for the design, implementation, and maintenance of internal controls to prevent and detect fraud; assessing the risk that the financial statements may be materially misstated as a result of fraud; and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud

could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for implementing systems designed to achieve compliance with applicable laws and regulations and the provisions of contracts and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs; identifying and ensuring that the entity complies with applicable laws, regulations, contracts, and grant agreements, including compliance with federal statutes, regulations, and the terms and conditions of federal awards applicable to the entity's federal programs; and informing us of all instances of identified or suspected noncompliance whose effects on the financial statements should be considered.

You are responsible for taking timely and appropriate steps to remedy any fraud; noncompliance with provisions of laws, regulations, contracts, or grant agreements; or abuse that we may report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings; and to follow up and take prompt corrective action on reported audit findings and to prepare a summary schedule of prior audit findings and a corrective action plan. The summary schedule of prior audit findings should be available for our review.

You are responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including amounts and disclosures, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters, and for the accuracy and completeness of that information (including information from within and outside of the general and subsidiary ledgers), and for ensuring management information and financial information is reliable and properly reported; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance; (3) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the State Audit Guide; and (4) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

You agree to inform us of events occurring or facts discovered subsequent to the date of the financial statements that may affect the financial statements.

You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon or make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is fairly presented in accordance

with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

Management is responsible for the preparation and fair presentation of other supplementary information in accordance with U.S. GAAP. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. You agree to provide us written representations related to the presentation of the supplementary information.

Management is responsible for providing us with a written confirmation concerning representations made by you and your staff to us in connection with the audit. During our engagement, we will request information and explanations from you regarding, among other matters, the entity's operations, internal control, future plans, specific transactions, and accounting systems and procedures. The procedures we will perform during our engagement and the conclusions we reach as a basis for our report will be heavily influenced by the representations that we receive in the representation letter and otherwise from you. Accordingly, inaccurate, incomplete, or false representations could cause us to expend unnecessary effort or could cause a material fraud or error to go undetected by our procedures. In view of the foregoing, you agree that we shall not be responsible for any misstatements in the entity's financial statements that we may fail to detect as a result of misrepresentations made to us by you.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies to us of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the "Audit objectives" section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other engagements or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

#### **Responsibilities and limitations related to nonaudit services**

For all nonaudit services we may provide to you, management agrees to assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, and/or experience to understand and oversee the services; evaluate the adequacy and results of the services; and accept responsibility for the results of the services. Management is also responsible for ensuring that your data and records are complete and that you have received sufficient information to oversee the services.

#### **Use of financial statements**

Should you decide to include or incorporate by reference these financial statements and our auditors'



report(s) thereon in a future private placement or other offering of equity or debt securities, you agree that we are under no obligation to re-issue our report or provide consent for the use of our report in such a registration or offering document. We will determine, at our sole discretion, whether we will re-issue our report or provide consent for the use of our report only after we have performed the procedures we consider necessary in the circumstances. If we decide to re-issue our report or consent to the use of our report, we will be required to perform certain procedures including, but not limited to, (a) reading other information incorporated by reference in the registration statement or other offering document and (b) subsequent event procedures. These procedures will be considered an engagement separate and distinct from our audit engagement, and we will bill you separately. If we decide to re-issue our report or consent to the use of our report, you agree that we will be included on each distribution of draft offering materials and we will receive a complete set of final documents. If we decide not to re-issue our report or decide to withhold our consent to the use of our report, you may be required to engage another firm to audit periods covered by our audit reports, and that firm will likely bill you for its services. While the successor auditor may request access to our workpapers for those periods, we are under no obligation to permit such access.

If the parties (i.e., you and CLA) agree that CLA will not be involved with your official statements related to municipal securities filings or other offering documents, we will require that any official statements or other offering documents issued by you with which we are not involved clearly indicate that CLA is not involved with the contents of such documents. Such disclosure should read as follows:

CliftonLarsonAllen LLP, our independent auditor, has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. CliftonLarsonAllen LLP also has not performed any procedures relating to this offering document.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website or submitted on a regulator website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.

We may issue preliminary draft financial statements to you for your review. Any preliminary draft financial statements should not be relied on or distributed.

### **Engagement administration and other matters**

We expect to begin our audit on approximately May 1, 2024.

We understand that your employees will prepare all confirmations, account analyses, and audit schedules we request and will locate any documents or invoices selected by us for testing. A list of information we expect to need for our audit and the dates required will be provided in a separate communication.

At the conclusion of the engagement, we will complete the auditor sections of the electronic Data Collection Form SF-SAC and perform the steps to certify the Form SF-SAC and single audit reporting package. It is management's responsibility to complete the auditee sections of the Data Collection Form. We will create

the single audit reporting package PDF file for submission; however, it is management's responsibility to review for completeness and accuracy and electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse and, if appropriate, to pass-through entities. The Data Collection Form and the reporting package must be electronically submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the entity; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing confidential or sensitive information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the sole and exclusive property of CLA and constitutes confidential and proprietary information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to California Department of Education, California State Controllers Office, and authorizer(s), or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of CLA personnel. Furthermore, upon request, we may provide copies or electronic versions of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by the California Department of Education, California State Controllers Office, and authorizer(s). If we are aware that a federal or state awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Professional standards require us to be independent with respect to you in the performance of these services. Any discussion that you have with our personnel regarding potential employment with you could impair our independence with respect to this engagement. Therefore, we request that you inform us prior to any such discussions so that we can implement appropriate safeguards to maintain our independence and objectivity. Further, any employment offers to any staff members working on this engagement without our prior knowledge may require substantial additional procedures to ensure our independence. You will be responsible for any additional costs incurred to perform these procedures.

