CLIFTONLARSONALLEN LLP 2210 EAST ROUTE 66 GLENDORA, CA 91740

METHOD SCHOOLS 24620 JEFFERSON AVE MURRIETA, CA 92562

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CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

METHOD SCHOOLS 24620 JEfferson Ave Murrieta, CA 92562

METHOD SCHOOLS:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

CALIFORNIA FORM 199 RETURN:

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

No payment is required.

A few final reminders relating to your tax return filings:

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

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

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

METHOD SCHOOLS

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	F	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning $JUL \ 1$, 2020, and ending $JUN \ 30$,	₂₀ 21	~~~
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.	20 21	2020
Name of exempt organization		Taxpayer ide	ntification number
METHOD SCHOOL		46-268	36111
Name and title of officer or pe MARK HOLLEY CBO	son subject to tax		
	Return and Return Information (Whole Dollars Only)		
check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on the	n for which you are using this Form 8879-EO and enter the applicable amount, if any, from 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I.	this form was ed -0- on the	5
	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h 5a Form 8868 check here			
6a Form 990-T check here	· · · · · · · · · · · · · · · · · · ·		
Part II Declarat	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Tax		
Under penalties of perjury,	I declare that 🚺 I am an officer of the above organization or 🗌 I am a person sub		
(name of organization)	, (EIN)	and the	at I have examined a copy
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1.888-353-4537 no later than 2 business days prior t chorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a p as my signature for the electronic return and, if applicable, the consent to electronic func-	e tax prepara account. To re to the paymer xes to receive personal	tion evoke nt e
X I authorize CL	IFTONLARSONALLEN LLP	to enter my F	PIN 22100
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforemen i's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	on the tax yes	eturn is being filed with to enter my ear 2020 /(ies)
Signature of officer or person subject	t to tax	Date	
	tion and Authentication	Buto	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 95405291740 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa siness Returns.		
ERO's signature 🕨 MEI – :	LI HUANG Date Date Date	11/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	So	
LHA For Paperwork Red	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

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ies				s employed in c														225
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	b	Net unrelated	business tax	able income fro	om For	m 990-1	, Part I	I, line 1	1		<u></u>			7b				0.
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an	8		•	Part VIII, line 1h									20,750,0	0.		10,7.	<u></u> ,	0.
Revenue				Part VIII, line 2g III, column (A), l									84,0	÷ -		1/	06 4	462.
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	45	•		ion, employee b			,						4,441,4			7,32	29,0	
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ы	17		•	olumn (A), lines			24e)						3,321,8	371.		3,6	44,0)97.
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	19	Revenue less	expenses. S	ubtract line 18 1	rom lir	ne 12							13,123,4	138.		9,9	22,1	L37.
or												Beg	jinning of Currer	nt Year		End o	of Yea	r
sets	20	Total assets (F	Part X, line 10	6)									17,669,5		2	27,5		
t As d B	21	Total liabilities	s (Part X, line	26)									1,013,3					202.
Net Assets or Fund Balances		Net assets or		es. Subtract line	21 fro	om line 2	0						16,656,4	1 77.	2	26,5	78,6	514.
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C :	-	Signature	re of officer										Date					
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	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	MEI-LI HUANG	MEI-LI HUANG	05/11/22	if self-employed P02383735								
Preparer	Firm's name CLIFTONLARSONALL	EN LLP	Firm'	sEIN ▶ 41-0746749								
Use Only	Firm's address 2210 EAST ROUTE	66										
	GLENDORA, CA 917	40	Phon	e no. (626) 857-7300								
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No								
				000								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Form	1990 (2020) METHOD SCHOOLS	46-2686111 Page 2
	rt 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:	
	TO PROVIDE INNOVATIVE TOOLS AND EDUCATIONAL PRACTICES TO	
	PERSONALIZATION AND EMPOWER STUDENTS TO BECOME PROBLEM SC	-
	EFFECTIVE COMMUNICATORS, CRITICAL THINKERS, AND CREATIVE	INNOVATORS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 9,322,341. including grants of \$) (Revenue)	··· • • • • • • • • • • • • • • • • • •
40	OPERATION OF PUBLIC CHARTER SCHOOLS PROVIDING EDUCATION	
	GRADES K-12. METHOD SCHOOLS IS AN INDEPENDENT STUDY PROGR	
	A BLENDED ENVIRONMENT WHICH COMBINES ONLINE CURRICULUM W	
	VIRTUAL TEACHER INSTRUCTION. THE SCHOOL HAS MULTIPLE TRAC	
	YEAR-ROUND ENROLLMENT ACCESS FOR STUDENTS. THE SCHOOL SEP	
	APPROXIMATELY 940 STUDENTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue\$)
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 9, 322, 341.	,
		Form 990 (2020)
03200	2 12-23-20	. ()

