

**LINK COMMUNITY CHARTER SCHOOL
MINUTES OF THE BOARD OF TRUSTEES MEETING
April 12, 2021 6:30 PM
Via Zoom AND In Person**

CALL TO ORDER

The meeting was called to order at 6:36 p.m. by Denise Smith, vice chair.

OPEN PUBLIC MEETINGS NOTICE: READING OF THE “SUNSHINE LAW” STATEMENT

Adequate notice of this meeting of the LCCS Board of Trustees, setting forth time, date and location, was provided by placing a notice with the New Jersey *Star Ledge* and *nj.com*, *Irvington Herald*, *East Orange Record*, *Orange Transcript* and *Essex Daily News* on March 22, 2021; by email to the city clerks of the four districts of residence and the county superintendent of education on March 22, 2021; by posting notice on the school website; and by communicating same to the Board of Trustees.

ROLL CALL

| Member | Present | Absent |
|-----------------------|---------|--------|
| Barkely, Kaitlin | √ | |
| Covington, Regina | √ | |
| Daughtry, Brenda | √ | |
| Ebanks, Shawna | √ | |
| Holguin-Veras, Susana | √ | |
| Marshall, Richard | √ | |
| Petrillo, John | √ | |
| Purefoy, Frances | √ | |
| Smith, Denise | √ | |

IN ATTENDANCE: NON-VOTING STAFF/BOARD ATTORNEY

Maria Pilar Paradiso, head of school
Sharon Machrone, board recording secretary
Bima Baje, school business administrator
Leslie Baynes, chief operating officer
Christine Martinez, Esq., board attorney

APPROVAL OF MINUTES

Resolution #041221-01: Be it Resolved that the Board of Trustees accepts and approves the minutes of the meetings held on March 8, 2021 and March 29, 2021.

Moved by Mrs. Purefoy

Seconded by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

APPROVAL OF AGENDA

Resolution #041221-02: Be it Resolved that the Board of Trustees accepts and approves the agenda for the meeting on April 12, 2021.

Moved by Ms. Barkley

Seconded by Mrs. Covington

Discussion: None

Vote: Voice; passed unanimously

PRESENTATION: Annual Evaluations, Kindergarten Update, Mission and Logo Revisions – Mrs. Paradiso
See attached.

PUBLIC COMMENT

During the course of the board meeting the Board of Trustees offers members of the public an opportunity to address issues regarding the operation of LCCS. The Board reminds those individuals to take this opportunity to identify themselves by name and address and to limit their comments to items listed on the agenda and/or items directly related to the operation of the LCCS. Issues raised by members of the public may or may not be responded to by the Board. All comments will be considered, and a response will be forthcoming if and when appropriate. The Board asks that members of the public be courteous and mindful of the rights of other individuals when speaking. Specifically, comments regarding students and employees of the Board are discouraged and will not be responded to by the Board. Students and employees have specific legal rights afforded by the laws of New Jersey. The Board bears no responsibility, nor will it be liable for any comments made by members of the public. Members of the public should consider their comments in light of the legal rights of those affected or identified in their comments and be aware that they are legally responsible and liable for their comments. Comments by each member of the public choosing to speak are limited to 3 minutes.

CLOSING OF PUBLIC COMMENT

Seeing no members of the public, Mrs. Smith closed the public comment portion of this meeting.

ACKNOWLEDGMENT OF CORRESPONDENCE

None.

HEAD OF SCHOOL

Head of School Report

See attached.

Approval of 4th Quarter Electives

Resolution #041221-03: Be it Resolved that the Board of Trustees approves the following elective classes for the 4th quarter of the 2020-2021 school year, to be delivered online, as recommended by the head of school:

| Elective Class | Instructor | Organization | Funding |
|---------------------------|------------------------------|----------------------------|-------------------------|
| Academic Success | Da'Cheray Ruth | LCCS | LCCS |
| Afro Dance Mix | Jessika Geneus | Self | Link Education Partners |
| Calligraphy | Gwen Howard | LCCS | LCCS |
| Canvas Painting | Tammie Ramos-Crispino | Fire Me Up Studios | Link Education Partners |
| Hair, Beauty, and Culture | Allison Antwi | Self | Link Education Partners |
| Jump Roping | Laila Little | JumpKidsHealth | Link Education Partners |
| Photography | Tamara Fleming | Tamara Fleming Photography | Link Education Partners |
| Product Design | Lisa Duggan and Amira Rogers | GlassRoots | Link Education Partners |
| Ready A.I. | Tara Washington | Bricks4Kidz | Link Education Partners |
| Sports Careers | Jenny Pollack | Yogi Berra Museum | Link Education Partners |
| Spotlight on Role Models | Jim Peck | Self | Link Education Partners |
| Ukulele | Lisette Santiago | Jazz House Kids | Link Education Partners |