Our audit engagement ends on delivery of our signed report. Any additional services that might be requested will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific SOW for that service.

Government Auditing Standards require that we make our most recent external peer review report publicly available. The report is posted on our website at [www.CLAconnect.com/Aboutus/](http://www.CLAconnect.com/Aboutus/).

## Fees

Our professional fees are outlined in the table below:

Service	Fee
Financial statement audit, includes procedures for one major program under Uniform Guidance, if additional programs are required to be tested, they will be billed at \$7,500 per additional federal program	\$43,500
Implementation of the New Risk Auditing Standards which includes an increase in information technology testing	\$3,500
Data Collection Form SF-FAC and single audit reporting package	\$1,100
Informational tax return services	\$4,000
Technology and client support fee	\$2,610
Total	\$54,710

We will also bill for expenses including travel, internal and administrative charges, and a technology and client support fee of five (5%) of all professional fees billed. Our fee is based on anticipated cooperation from your personnel and their assistance with locating requested documents and preparing requested schedules. If the requested items are not available on the dates required or are not accurate, the fees and expenses will likely be higher. There is a ten percent withholding clause per Education Code 14505.

Professional fees will be billed as follows:

Progress bill to be mailed on	Amount to be billed
Upon execution of the SOW	One-third of our professional fees
Upon the commencement of substantive procedures	One-third of our professional fees
Issuance of draft report(s)	One-third of our professional fees

Additional state compliance procedures as required in the 2023-2024 Guide for Annual Audits of K-12

Local Education Agencies and State Compliance Reporting, published by the Education Audit Appeals Panel (State Audit Guide) will be billed as out-of-scope.

**Unexpected circumstances**

We will advise you if unexpected circumstances require significant additional procedures resulting in a substantial increase in the fee estimate.

**Changes in accounting and audit standards**

Standard setters and regulators continue to evaluate and modify standards. Such changes may result in new or revised financial reporting and disclosure requirements or expand the nature, timing, and scope of the activities we are required to perform. To the extent that the amount of time required to provide the services described in the SOW increases due to such changes, our fee may need to be adjusted. We will discuss such circumstances with you prior to performing the additional work.

**Agreement**

We appreciate the opportunity to provide to you the services described in this SOW under the MSA and believe this SOW accurately summarizes the significant terms of our audit engagement. This SOW and the MSA constitute the entire agreement regarding these services and supersedes all prior agreements (whether oral or written), understandings, negotiations, and discussions between you and CLA related to audit services. If you have any questions, please let us know. Please sign, date, and return this SOW to us to indicate your acknowledgment and understanding of, and agreement with, the arrangements for our audit of your financial statements including the terms of our engagement and the parties' respective responsibilities.

Sincerely,

**CliftonLarsonAllen LLP**

**Response:**

This letter correctly sets forth the understanding of Northern United Charter Schools.



CLA  
CLA

*Marlen Gomez*

Marlen Gomez, Principal

**SIGNED** 3/24/2024, 8:41:17 PM PDT

**Client**  
Northern United Charter Schools

*Shari Lovett*

Shari Lovett, Director

**SIGNED** 3/26/2024, 11:15:34 AM PDT

**Agenda Item 8.**

**OPEN SESSION BEFORE CLOSED SESSION**

**Subject:**

8.1 The Board Chair will verbally review items to be discussed during Closed Session as listed below.

8.2 Closed Session Open Hearing

Under this item, the public is invited to address the Board regarding items that are on the Closed Session. Speakers are limited to three minutes each. The Board is not allowed under the law to take action on matters that are not on the agenda.

8.3 Adjourn to Closed Session

The Board will adjourn to closed session pursuant to Government Code 54950 - 54962. Closed Session attendees will include: Board members; Shari Lovett: Director; and other individuals that may be invited to attend by the Board.

8.3.1 Public Employee Performance: Title: Charter Director

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

None

**Fiscal Implications:**

To be determined

**Contact Person/s:** Shari Lovett, Rosemary Kunkler

**Agenda Item 9.**

**RECONVENE IN OPEN SESSION**

**Subject:**

9.1 Report of Action Taken During Closed Session

**Agenda Item 10.**

**NEXT BOARD MEETING**

**Subject:**

10.1 Possible Future Agenda Items

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

Discussion of topics to cover at the next meeting.

**Fiscal Implications:**

None

**Contact Person/s:**

Shari Lovett, Rosemary Kunkler

**Agenda Item 10.**

**NEXT BOARD MEETING**

**Subject:**

10.2 Next Board Meeting Date: May 10th

**Action Requested:**

None

**Previous Staff/Board Action, Background Information and/or Statement of Need:**

The next board meeting is based on the board adopted meeting schedule.

**Fiscal Implications:**

None

**Contact Person/s:**

Shari Lovett, Rosemary Kunkler

**11. ADJOURNMENT**