46-2686111	Page 3
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Part IV Checklist of Required Schedule 3 Yes No. 1 Is the organization described in section 501(c)(3) or 4047(a)(1) (ofter than a private foundation)? 1 X 2 Is the organization required in complete Schedule 4, Schedule 6 Constructors? 1 X 2 Is the organization required in complete Schedule 6, Part I 2 X 3 Section 501(c)(3) organizations. Dit the organization regage in bibbying activities on have a section 501(h) election in effect during that a yea? If Yes, 'complete Schedule 6, Part I 4 X 5 Is the organization maximin any doren adviced function that receives membrahip dues, assessments, or similar amounts as defined in Remue Procedure 91197 If Yes, 'complete Schedule 0, Part I 6 X 7 Did the organization require in the doren schedule for any similar function construct on the organization require in the organization schedule 2, Part I 6 X 9 Did the organization require in through a related cognization, hold account function, yor other account for through and the complete Schedule D, Part I 7 X 9 Did the organization require in through a related organization, hold account function, or other schedule D, Part I 7 X 9 Did the organization require anamount In Part X, Inc 21, for escrow or conclust account flab	Form	990 (2020) METHOD SCHOOLS 46-268	6111	P	age 3	
1 Is the organization described in section 501(k) or 4047(a)(1) (other than a private foundation)? I X 2 Is the organization request in direct or index to folder 501(k) or 4047(a)(1) (other than a private foundation)? 2 X 3 Dot the organization request in direct or index to folder 501(k) organization request in lobbying activities, or have a section 501(k) election in effect 3 X 4 Section 501(k)(2) organizations. Diff the organization request in lobbying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(k) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0	Par	t IV Checklist of Required Schedules				
If Yes, "complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Combinuors? 3 X 3 Utile organization required to complete Schedule B, Schedule of Combinuors? 3 X 4 Section 501(c)3 organizations. Die the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 Is the organization reaction of the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, "complete Schedule C, Part II 6 X 5 Did the organization receives any often a section for ordic a conservation accessment, including essemant to provide advice on the distribution or investment of amounts in such thands or accounts? If Yes, "complete Schedule D, Part I 8 X 7 Z X Did the organization reprint any often advices during essemant to prove when accessment. 7 X 8 Did the organization reprint any often advices during accessment to prove when accessment. 7 X 9 Did the organization reprint any organization repri				Yes	No	
2 Is the organization required to complete Schedule 0, Service of Contributors? 2 X 3 DD the organization reques in detect in direct political campaign activities on behall of or in opposition to candidate for during the system? 3 X 4 Section 501(k)(3) organization. Did the organization argues in lobbying activities, or have a section 501(k) detection infect during the system? 4 X 5 Is the organization ascelino 50 (k)(4).050(k) or 501(k)(6) or 501(k)(6) organization that receives amobiantly dues, assessments, or similar amounts as defined in Revenue Procedure 8177 M*vs; complete Schedule C, Part II 5 X 6 Did the organization martain any done advised thads or any similar funds or accounts? If *vs; complete Schedule D, Part I 5 X 7 X The organization martain collections of works of at, historical treasures, or other similar assets? If *vs; complete Schedule D, Part I 7 X 8 Did the organization in amount in all historical treasures, or other similar assets? If *vs; complete Schedule D, Part I 8 X 9 Did the organization in advised that Chart X, line 21, for secret vorus as austedian for any secret size of any of the ind	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
3 Del the organization engage in direct or indirect political companys activities on orbital to or in opposition to candidate for public offick (P) tryes, complete Schedule C, Part I 3 X 4 Section 501(C)3 organizations. Did the organization ergage in lobbying activities, or have a section 501(b) election in effect during the tax year // H*Ves, 'complete Schedule C, Part I 4 X 5 It is the organization ascina or 300(b) organization that receives membership dues, assessments, or similar announts as defined in Revenue Procedure 84-197 // Yes, 'complete Schedule C, Part II 5 X 8 Dot the organization receives on total concervation accement, including easements to the which donars have the right to provide advice on the distribution or investment of amounts in such funds or account? If *Yes, 'complete Schedule D, Part I 7 X 8 Dot the organization receives or total concervation dot and concervation desement, including easements to provide advices on the distribution or investment or and and in Part X, Ine 21, for second or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cardial consaling, debt managament, credit reparts atomerets 7 X 10 D4 the organization expont an amount for land, buildings, and equipment in Part X, line 107 // *Yes, 'complete Schedule D, Part V 10 X 11 H the organization report an amount for land, buildings, and equipment in Part X, line 157 // *Yes, 'complete Schedule D, Part V 10 <td></td> <td></td> <td></td> <td>X</td> <td></td>				X		
public office? // */se, * complete Schedule C, Part I 3 X 4 Section 501(kg) cognizations. Did the organization ongage in lobbying activities, or have a section 501(k) dection in effect during the tax year? If */se,* complete Schedule C, Part II 4 X 5 Is the organization a section 501(kg), 50	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year? if "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(b)(b), 01(b)(b), 01(b),	3					
during the tax year? If Yes," complete Schedule Q, Part II 4 X 5 Is the organization a sector SIC(4), SI					<u> </u>	
5 Is the organization a section 501(c)(4, 501(c)(5), or 501(c)(6) organization that neceves membership dues, assessments, or similar amounts as defined in Review Procedure 9919? if Yes," complete Schedule C, Part II 5 X 6 Did the organization members of bold a conservation assement, including essements to preserve open space. 6 X 7 X B Did the organization review of bold a conservation assement, including essements to preserve open space. 7 X 8 Did the organization members of bold a conservation assement, including essements to preserve open space. 7 X 9 Did the organization members of bold a conservation advector and preserve open space. 7 X 9 Did the organization assement, including essements to preserve open space. 8 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi indowmath? If 'res,' complete Schedule D, Part V 10 X 10 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 17, the sc, 'complete Schedule D, Part V 10 X 10 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	4					
similar amounts as defined in Revenue Procedure 96-197 // Yes, "complete Schedule C, Part II 5 X 6 Dott the organization maintain any door advised funds or any similar funds or accounts for which doors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the night to the provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the night to the organization maintain collections of works of art, historical treasure, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 7 Do the organization report an amount in Part X, line 21, for escrew or custolial account liability, serve as a custodian for amounts no tisted in Part X, or provide credit consensing, debt management, credit repair, or debt negotiation service? 7 X 9 Do the organization directly or through a related organization, hold assets in donar-restricted endowments or in quasi endowments for investments - other securities in Part X, line 10? If "res," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "res," complete Schedule D, Part V 11a X 12 D dthe organization report an amount for investments - other securities in Part X, line 10? If "res," complete Schedule D, Part X 11a X 13 X D dth to organization report an amount for investments - other securities in State in Part X, line 10? If "res," complete Schedule D, Part X <t< td=""><td></td><td></td><td>4</td><td></td><td><u> </u></td></t<>			4		<u> </u>	
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 including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 7 X 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasure, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for on quasi endowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization directive through a related organization, includings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for livestments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - order sasets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VI 11 X 13 Did the organization origon sa	5					
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II 6 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? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or cutocidial account liability, serve as a custodian for amounts no tisted in Part X, ior provide credit conselling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, filectly or through a related organization, hold asset in donor-restricted endowments or in quasi endowments? If Ves," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part V 11 X 11 If the organization report an amount for investments - organe related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? III "Yes," complete Schedule D, Part VIII 11 X 12 Did the organization report an amount for investments - organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? IIII "Yes," complete Schedule D, Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			5		<u> </u>	
7 Did the organization reactive or hold a conservation easement, including easement is to preserve open space, the environment, historic land areas, or historic structures? (# 'Yes, 'complete Schedule D, Part II. 7 X 8 X 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? 7 X 10 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes, 'complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - order assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes, 'complete Schedule D, Part V 11a X 11 Did the organization is separate or consolidated financial statements for the tax year of its total assets reported in Part X, line 16? // *Yes, 'complete Schedule D, Part X 11e X <	6				37	
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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? 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X<	12a					
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II					<u> </u>	
	21		21		x	
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Form	1 990 (2020) METHOD SCHOOLS 46-2	<u>686</u>	111	Р	_{age} 4
Pa	rt IV Checklist of Required Schedules (continued)				
		r		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		23	- 23	<u> </u>
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle				v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
-	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>		28a		x
h	"Yes," complete Schedule L, Part IV		20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		200		
U	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?			
	If "Yes," complete Schedule R, Part V, line 2		36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			v	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	<u></u>	38	Х	L
I u	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>		Vcc	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	38		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ť			
Ū	(gambling) winnings to prize winners?		1c	х	
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	<u>990 (2020) METHOD SCHOOLS 46-2686</u>	111	P	age 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 225											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x								
b	If "Yes," enter the name of the foreign country											
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>								
Ua		60		x								
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>										
a		Ch.										
-	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).			x								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a										
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders 11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
с	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?											
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											
		_	000	(0000)								

Form **990** (2020)

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Form 990 (2020)

METHOD SCHOOLS

Test the number of volting members of the governing body of the end of the tax year 10 1		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
In Enter the number of voting members of the governing body at the end of the tax year In the are included on the tax include committee capitals on Schedule D. In the are included on the tax above, who are independent In the governing tody. In the governing tody. In the organization delegate control over management duties customarily performed by or under the direct supervision of offices, director, trustee, or key employees to an anagement custem organy or other person? In the organization measure and using tays are independent. In the governing tody? In the organization measure members or stockholders? In the organization measure members or other persons who had the power to elect or appoint on or more members of the organization reserved to (or subject to approval by members, stockholders, or there persons who had the power to elect or appoint on or more members of the organization reserved to the organization measure members or stockholders? In the organization measure members or stockholders? In the organization have members, stockholders? In the organization measure members or stockholders? In the organization measure devices on the organization seaved to (or subject to approval by members, stockholders, or persons other than the powering body? In the organization measure and addresses on strengthed by the Internal Enverue Code) In the organization have watten policies and procedures governing the activities of such chapters, attiliates, and branches and addresses on strengthed by the Internal Enverue Code) In the organization have watten policies and procedures governing the activities of such chapters, attiliates, and branches ore surfaction a						
Tert the number of volting members of the governing body at the end of the tax year 10 1	Sec	tion A. Governing Body and Management			1	–
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Form 990 (2020)	METHOD SCHOOLS	46-2686111	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this P	art VII						
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Com	pensated Employees						
1a Complete this table	for all persons required to be listed. Report compensation	n for the calendar year ending with or within the organization's	s tax year.					
 List all of the orga 	anization's current officers, directors, trustees (whether in	dividuals or organizations), regardless of amount of compens	ation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	t con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA SPALLINO	40.00		_							
CEO				х				210,455.	0.	23,956.
(2) MARK HOLLEY	40.00									
CHIEF BUSINESS OFFICER				Х				189,405.	Ο.	24,218.
(3) SUZANNE FERNANDEZ	40.00									
HEAD OF SCHOOLS						X		116,644.	0.	12,879.
(4) JANA SOSNOWSKI	40.00									
GENERAL MANAGER						X		113,768.	0.	0.
(5) STEVEN DORSEY	2.00									
PRESIDENT		Х		Х				3,950.	0.	0.
(6) SHANNON CLARK	2.00									
VICE PRESIDENT		Х		Х				3,950.	0.	0.
(7) TYLER ROBERTS	2.00									
TREASURER		Х		Х				3,950.	0.	0.
(8) GLORIA VARGAS	2.00									
SECRETARY		Х		Х				3,950.	0.	0.
(9) CAROLYN ANDREWS	2.00									
MEMBER		Х						3,950.	0.	0.
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Form 990 (2020)