Moved by Ms. Holguin-Veras

Seconded by Mrs. Purefoy

Discussion: The board discussed the alignment of the resolution to the mission. The resolution provides enrichment and exposure to students.

Vote: Roll call; passed unanimously

Approval of 2021-2022 Personnel List

Resolution #041221- 04: Be it Resolved that the Board of Trustees approves the attached 2021-2022 Personnel List, as recommended by the head of school.

Moved by Ms. Ebanks

Seconded by Mr. Marshall

Discussion: None

Vote: Roll call; passed unanimously

COMMITTEE REPORTS**Education Committee****Committee Report**

None.

Governance Committee**Committee Report**

See attached.

Approval of first reading of policy revisions

Resolution #041221-05: Be it Resolved that the Board of Trustees approves the first reading of the following policies, as recommended by the Governance Committee under advisement of Strauss Esmay Associates:

- P 0145 Board Member Resignation and Removal (M) Revised
- R 1642 Earned Sick Leave (M) Revised
- P 1643 Family Leave (M) New
- P 5330.01 Administration of Medical Cannabis (M) Revised
- R 5330.01 Administration of Medical Cannabis (M) Revised
- P 7425 Lead Testing of Water in Schools (M) Revised
- R 7425 Lead Testing of Water in Schools (M) Revised
- P 2415 Every Student Succeeds (M) Revised
- P 2415.02 Title 1 – Fiscal Responsibilities (M) Revised
- P 2415.05 Student Surveys, Analysis and/or Evaluation (M) Revised
- P 2415.20 Every Student Succeeds Act Complaints (M) Revised
- R 2415.20 Every Student Succeeds Act Complaints (M) Revised
- P 4125 Employment of Support Staff Members (M) Revised

Moved by Mrs. Purefoy

Seconded by Ms. Barkley

Discussion: None

Vote: Roll call; passed unanimously

Approval of first reading to abolish policies and regulations

Resolution # 041221- 06: Be it Resolved that the Board of Trustees approves the first reading to abolish the following policies and regulations as recommended by the Governance Committee under advisement of Strauss Esmay Associates.

- P 3431.1 Family Leave
- P 4332.1 Family Leave
- P 3431.3 New Jersey Leave Insurance Program
- P 4431 New Jersey Leave Insurance Program
- P 7430 School Safety
- R 7430 School Safety
- P 2415.01 Academic Standards, Academic Assessments, and Accountability
- P 2415.03 Highly Qualified Teachers

Moved by Mrs. Covington
Seconded by Mr. Petrillo
Discussion: None
Vote: Roll call; passed unanimously

Approval of special board meeting

Resolution #041221-07: Be it Resolved that the Board of Trustees approves the addition of a special board meeting, for the purpose of annual evaluations, both Board and Head of School, and other regular business, on Monday, May 24, 2021, as recommended by the Governance Committee.

Moved by Mrs. Purefoy
Seconded by Ms. Barkley
Discussion: None
Vote: Roll call; passed unanimously

Finance and Facility Reports

Committee Report

See attached.

Approval of financial reports

Resolution #041221-08: Be it Resolved that the Board of Trustees accepts and approves the Board Secretary Report and the Treasurer's Report for the month ending March 31, 2021, as recommended by the school business administrator.

Moved by Ms. Barkley
Seconded by Mrs. Purefoy
Discussion: None
Vote: Roll call; passed unanimously

Approval of bills for payment

Resolution #041221-09: Be it Resolved that the Board of Trustees approves for payment the bills for goods and services provided to Link Community Charter School as listed in the Bill List, recommended by the school business administrator.