(a) (b) (c) (Form 990 (2020) METHOD SC	CHOOLS								46-20	586	111	Page 8
Name and tile Average (US are are attributed) Description (US are attributed) Reportable (US are attributed) Reportattributed) Reportable (US are attributed) <td>Part VII Section A. Officers, Directors, Trus</td> <td>tees, Key Emp</td> <td>oloye</td> <td>ees,</td> <td>and</td> <td>l Hig</td> <td>ghes</td> <td>t C</td> <td>ompensated Employee</td> <td>s (continued)</td> <td></td> <td></td> <td></td>	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
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1 1		U U	al trus	nal tr		loyee	com p e						
1 1			lividua	titutic	icer	/ emp	ploye	mer				organ	izations
c Total from continuation sheets to Part VII, Section A b c c		line)	Ind	lns	Off	Key	Hig em	For					
c Total from continuation sheets to Part VII, Section A b c c													
c Total from continuation sheets to Part VII, Section A b c c													
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c Total from continuation sheets to Part VII, Section A b c c	1b Subtotal								650,022.		0.	61	,053.
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 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VI	I, Section A											Ο.
compensation from the organization def the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											-	61	<u>,053.</u>
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a° /f "yes," complete Schedule J for such individual 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? /f "yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f "yes," complete Schedule J for such person 5 X Section B. Independent Contractors (A) (B) (C) 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) (B) (C) Complete this table for your five highest compensate for the calendar year ending with or within the organization of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED COAMONGA, CA 91739 Cotal number of independent contractors (including but not limited to those listed above) who received more than		ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such person 5 X 5 Section B. Independent Contractors 5 X 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. (C) 1 Complete To Such Tax Person SPEED 2 Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 413, 090.	compensation from the organization												4 (aa Na
Ine 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Section B. Independent Contractors 5 X 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. (C) Name and business address Description of services Compensation EM SPORTS , LLC , 12067 ARROW ROUTE , RANCHO SPEED ClucaMONGA , CA 91739 2 Total number of independent contractors (including but not limited to those listed above) who received more than 613 , 090 .	2 Did the experimetion list and former officer							la : a			1	T	
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? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such person 5 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. 6 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. 6 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. 6 2 Name and business address Description of services Compensation 2 CuCAMONGA, CA 91739 A1739 A13,090. A13,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than A13,090.	c	-		-	•	•				•		0	v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 5 X 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. 6 (C) Name and business address Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED Compensation CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1												3	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED Compensation CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	-			-						-		4	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) (B) (C) Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO CUCAMONGA, CA 91739 CUCAMONGA, CA 91739 COMPARIANCE COMP													
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) (B) (C) Name and business address Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED Classifier CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1		plete Schedule	e J fo	or si	ich r	oers	on .		-			5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED 613,090. CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	•									400.000 (
(A) (B) (C) Name and business address Description of services Compensation EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED 613,090. CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1											pensa	lion from	1
EM SPORTS, LLC, 12067 ARROW ROUTE, RANCHO SPEED CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090.					. <u>g</u>				ý			(C)	
CUCAMONGA, CA 91739 TRAINING/SUPPLEMENTA 613,090. Image: Cucamon of the second state of the				_		<u></u>			· ·	ervices	С	ompens	ation
Total number of independent contractors (including but not limited to those listed above) who received more than		OW ROUT	E,	R.	AN	CH	0			ד. ד י א די א זייי א		613	000
									INAINING/ 501			015	,050.
			ot lin	nited	d to t			ted	above) who received mo	ore than			

032008 12-23-20

			2020) METHOD SCHOOL	S			46-2686	111	Page 9
Ра	rt V	411		P					
			Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(C) Revenue from tax sections 5	excluded x under
nts Its	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
ts, C Am			Fundraising events 1c						
Gif			Related organizations 11	20 714 200					
ons, Sim			Government grants (contributions) 1e	20,714,399.					
utio ìer (т	All other contributions, gifts, grants, and similar amounts not included above 1f						
trib Oth		a	Noncash contributions included in lines 1a-1f						
Con		÷.	Total. Add lines 1a-1f		20,714,399.				
<u> </u>				Business Code	, ,				
e	2	а							
e e		b							
Se		с							
Program Service Revenue		d							
rog		е							
Ъ			All other program service revenue						
	3	g	Total. Add lines 2a-2f Investment income (including dividends, intere	oot and					
	3		other similar amounts)		106,462.			10	6,462.
	4		Income from investment of tax-exempt bond p		,				, .
	5		Royalties	1					
			(i) Real	(ii) Personal					
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(ii) Other					
		L	assets other than inventory 7a						
е		D	Less: cost or other basis and sales expenses 7b						
venue		c	Gain or (loss)						
			Net gain or (loss)						
Other Re			Gross income from fundraising events (not including \$ of						
•			contributions reported on line 1c). See						
			Part IV, line 18	1					
		b	Less: direct expenses 8b						
			Net income or (loss) from fundraising events	►					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19 9a						
			Less: direct expenses9b Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns	▶					
	10	u	and allowances	a					
		b	Less: cost of goods sold 10						
			Net income or (loss) from sales of inventory	>					
ŝ				Business Code					
ious e	11	а	REFUND/OVERPAYMENT	600099	74,387.			7	4,387.
Miscellaneous Revenue		b							
Seve		С							
Mis			All other revenue		74 205				
		e	Total. Add lines 11a-11d		74,387. 20,895,248.	0.	0.	1 9	80,849.
03200	12 9 12-1	23-	Total revenue. See instructions		20,055,240.				90 (2020)

9 2020.05094 Method schools

METHOD SCHOOLS Form 990 (2020) Part IX Statement of Functional Expenses

46-2686111 Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,		400 505		
	trustees, and key employees	481,926.	409,637.	72,289.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F (00 40)	F 024 107	465 000	
7	Other salaries and wages	5,699,426.	5,234,127.	465,299.	
8	Pension plan accruals and contributions (include	65 507	60 750	1 710	
~	section 401(k) and 403(b) employer contributions)	65,507. 635,105.	60,758. 524,620.	<u>4,749.</u> 110,485.	
9	Other employee benefits	447,050.	406,815.	40,235.	
10	Payroll taxes	447,000.	±00,013.	40,200.	
11	Fees for services (nonemployees):	84 926		84 926	
a h	Management	84,926. 6,994.		84,926. 6,994.	
b		246,622.		246,622.	
	Accounting	240,022.		210,022.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)	279,791.	277,406.	2,385.	
12	Advertising and promotion	260,385.		2,385. 260,385.	
13	Office expenses	87,610.	14,653.	72,957.	
14	Information technology	284,546.	244,356.	40,190.	
15	Royalties				
16	Occupancy	315,926.	157,964.	157,962.	
17	Travel	2,744.		2,744.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	_	_		
19	Conferences, conventions, and meetings	6,330.	6,330.		
20	Interest				
21	Payments to affiliates	00.000			
22	Depreciation, depletion, and amortization	29,603.		29,603.	
23	Insurance	38,588.		38,588.	
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 0.)				
а	INSTRUCTIONAL MATERIALS	1,884,648.	1,884,648.		
b	OTHER EXPENSES	115,384.	101,027.	14,357.	
c		-			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,973,111.	9,322,341.	1,650,770.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
032010	12-23-20				Form 990 (2020