Moved by Mrs. Purefoy
Seconded by Ms. Ebanks
Discussion: None
Vote: Roll call; passed unanimously

Approval of Form 990

Resolution #041221-10: See resolution attached.

Approval to table a resolution

Resolution #041221-11: Be it Resolved that the Board of Trustees approves tabling Resolution #041221-10, as recommended by the head of school.

Moved by Ms. Barkley
Seconded by Mrs. Purefoy
Discussion: The resolution will be added to the agenda for the May 10, 2021 meeting. It is due to the IRS on May 17, 2021.
Vote: Roll call; passed unanimously

OLD BUSINESS

None.

NEW BUSINESS

Walk-In Motions:

Approval of agreement for education services

Resolution #041221-12: Be it Resolved that the Board of Trustees approves the agreement with the Educational Services Commission of NJ for Child Study Team services for July 2020 through June 2021, as amended, as recommended by the head of school.

Moved by Mrs. Purefoy

Seconded by Mr. Marshall

Discussion: This agreement was just received by the head of school. The date on the agreement was amended to end "through June 2021" rather than "June 2025" as indicated on the agreement.

Vote: Roll call; passed unanimously

Approval of bill for payment

Resolution #041221-13: Be it Resolved that the Board of Trustees approves payment to DeansList for \$2,721.25(check #4025) effective immediately, as recommended by the head of school.

Moved by Mrs. Purefoy

Seconded by Mr. Marshall

Discussion: None

Vote: Roll call; passed unanimously

ANNOUNCEMENTS

The next regular board meeting will be held on Monday, May 10, 2021.

MOTION TO ADJOURN

Moved by Ms. Barkley

Seconded by Mr. Marshall

Vote: Voice; passed unanimously

The meeting was adjourned at 8:29 pm.

These minutes represent a record of the actions taken by the Board of Trustees during the meeting and a summary of the discussions that took place. The minutes are not intended to be, nor are they, a verbatim record of the discussion on a particular item.

Respectfully submitted,



Sharon F. Machrone, Board Recording Secretary

Date: April 12, 2021

Approved by the Link Community Charter School Board of Trustees: May 10, 2021

Presentation to the School Board

- **Annual Board Evaluation**
 - **Annual Board Goals**
- **Annual HOS Evaluation**
- **Kindergarten Planning Update**
 - **Mission Update**
 - **School Logo**

April 12, 2021

Why do we complete an annual evaluation?

- State requirement
- Best practice of good governance
- Working towards improvement

I.

Board Self Evaluation, 2020-2021

NJSBA Board Self Evaluation Tool

Areas for Review

Planning

Policy

Student achievement

Finance

Board operations

Board performance

Board/superintendent
relationship

Board/staff relationship

Board and community

NJSBA Board Self Evaluation Tool

Measuring Performance

What importance do you place on areas for review?

How would you rate the board's performance in each area (scale of 1-4)

How would you rate YOUR personal performance in each area (scale of 1-4)

NJSBA Board Self Evaluation Tool

Reflection on Challenges

Recognizing that our board's highest priority is to improve student achievement, what are the major challenges currently facing our district?

In maintaining our appropriate role as a policy making body through effective oversight, what specific areas of board governance require additional focus and training?

Q&A

II.

Board Goals

Board Goals Adopted for School Year 2020-21

- 1. To increase members knowledge and understanding of the school budget and financial reports so that members can more effectively review and react to the school's financial situation**
- 2. To increase familiarity with bylaws and policies so that members are more effective in the review of school operations**
- 3. To increase understanding of the school's mission and the board's role in supporting that mission**

Status Check on 2020-21 Board Goals

- 1. knowledge and understanding of the school budget & financial reports – need to provide a training**
May board meeting?
- 2. bylaws and policies – need to provide a training**
June board meeting?
- 3. mission support – need to add mission alignment to all motions and major topics of discussion in board meetings**
Begin with April meeting?

Q&A

III.