<u>m 990 (</u> art X					46-	2686111 Page 1
	Check if Schedule O contains a response or not	e to anv lii	ne in this Part X			
	·	,		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			11,388,197.	1	16,276,546
2	Savings and temporary cash investments	4,050,275.	2	4,050,679		
3	Pledges and grants receivable, net			2,094,574.	3	7,032,510
4	Accounts receivable, net		4			
5	Loans and other receivables from any current or				-	
	trustee, key employee, creator or founder, subst		· ·			
	controlled entity or family member of any of thes		5			
6	Loans and other receivables from other disqualit	•				
					6	
7		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net			7	
8	Inventories for sale or use				8	
9	–				9	78,879
	Land, buildings, and equipment: cost or other	 I I			Ŭ	
	basis. Complete Part VI of Schedule D	102	220,172.			
h	Less: accumulated depreciation		80,128.	118,578.	10c	140,044
11	Investments - publicly traded securities	11070707	11	110701		
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	18,158.	15	18,158		
16	Total assets. Add lines 1 through 15 (must equa			17,669,782.	16	27,596,81
17	Accounts payable and accrued expenses			983,800.	17	320,680
18	Grants payable	50070000	18	020,000		
19	Deferred revenue				19	668,011
20	Tax-exempt bond liabilities				20	000,011
21	Escrow or custodial account liability. Complete I				21	
00	Loans and other payables to any current or form				21	
22	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of these		F		22	
23	Secured mortgages and notes payable to unrela				22	
23	Unsecured notes and loans payable to unrelated	•	·····		23	
25	Other liabilities (including federal income tax, pa				24	
25	parties, and other liabilities not included on lines	•				
	-	-	-	29,505.	25	29,505
26	of Schedule D Total liabilities. Add lines 17 through 25			1,013,305.	25	1,018,202
20	Organizations that follow FASB ASC 958, che	ck boro	X	1,015,505.	20	1,010,207
		ck nere				
07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	16,656,477.	27	26,578,614
27 28			·····	10,000,4770	28	20,510,014
20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9				20	
	-	bo, check				
00	and complete lines 29 through 33.		F		20	
27 28 29 30 31 32	Capital stock or trust principal, or current funds				29 30	
30	Paid-in or capital surplus, or land, building, or ec					
31	Retained earnings, endowment, accumulated in		31			
32	Total net assets or fund balances			16,656,477.	32	26,578,614

19260511 131839 213-119500

Form	1990 (2020) METHOD SCHOOLS	46	-26861	11	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3	9,	922	2,1	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	656	5,4	77.
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	26,	578	3,6	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit -			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Зb		
					000	(0000)

Form **990** (2020)

SCHEDULE A	.	Dublic Cha	rity Status an	d Duk	lia Cu	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section						2020
	001	4947(a)(1) nonexempt charitable trust.						2020
Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information 						Open to Public Inspection
Name of the organizati		Go to www.irs.gov	//Form990 for instructio	ons and th	ie latest li	formation.	Employer	identification number
Nume et lite et gamzat		DD SCHOOLS						6-2686111
Part I Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		
The organization is not a								
1 A church, co	nvention of chu	rches, or associatio	on of churches described	in sectio	n 170(b)(⁻	1)(A)(i).		
2 X A school des	cribed in sectic	on 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
		1 0	anization described in se					
	+	tion operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat	-	the herefit of a cal	llago or university owned	or operat		waramantal	nit doooriba	
	-	omplete Part II.)	llege or university owned	or operation	eu by a go	vernmentaru	nit describe	
			nental unit described in s	section 17	70(h)(1)(A)	(v)		
	· •	-	ntial part of its support fr				ne general r	oublic described in
-	b)(1)(A)(vi). (Co	-		U			0	
8 🗌 A community	trust described	d in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9 🗌 An agricultura	al research orga	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-gr	ant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
university:								
-		• • • •	than 33 1/3% of its supp				-	•
	-	· · · ·	t to certain exceptions; a (less section 511 tax) fro					-
	509(a)(2). (Com				000 0090		Janization	
			ively to test for public sat	ety. See	section 50	09(a)(4).		
12 An organizati	on organized ar	nd operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
more publicly	v supported org	anizations describe	d in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
lines 12a thro	ough 12d that d	escribes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
		-	upervised, or controlled	• • • •	-			
	-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		omplete Part IV, Se		ion with it		d arganizatio	n(a) hy hay	ina
		-	l or controlled in connect anization vested in the sa			-		-
	-	complete Part IV,					ge the supp	
			g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
its support	ed organization	(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 📃 Type III no	n-functionally i	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppo	ted organiz	zation(s)
		•	ation generally must sati	•		•	I an attentiv	/eness
			nplete Part IV, Sections					
	•		written determination from			Type I, Type	II, Type III	
f Enter the number			nally integrated supportin					
		about the supporte	d organization(s).					
(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
organization	ו		above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Part II

Schedule A (Form 990 or 990-EZ) 2020 METHOD SCHOOLS

46-2686111 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
13	First 5 years. If the Form 990 is for th	ne organization's f				501(c)(3)	
	organization, check this box and stop	phere			-		
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	ported organization	۱			
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2020. If the ord	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	ere. Explain in Parl	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2019. If the ord	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2020

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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.)

Sec	tion A. Public Support		-	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
14	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	. <u> </u>	T		Т	1	1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
80.0	check this box and stop here						
	tion C. Computation of Publi						
	Public support percentage for 2020 (I Public support percentage from 2019		•	column (t))		15	<u>%</u> %
	tion D. Computation of Inves						70
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2019. If the						Ind
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶□
03202	3 01-25-21		1 4	5	Sch	edule A (Form 990	0 or 990-EZ) 2020

^{2020.05094} METHOD SCHOOLS

1

2

3a

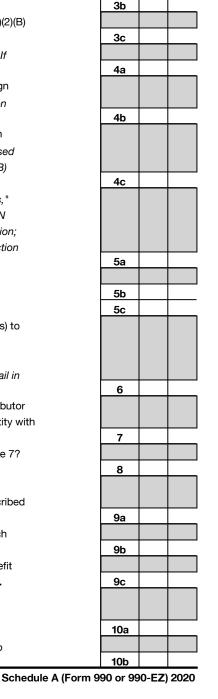
Yes No

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

Section A. All Supporting Organizations

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

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Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	_		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			

the organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satist	y the Integral Part Test during	the year (see instructions).
---	---	-----------------------------	---------------------------------	------------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	5).
---	--	------------------------------	----------------------	---	-----

- 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

	nctionally Integrated 509(a)(3) Supporti anization satisfied the Integral Part Test as a qualify		ov 20 1970 (explain in	Part VI) See instruction
	functionally integrated supporting organizations mu			
Section A - Adjusted Net Incom			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year dis	tributions	2		
3 Other gross income (see in	structions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expension	ses paid or incurred for production or			
collection of gross income	or for management, conservation, or			
maintenance of property he	eld for production of income (see instructions)	6		
7 Other expenses (see instru	ctions)	7		
8 Adjusted Net Income (sub	tract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Am	ount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value	of all non-exempt-use assets (see			
instructions for short tax ye	ar or assets held for part of year):			
a Average monthly value of s	ecurities	1a		
b Average monthly cash bala	nces	1b		
c Fair market value of other r	ion-exempt-use assets	1c		
d Total (add lines 1a, 1b, and	l 1c)	1d		
e Discount claimed for block	age or other factors			
(explain in detail in Part VI)				
2 Acquisition indebtedness a	pplicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exer	npt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-us	e assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year dis	tributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amou	nt			Current Year
1 Adjusted net income for pr	or 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 lin	e 3.	4		
5 Income tax imposed in price	r year	5		
6 Distributable Amount. Su	btract line 5 from line 4, unless subject to			
emergency temporary redu	ction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2020

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	3 3						
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				
_1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
C	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2016							
b	Excess from 2017							
C	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 METHOD SCHOOLS	46-2686111 Pa
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	I7a 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, I	ines 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 a	dditional information.
(See instructions.)	

Schedule A (Form 990 or 990-EZ) 2020

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SC	HEDULE D	Supplementa	al Financial Statements	F	OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020
	ment of the Treasury		Attach to Form 990.	- E	Open to Public Inspection
	l Revenue Service e of the organizati	-	90 for instructions and the latest information.		dentification number
Num	-	METHOD SCHOOLS		46	-2686111
Par	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. _{Co}	omplete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		<u></u>	
	T . i i i			(b) Funds and	other accounts
1		nd of year			
2 3		of grants from (during year)			
4		It end of year			
5			writing that the assets held in donor advised fun	ds	
	-		exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring	
De	impermissible priv				Yes No
Par			ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea	, <u> </u>		
		of natural habitat	Preservation of a cert	lified historic sti	ucture
2		n of open space http://doi.organization.held.a.gualit	ied conservation contribution in the form of a co	nservation eas	ement on the last
-	day of the tax year				the End of the Tax Year
а				2a	
b	Total acreage rest			2b	
с	Number of conser		ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during t	ne tax
-	year ►				
4		where property subject to conservation eas			
5	0	ation have a written policy regarding the per forcement of the conservation easements it		Г	Yes No
6			holds? handling of violations, and enforcing conservation		
•					annig are year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements during	the year
	▶\$				· •
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		[Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense staten	nent and	
			note to the organization's financial statements th	at describes th	9
Dai	organization's acc t III Organiza	counting for conservation easements.	Art, Historical Treasures, or Other S	Similar Asso	te
1 01		f the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bal	ance sheet wor	ks
ia	e e		blic exhibition, education, or research in furthera		
			ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works o	of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public serv	ice,
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		. 🕨 💲	
_	. ,				
2	e e		asures, or other similar assets for financial gain,	provide	
-	-	unts required to be reported under FASB A	-	•	
				. ▶ \$	
_		n Form 990, Part X	s for Form 990.	Schedu	ile D (Form 990) 2020
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Sche	dule D (Form 990) 2020 METHOD							46-26			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, His [.]	torical Tre	easures, o	r Other	Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, chec	k any of the	following that	t make sig	gnificant ι	use of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	d] Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how t	hey further th	ne organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	ie organizatio	on answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance								7		٦
	Did the organization include an amount on F						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete i										
ı aı	t V Endowment Funds. Complete i										h a al i
		(a) Current year	(d)	Prior year	(c) Two yea	rs dack	(d) Three y	/ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		<i></i>								
2	Provide the estimated percentage of the curr			lg, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		%									
	The percentages on lines 2a, 2b, and 2c sho	•					_				
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held ar	nd administer	red for the	e organiza	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		<i>w</i> ment	tunds.							
1 4	Complete if the organization answere		Dort I	V line 11e S	Soo Form 000	Dort V I	lino 10				
				Ť.		, ,					_
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	bd	(d) Boo	k valu	е
4-	Land		iony	Dasis		uep	, colation				
-	Land										
b	Buildings				9,600.		29,6				0.
	Leasehold improvements				0,572.		50,52		11	0,0	
d	Equipment			9	0,514.		50,5	<u> </u>	T.4.	5,0	
	Other				<u> </u>				1 /	0,0	ΛΛ
τοτα	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	x, colu	mn (B), line 1	<u>UC.)</u>			Pakastat			
								Schedule	e u (Forn) רו	1 990)	2020

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Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end of year market value
	(N) DOOR Value		
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [n Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
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(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	Description		25. (b) Book value

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 METHOD SCHOOLS		46-	2686111 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn.	
	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	20,895,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	20,895,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,895,248.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	10,973,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,973,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	10,973,111.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE SCHOOL IS A NONPROFIT ENTITY EXEMPT FROM THE PAYMENT OF INCOME TAXES
UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND
TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR
INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE
MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR
EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS
ARE REQUIRED. THE SCHOOL IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS
DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT
PURPOSES. THE SCHOOL FILES AND EXEMPT SCHOOL RETURN AND APPLICABLE
UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND
WITH THE CALIFORNIA FRANCHISE TAX BOARD.
032054 12-01-20 Schedule D (Form 990) 2020 24

Schedule D (Form 990) 2020 METHOD SCHOOLS	46-2686111 Page 5
Schedule D (Form 990) 2020 METHOD SCHOOLS Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2020

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SC		1	OMB No.	1545-004	47
(For	m 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	20	
Depart	hent of the Treasury Attach to Form 990 or Form 990-EZ.	h	Open to		
	Revenue Service Go to www.irs.gov/Form990 for the latest information.		Inspect		
Name	of the organization	Employer i	dentificati	on nu	mber
	METHOD SCHOOLS	46	-2686	111	
Pa		-			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,				
-	bylaws, other governing instrument, or in a resolution of its governing body?		1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its bi				
-	catalogues, and other written communications with the public dealing with student admissions, programs, a		s? 2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet		· _		
-	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the				
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during				
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the g	5			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
	THE SCHOOL PUBLISHES ITS NONDISCRIMINATORY POLICY WITH				
	CHARTER DOCUMENT. THE CHARTER DOCUMENT IS AVAILABLE TO		-		
	PUBLIC ON THE ORGANIZATION'S WEBSITE AND IS MADE AVAIL		-		
	UPON REQUEST.		-		
			-		
4	Does the organization maintain the following?		_		
	Description the residue state of the student had a feasible and administration staff.		4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrim		4b		x
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealin				<u> </u>
•	with student admissions, programs, and scholarships?		4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		····	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.				
	THE ORGANIZATION IS A PUBLIC CHARTER SCHOOL WHICH OPER	ATIONS			
	TUITION-FREE. THEREFORE, SCHOLARSHIPS AND FINANCIAL		_		
	ASSISTANCE ARE NOT APPLICABLE.		_		
			_		
5	Does the organization discriminate by race in any way with respect to:		_		
	Students' rights or privileges?		5a		X
	Admissions policies?		5b		X
с	Employment of faculty or administrative staff?				X
d	Scholarships or other financial assistance?		5d		X
	Educational policies?				X
	Use of facilities?				X
	Athletic programs?				X
	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?		6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?		6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.				
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u></u>	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.	Schedule E (F	orm 990 or	990-EZ) 2020

032061 11-10-20

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Schedule E (Form 990 or 990-EZ) 2020 METHOD SCHOOLS 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.	46-26861:	11 Page 2
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM THE CALIF	ORNIA	
DEPARTMENT OF EDUCATION AND THE COUNTY OF SAN DIEGO, CALIFORN ITS OPERATION AS A PUBLIC CHARTER SCHOOL.	IA AS PAI	RT OF