Annual HOS Evaluation

**NJSBA
Superintendent
Evaluation Tool**

Standards for Review

Mission, Vision, Core Values

Governance, Ethics &
Professional Norms

Operations Management

Curriculum, Instruction,
Assessment & School
Improvement

Community of Care, Equity
& Family Engagement

Professional
Capacity/Community of
School District Personnel

NJSBA Superintendent Evaluation Tool

Exemplary
Proficient
Area for Growth
Unsatisfactory

Performance Levels

**Description provided at top of
sheet for each standard**

Not Observed
-consider reports provided
during meetings

GENERAL NOTES ON EVALUATIONS

EVALUATION TIMELINES

Board Self Evaluation

Start: Immediately

Complete by: **April 30, 2021**

Head of School Evaluation

Start: Head of School will begin immediately. Board members begin when they receive the email from the NJSBA to begin.

Head of School complete by: **April 23, 2021**

Board Members complete by: **May 15, 2021**

EVALUATION PARTICIPATION

We are looking for 100% participation in **BOTH** evaluations.

PROCESS

- Identify quiet space and time to complete each evaluation
- The HOS evaluation contains “artifacts” provided by the school leader that you can review to assess her performance on each standard
 - Reach out to Sharon Machrone with questions

EVALUATION REVIEW

The Board will be asked to convene a special meeting on
Monday, May 24, 2021

AGENDA

- discuss the evaluations
 - set 2021-2022 goals
- approve the Head of School evaluation

EVALUATION PROCEDURE

Go to <https://www.njsba.org/services/field-services/online-evaluations/>

You will reach the following screen:

Online Board Self Evaluation Resources

BEGIN THE BOARD SELF EVALUATION PROCESS NOW

 [Frequently Asked Questions](#)

 [Board Self Evaluation Adobe PDF](#) (resource only)

Online CSA Evaluation

BEGIN THE CSA EVALUATION PROCESS NOW

Board members click on the first green box to begin their self-evaluation.

The Head of School starts the CSA Evaluation by clicking on the second green box, providing information about her goal achievements and self assessment. 48 hours after the head of school submits her input, board members will receive an email from the NJSBA providing them with a system-generated input to begin the evaluation.

Q&A

IV.

Kindergarten Planning

Major Areas of Work

Funding

Daily Schedule

Curriculum

Assessment Tools

Curriculum Management

Staff Recruitment

Hiring

Professional Development

Classroom, Furniture &
Supplies

Updates

Funding

Application submitted for
Charter School Program
Grant

Up to \$1.5 million
6-10 grants awarded
Competitive process

Updates

Daily Schedule

length of day

Start and end times/5th-8th

Incorporation of science/ss

Foreign language?

Curriculum

Updates

Academic programs
Curriculum writing team

Updates

Assessment Tools

Online programs
Comparisons to existing
Readiness assessment

Curriculum Management

Updates

Comparing
vendors/programs

Staff Recruitment

Updates

Print and Online
Advertisement

Postings with Colleges

Posting with Recruitment
Sites

Social Media Campaign

*Of Note: Diverse Pool &
Teacher Shortage*

Hiring

Updates

Supervisor of Instruction
Hiring Advisory Committee
Interviews/Demos

Updates

Professional Development

Provider research

Updates

Classrooms, Furniture & Supplies

Renovations

Layout Design

Purchase Planning

Q&A

Mission Review and Update

Create Mission Review Committee

- Recommend updated language to reflect expansion
- Meet 3 times in June and July to present to board in August
- Reflect the community with trustees, teachers, admin, parents and students



Head of School Report, April 12, 2021

Link Enrollment Update:

| Grade Level | Approved Enrollment | 20/21 Enrolled & Attending | Enrollment in process | 20/21 Wait List Students Status |
|--------------|---|---|-----------------------|---|
| 5 | 80 | 74 | 1 | Initial Lottery Results: 85 Accepted/1 Declined 137 total NEW applications Current Status: 0 |
| 6 | 80 | 78 (1 left for boarding school; 2 nd student moved?) | 0 | 53 NEW |
| 7 | 80 | 82 | 0 | 42 NEW applications |
| 8 | 72 | 73 | 0 | 34 NEW applications |
| Total | 304 (80 K-5 span) (232 6-8 span) | 307 (74 K-5 span) (233 6-8 span) | | |

Enrollment Applications Received for School Year 2021-22:

| Grade Level | Applications Received | Accepted thru Lottery | Placed on Waitlist | Entered for Next Lottery |
|-----------------------|-----------------------|-----------------------|--------------------|--------------------------|
| Kindergarten | 22 | 16 | | 6 |
| 5 th Grade | 56 | 53 | | 3 |
| 6 th Grade | 18 | 10 | 5 | 3 |
| 7 th Grade | 55 | 2 | 51 | 2 |
| 8 th Grade | 74 | | 74 | |

Note: We also have received applications from **3** children who do not meet the age requirement for Kindergarten.