032062 11-10-20

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(Form 990) For certain Officers. Detectors. Trustees. Key Employees, and Highest Complete if the organization answered 'Ye'' on Form 990, Part IV, line 23. Lot tates to Form 990. Conserve the served 'Ye'' on Form 990. Part IV, line 23. Lot tates to Form 990. Conserve the served 'Ye'' on Form 990. Part IV, line 23. Lot tates of the organization METHOD SCHOOLS METHOD SCHOOLS METHOD SCHOOLS Verse of the organization METHOD SCHOOLS Verse of the organization provided any of the following to or for a person listed on Form 990. Part I Outestions Regarding Compensation METHOD SCHOOLS Verse of the organization provided any of the following to or for a person listed on Form 990. Part I To complete Part III to provide any or the following to or for a person listed on Form 990. Part I To complete Part III to provide any or the following to or for a person listed on Form 990. Part I To complete Part III to provide any or the following to or for a person listed on Form 990. Part I to comparison Part I or comparison and gross up payments Personal services (such as maid, chauffeur, cheft) bit any of the boxes on line 1 a are checked, did the organization follow a writhen policy regarding payment or reinboursement or provision of all of the expanses described abore? If "No.' complete Part III to explain compensation on survey or study bit det organization requere substantiation prior to embrousing or achieves and the organization to compensation on survey or study compensation on the CEC/Executive Director, reparding the terms checked on line 1a? red of other organization compensation on survey or study compensation committee CEC/Executive Director, the system from supportent contract compensation or receive payment from a suppresent line organization requere stan	SCH	IEDULE J	Compensation Information	1	OMB No. 1	545-004	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Port De Dublic Inspection Married The organization Metrophysic densities and the latest information. Imspection Metrophysic densities and the latest information. Imspection Metrophysic densities and the latest information. Metrophysic densities and the latest information densities and the latest information. Metrophysic densities and the latest information densities and the latest information. Metrophysic densities and the latest information densities and denset and densities and densities and densities and densities and d	(For	m 990)	-		20	ົງດ	
Department intervent in					ZU	<u>ZU</u>)
Intervetiones isours	Depart	ment of the Treasury					ic
METHOD SCHOOLS 466-2686111 Part I Questions Regarding Compensation Yes No 9 Check the appropriate box(s) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any releant information regarding these items. Yes No Part UI, Section A, Ine 1a, Complete Part III to provide any releant information regarding these items. Payments for business use of personal use Payments for business use of personal resonant residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Ib Ib any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinducesse described above of IT-No.* Complete Part III to explain Ib I Ib Ib <td>Interna</td> <td>Revenue Service</td> <td></td> <td></td> <td>-</td> <td></td> <td></td>	Interna	Revenue Service			-		
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. Image: I	Name	e of the organizatior					nber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Yes No part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First class or charter travel Housing allowance or residence for personal use Tax indemnification and grossup payments Heath or social club dues or initiation fees Discretionary spending account Personal services (such as maid, charlfferz, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If 'No,' complete Part III to Explain 1b 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? 1b 3 Indicate which, if any, of the following the organization used to establish the compensation to the CEO/Executive Director, but explain in Part III. Compensation committee X C Participate in or receive payment from an equity based compensation arrangement? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or salut or angue of anguization: a Receive a severance payment from an equity based compensation carrangement? 4a X 4 Diving the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the	Der			46-2	68611.	L	
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. Compete Part III to provide any relevant Information regarding these items. First class or charter travel Payments for business use of personal use First class or charter travel Payments for business use of personal use Travel for companions Payments for business use of personal use Travel for companions Payments for business use or personal use Discretionary spending account Personal services (such as maid, chauffeur, chef) Di dthe organization required port or reimburing or allowing expresse incurred by all directors, The Di dthe organization requires usbatantiation prior to reimburing or allowing expresses incurred by all directors, The Di dthe organization requires usbatantiation prior to reimburing or allowing expresses incurred by all directors, The Di dthe organization requires usbatantiation prior to reimburing or allowing the postant contract The Compensation or the CEO/Executive Director, but explain in Part III. Compensation or a related organization: Compensation committee	Par	uestion:	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Tax indemnification and grossup payments Pearsonal services (such as maid, chartfure, cleft) 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 If any of the boxes on line 1a are checked, did the organization rule the tems checked on line 1a? b If any of the boxes on line 1a are checked, did the organization use to establish the compensation of the organization set to establish the compensation of the organization is cEO/Executive Director, regarding the items checked on line 1a? c Indicate which, if any, of the following the organization use to establish the compensation of the organization is cEO/Executive Director, tout explain in Part III. Compensation committee X Written entployment contract Indicate organization: a Roceive a severance payment or change of control payment? b Participate in or receive payment from an equity-based compensation arrangement? d A X Participate in or receive payment from an equity-based compensation arrangement? d A X c Participate in or receive payment from an equity-based compensation arrangement? d A X c Participate in or receive payment from an equity-based compensation arrangement?		o				Yes	No
Pirst-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments 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 10 c Did the organization regular substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 2 CO/DExecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Compensation committee X 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? 4a X Participate in or receive payment from an equity-based compensation arrangement? 4b X b Participate in or receive payment from an equity-based compensation arrangement? 4b X b Participate in or rece				990,			
Image: Travel for companions Payments for business use of personal residence Image: Tak indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Tak indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Image: Tak indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Image: Tak indemnification with the apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant Image: Tak indemnification and gross-up payment contract Image: Topensation comsultant Image: Tak indemnification and gross-up payment in the mange of control payment? 4a A 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: 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? 4a X C Participate in or receive payment from an applemental nonqualified retirement plan? 4b X C Participate in or receive payment from an equity-based compensation argonement? 4b X For persons liste	I						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 2 Independent compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract 4a Independent compensation or nosultant X Compensation survey or study 4b Form 980 of other organizations: 2 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Constraition or a related organization? 4a X If 'Yees' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part I	l I						
Discretionary spending account 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 reimbursmemt or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee X X Compensation committee X Compensation committee Year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X 4 During the year, did any person sisted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a relate in or receive payment from an equity based compensation arangement? 4a X b Participate in or receive payment from an equity based compensation arangement? 4b X b Participate in or receive payment from an equity based compensation arangement? 4a X b Participate in or receive payment from a	l I						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee X Written employment contract Impendent compensation consultant X Compensation committee Form 990 of other organization: X 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: 4a X B Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X Christian in or receive payment from a supplemental nonqualified retirement plan? 4a X Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9. 5 5a X 7 Yes' on line 5a or 5b, describe in Part III. 5a X 17 Yes' on	l I						
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•	•		62		x
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)?							
 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							
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			,				
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 							v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							Δ
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							v
Regulations section 53.4958-6(c)?			• • • • • • • • • • • • • • • • • • •		8		
						000	0000

032111 12-07-20

Schedule J (Form 990) 2020 METHOD		SCHOOLS			46-2686111	111		Page 2
s, Trustee)dr	yees, and Highest C	Compensated Empl	oyees. Use duplica:	e copies if additional s	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.	be re	ported on Schedule . 990, Part VII.	l, report compensati	on from the organize	ttion on row (i) and fror	n related organizations	s, described in the inst	uctions, on row (ii).
Note: The sum of columns (B)(\hat{I}) for each listed individual must equal the total	ğ	dividual must equal th	ne total amount of F	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	vidual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(CI)-(I)(EI)	in column (b) reported as deferred on prior Form 990
(1) JESSICA SPALLINO	Ξ	210,455.	.0	.0	9,808.	14,148.	234,411.	0.
CEO			.0	.0	.0	•0	•0	.0
(2) MARK HOLLEY	Ξ	189,40	.0	.0	9,062.	15,156.	213,62	0.
CHIEF BUSINESS OFFICER		.0	.0	•0	0.	•0	•0	•0
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	≘							
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	5							
	99							
	Ξ							
	≘							
	Ξ							
	(ii)							
							Sched	Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 METHOD SCHOOLS	46-2686111 Page 3
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.	bart for any additional information.
	Schedule J (Form 990) 2020

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SCHEDULE O	Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
(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.		2020
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	METHOD SCHOOLS		identification number 686111
	Merrico Denotab	- 1 0 - 2	000111

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

THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE

BOARD.

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

THE CEO AND CFO WILL PROVIDE A COPY OF THE FORM 990 TO ALL BOARD MEMBERS

FOR REVIEW AND COMMENT. ANY NECESSARY EDITS WILL BE RELAYED TO THE TAX

PREPARER. UPON FINAL APPROVAL BY THE CEO AND CFO, THE TAX PREPARER WILL

FILE THE FORM 990 WITH THE IRS ON BEHALF OF THE ORGANIZATION.

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

ALL BOARD MEMBERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO

FILE AN ANNUAL STATEMENT (CA FORM 700 STATEMENT OF ECONOMIC INTEREST) IN

ACCORDANCE WITH CALIFORNIA CODE OF REGULATIONS. THE ORGANIZATION WILL

REVIEW THE CONFLICT OF INTEREST POLICY AND STATEMENTS ANNUALLY AND WHEN ANY

NEW BOARD MEMBER JOINS OR KEY EMPLOYEE IS HIRED. THE CEO, CFO, AND

COMPLIANCE MANAGER ARE CHARGED WITH REVIEWING AND ENFORCING THE CONFLICT OF INTEREST POLICY.

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

THE INDEPENDENT BOARD OF DIRECTORS WILL APPROVE COMPENSATION OF THE CEO AND CFO. THE BOARD UTILIZES COMPARABLE DATA AVAILABLE FORM OTHER PUBLIC CHARTER SCHOOLS AND SCHOOL DISTRICTS FOR INDIVIDUALS WITH SIMILAR RESPONSIBILITIES. THE CONSIDERATION AND DETERMINATION OF THE COMPENSATION FOR THESE EMPLOYEES IS DOCUMENTED AND SUBSTANTIATED CONTEMPORANEOUSLY.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
METHOD SCHOOLS	46-2686111

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

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE

UPON REQUEST WITH SOME DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S

WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2020

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

028941 12-22-20 FORM

202	Annual Informatio	n Return					199
Calendar Yea	r 2020 or fiscal year beginning (mm/dd/yyyy)	07/01/2020	, and ending	(mm/dd/yy	yy)	06	5/30/2021 .
Corporation/Or	ganization name			Cal	ifornia corp	oration	number
MERIOF					2500	2 - 2	,
	mation. See instructions.			FF	3589	353	j
Additional Infor					46-2	686	5111
Street address	(suite or room)				PMB no.	000	/
	JEFFERSON AVE						
City				State	ZIP code		
MURRIE	TA			CA	9256	2	
Foreign country	name	Foreign province/state/county			Foreign p	ostal co	ode
A First retu			the organization hav		•	•	
B Amende	d return		reported to the FTB'				
	tion 4947(a)(1) trust		kempt under R&TC aged in political acti				
•							3701g? ● Yes X No
Enter date	:: (mm/dd/yyyy) ●		es," enter the gross				
E Check a	ccounting method: (1) Cash (2) 🗴 Accrual	(3) Other L Is the	ne organization a lim	nited liability	company	/?	• Yes X No
	return filed? (1) • 990T (2) • 990PF (3) •		the organization file				
. ,	Other 990 series	repo	ort taxable income?				
	group filing? See instructions		ne organization unde	-			
	rganization in a group exemption		audited in a prior ye ederal Form 1023/10				
II Yes,	what is the parent's name?		e filed with IRS				Yes 🚺 No
Part I	Complete Part I unless not required to file this form	. See General Information	B and C.				
	1 Gross sales or receipts from other sources. F	rom Side 2, Part II, line 8			•	1	180,849 ₀₀
	2 Gross dues and assessments from members	and affiliates			•	2	00
	3 Gross contributions, gifts, grants, and similar				•	3	20,714,399 00
Receipts	4 Total gross receipts for filing requirement tes	•			•	4	20,895,248 00
and	 This line must be completed. If the result is 5 Cost of goods sold 				00		20,095,240 00
Revenues	6 Cost or other basis, and sales expenses of as	sets sold			00		
					•	7	00
	8 Total gross income. Subtract line 7 from line				•	8	20,895,248 00
Expenses	9 Total expenses and disbursements. From Sid	e 2, Part II, line 18			•	9	10,973,111 ₀₀
Lypenses	10 Excess of receipts over expenses and disburs	sements. Subtract line 9 fro	om line 8		•	10	9,922,137 00
					•	11	00
		a 10. auhtraat lina 10 fram				12	00
Filing Fee	13 Payments balance. If line 11 is more than line14 Use tax balance. If line 12 is more than line 1					13 14	00
Thing TCC	15 Penalties and Interest. See General Information					15	00
0:	16 Balance due. Add line 12 and line 15. Then s Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	return, including accompanying than taxpayer) is based on all	g schedules and stateme nformation of which pre	ents, and to th parer has any	e best of m knowledge	y know	ledge and belief,
Sign Here	Circachura	Title		Date			● Telephone
	Signature of officer	СВО	Date				● PTIN
	Preparer's			Check			-
Dald	Preparer's ► MEI-LI HUANG		05/11/2	∠ self-er	nployed		P02383735 ● Firm's FEIN
Paid Preparer's	Firm's name (or yours, CLIFTONLARSONALLE	N LLP					41-0746749
Use Only	employed) 2210 EAST ROUTE 6						● Telephone
out only	and address GLENDORA, CA 9174						(626) 857-7300
	May the FTB discuss this return with the preparer s		ions		• X	Yes	•

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METHOD SCHOOLS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all bus	siness activities. See instructio	ons	•	1		00
	2	Interest				2	106,462	2 00
	3	Dividends				3		00
Receipts	4	Gross rents				4		00
from	5	Gross royalties				5		00
Other	6	Gross amount received from sale o	f assets (See Instructions)		•	6		00
Sources	7	Other income	·····	SEE STA	TEMENT 1 •	7	74,38	7 00
	8	Total gross sales or receipts from	other sources. Add line 1 thro	ugh line 7. Enter here and or	n Side 1, Part I, line 1	8	180,849	9 00
	9	Contributions, gifts, grants, and sin	nilar amounts paid		•	9		00
	10	Disbursements to or for members			•	10		00
	11	Disbursements to or for members Compensation of officers, directors	, and trustees	SEE STA	TEMENT 2 •	11	481,920	5 00
	12	Other salaries and wages			•	12	5,699,420	5 00
Expenses	13	Interest				13		00
and	14	Taxes				14	447,05	0 00
Disburse-	15	Rents			•	15	315,92	
ments	16	Depreciation and depletion (See ins	structions)		•	16	29,60	
	17	Depreciation and depletion (See ins Other expenses and disbursements		SEE STA	TEMENT 3 •	17	3,999,18	
	18	Total expenses and disbursements	. Add line 9 through line 17. E	inter here and on Side 1, Par	t I, line 9		10,973,11	1 00
Schedu	le L	Balance Sheet	Beginning of ta	xable year	End	of taxab	e year	
Assets			(a)	(b)	(C)		(d)	
1 Cash				15,438,472		•	20,327,2	225
2 Net ac	counts	receivable				•		
3 Net no	tes rec	ceivable				•		
4 Invente	ories _.					•		
		state government obligations				•		
6 Investi	ments	in other bonds				•		
7 Investr	ments	in stock				•		
8 Mortga	age loa	ans				•		
9 Other i						•		
10 a Dep	reciab	le assets	169,103		220,1			
		mulated depreciation (50,525	118,578	(80,12	8)	140,	044
11 Land						•		
12 Other a	assets	STMT 4		2,112,732		•	7,129,	
13 Total a	assets			17,669,782			27,596,	816
iabilities	and ne	et worth						
14 Accour				983,800		•	320,	686
		s, gifts, or grants payable				•		
		otes payable				•		
17 Mortga	ages p	ayable				•		
		es STMT 5		29,505			697,	51
19 Capital	l stock	or principal fund				•		
20 Paid-in	or capit	al surplus. Attach reconciliation				•		
21 Retain	ed ear	nings or income fund		16,656,477		•	26,578,	614
				17,669,782			27,596,	

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 ner books

 9,922,137
 7 Income recorded on books this year

1	Net income per books	• 9,944,157		1	income recorded on books this year				
2	Federal income tax	•		•			not included in this return		
3	Excess of capital losses over capital gains	•		8	Deductions in this return not charged				
4	Income not recorded on books this year	•			against book income this year	•			
5	Expenses recorded on books this year not			9	Total. Add line 7 and line 8				
	deducted in this return	•		10	Net income per return.				
6	Total. Add line 1 through line 5		9,922,137		Subtract line 9 from line 6		9,922,137		

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METHOD SCHOOLS

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CA 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
REFUND/OVERPAYMENT		74,387.
TOTAL TO FORM 199, PART II, LIN	E 7	74,387.

CA 199	COMPENSATION OF C	OFFICERS, DI	RECTOR	S AND TRUSTE	ES S	STATEMENT 2
NAME AND ADDI	RESS	ZA		TLE AND HRS WORKED/W	ĸ	COMPENSATION
JESSICA SPALI 24620 JEFFERS MURRIETA, CA	SON AVE	CE		0.00		240,746.
MARK HOLLEY 24620 JEFFERS MURRIETA, CA		CH		SINESS OFFIC	ER	220,180.
STEVEN DORSE 24620 JEFFER MURRIETA, CA	SON AVE	PF	ESIDEN	Г 2.00		4,200.
SHANNON CLARI 24620 JEFFERS MURRIETA, CA	SON AVE	VI	CE PRES	SIDENT 2.00		4,200.
TYLER ROBERTS 24620 JEFFERS MURRIETA, CA	SON AVE	TF	EASUREI	R 2.00		4,200.
GLORIA VARGAS 24620 JEFFERS MURRIETA, CA	SON AVE	SE	CRETAR	2.00		4,200.
CAROLYN ANDRI 24620 JEFFER MURRIETA, CA	SON AVE	ME	MBER	2.00		4,200.

TOTAL TO FORM 199, PART II, LINE 11

481,926.

METHOD SCHOOLS

CA 199	OTHER EXPENSES	STATEMENT 3

DESCRIPTION	AMOUNT
INSTRUCTIONAL MATERIALS	1,884,648.
OTHER EXPENSES	115,384.
PENSION PLAN CONTRIBUTIONS	65,507.
OTHER EMPLOYEE BENEFITS	635,105.
MANAGEMENT FEES	84,926.
LEGAL FEES	6,994.
ACCOUNTING FEES	246,622.
OTHER PROFESSIONAL FEES	279,791.
ADVERTISING AND PROMOTION	260,385.
OFFICE EXPENSES	87,610.
INFORMATION TECHNOLOGY	284,546.
TRAVEL	2,744.
CONFERENCES AND CONVENTIONS	6,330.
INSURANCE	38,588.
TOTAL TO FORM 199, PART II, LINE 17	3,999,180.

CA 199 OTHER ASS	ETS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DEPOSITS	2,094,574. 0. 18,158.	7,032,510. 78,879. 18,158.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,112,732.	7,129,547.

CA 199 OTHER LIABILITIES		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT DEFERRED REVENUE	29,505. 0.	29,505. 668,011.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	29,505.	697,516.

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METHOD SCHOOLS

46-2686111

CA 199 FUND BALANCES		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	16,656,477.	26,578,614.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	16,656,477.	26,578,614.

Date Accepted					DO	NOT MAIL	THIS FO	RM TO THE FTE
TAXABLE YEAF 2020		rnia e-file ot Organiz	Return A zations	uthorizati	on for			FORM 8453-E
Exempt Organization	name						Identifying n	umber
METHOD S	CHOOLS						46-26	586111
Part I Elect	ronic Return Infor	mation (whole do	ollars only)					
1 Total gros	s receipts (Form 19	9, line 4)					1	20,895,24
•	s income (Form 199 enses and disburser	. ,	line 9)					20,895,24 10,973,11
Part II Settl	e Your Account El	ectronically for T	axable Year 2020	0				
4 Elect	ronic funds withdra	wal 4a Amo	ount		4b Withdrawal	date (mm/dd/	/yyy)	
	ting Information (H	ave you verified t	he exempt organi	zation's banking i	nformation?)			
5 Routing nu					<i>.</i> .			. .
6 Account nu Part IV Decla	aration of Officer			7 1	pe of account:	Checkin		Savings
		ccount to be settled	as designated in Pa	rt II. If I check Part	I, Box 4, I authorize	an electronic fu	nds withdra	wal for the amount liste
ansmitter, or int alifornia electroi balance due ret rganization will tatements be tra	f perjury, I declare that termediate service pro nic return. To the best urn, I understand that remain liable for the fe nsmitted to the FTB be	vider and the amour of my knowledge ar if the Franchise Tax e liability and all app y the ERO, transmitt	nts in Part I above a nd belief, the exemp Board (FTB) does n plicable interest and ter, or intermediate s	gree with the amount t organization's retu- not receive full and t penalties. I authorize service provider. If f	rn is true, correct, a mely payment of th te the exempt organ he processing of th	nd complete. If e exempt organi ization return ar	the exempt zation's fee d accompar	organization is filing liability, the exempt nying schedules and
ransmitter, or int California electroi I balance due ret organization will i statements be tra Ielayed, I autho i	termediate service pro nic return. To the best urn, I understand that remain liable for the fe	vider and the amour of my knowledge ar if the Franchise Tax e liability and all app y the ERO, transmitt	nts in Part I above a nd belief, the exemp Board (FTB) does n plicable interest and ter, or intermediate s	gree with the amoun t organization's retu- tot receive full and t penalties. I authoriz service provider. If t provider the reason	rn is true, correct, a mely payment of th te the exempt organ he processing of th	nd complete. If e exempt organi ization return ar	the exempt zation's fee d accompar	organization is filing liability, the exempt nying schedules and
ransmitter, or inf California electron a balance due ret organization will statements be tra delayed, I authon Sign	termediate service pro nic return. To the best urn, I understand that remain liable for the fe nsmitted to the FTB b	vider and the amour of my knowledge ar if the Franchise Tax e liability and all app y the ERO, transmitt	nts in Part I above a nd belief, the exemp Board (FTB) does n plicable interest and ter, or intermediate s	gree with the amount t organization's retu- not receive full and t penalties. I authorize service provider. If f	rn is true, correct, a mely payment of th te the exempt organ he processing of th	nd complete. If e exempt organi ization return ar	the exempt zation's fee d accompar	organization is filing liability, the exempt nying schedules and
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CliftonLarsonAllen LLP CLAconnect.com

METHOD SCHOOLS 24620 JEfferson Ave Murrieta, CA 92562

METHOD SCHOOLS:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

CALIFORNIA FORM 199 RETURN:

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

No payment is required.

A few final reminders relating to your tax return filings:

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

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

Sincerely,

CliftonLarsonAllen LLP

Form 8879-EO	IRS e-fi	le Signature Authoriza n Exempt Organization	tion	OMB No. 1545-0047
		ginning JUL 1 , 2020, and ending		
		ot send to the IRS. Keep for your record		∸ 2020
Department of the Treasury Internal Revenue Service		.irs.gov/Form8879EO for the latest info		
Name of exempt organization	or person subject to tax		Tax	xpayer identification number
METHOD SCHOOL			4	6-2686111
Name and title of officer or pe MARK HOLLEY CBO	rson subject to tax			
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check the box on line 1a, a blank, then leave line 1b, a	2a, 3a, 4a, 5a, 6a, or 7a below, a 2b, 3b, 4b, 5b, 6b, or 7b, whiche e applicable line below. Do not o	orm 8879-EO and enter the applicable am and the amount on that line for the return ver is applicable, blank (do not enter -0-). I complete more than one line in Part I.	being filed with this But, if you entered -	form was 0- on the
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