COVID-19:

- Newark Public Schools opened today for hybrid instruction
- COVID-19 numbers continue to rise in NJ

- LCCS returned from spring break today and is All Remote until Monday, April 26th to allow for a period of isolation/quarantine for anyone who traveled.

Instructional Program:

- We will continue to prioritize students with attendance issues, special needs, and academic concerns in the in-school program, with a commitment to our COVID-19 protocols (social distancing, shields, masks, symptoms check) when we return to hybrid on April 26th.

Upcoming State Reporting:

- Arts Survey
- Student Assessment Data
- SDS for 2021-22
- CHE, Session II
- NJSMART, End of Year
- SSDS Semi Year Filing

Standardized Testing

- After notifying districts that we would implement NJSLA testing this spring, the NJDOE has now cancelled testing. In the fall, 2021, we will use the Start Strong Assessment (LCCS was one of small group of schools that participated in this assessment in fall, 2020).
- LCCS will move forward with NWEA assessments this spring to have data for internal use.

**Link Community Charter School 2021-22 Personnel List
as of April 12, 2021**

| Employee | Position | 10/12 Month | Full-Time/Par | Dept |
|-------------------------|--|-------------|---------------|-------------|
| Alston, Asha | English Teacher | 10 Month | Full time | Instruction |
| Windapo, Victoria | English Teacher | 10 Month | Full time | Instruction |
| Boyle, Susan | Science/SS Teacher | 10 Month | Full time | Instruction |
| Clauberg, James | Math Teacher | 10 Month | Full time | Instruction |
| Gunther, Anna | Math Teacher | 10 Month | Full time | Instruction |
| Hayward, Shaynie | English Teacher | 10 Month | Full time | Instruction |
| Howard, Gwen | Art Teacher | 10 Month | Full Time | Instruction |
| Kelley-Kemple Christine | Instructional Leader/Coach | 10 Month | Full time | Instruction |
| Kennedy, Christopher | Health & Phys. Ed. Teacher | 10 Month | Full time | Instruction |
| Kutch, Jennifer | Science Teacher | 10 Month | Full time | Instruction |
| LaGuerre, Errol | Science Teacher | 10 Month | Full time | Instruction |
| Lelinho, Diana | English Teacher | 10 Month | Full time | Instruction |
| Locklear, Jeffery | Math Teacher | 10 Month | Full time | Instruction |
| Martinez, Rosa | Math Teacher | 10 Month | Full time | Instruction |
| Perrotta, Danielle | Instructional Leader/Coach | 10 Month | Full time | Instruction |
| Portuese, Karen | Health & Phys. Ed. Teacher | 10 Month | Full time | Instruction |
| Seegers, Jasmine | English Teacher | 10 Month | Full time | Instruction |
| Smalls, Monique | 21st Century Skills/World Language Teacher | 10 Month | Full time | Instruction |
| Snyder, Claire | English Teacher | 10 Month | Full time | Instruction |
| Start, Kelly | Social Studies/History Teacher | 10 Month | Full time | Instruction |
| Tanella, Annalyn | Math Teacher | 10 Month | Full time | Instruction |
| Valentin, Natasha | Science/SS Teacher | 10 Month | Full time | Instruction |
| Arizmendi, Josie | Special Education Teacher, 5 | 10 Month | Full time | Instruction |
| Freer, Sarah | Special Education Teacher, 8 | 10 Month | full time | Instruction |
| Lynskey, Christine | Special Education Teacher, 7 | 10 Month | Full time | Instruction |
| Voorhees, Amanda | Special Education Teacher, K | 10 Month | Full time | Instruction |
| Baje, Bima | School Business Administrator | 12 Month | Part-time | Admin |
| Baynes, Leslie | Chief Operating Officer | 12 Month | Full time | Admin |
| Hester, Kathleen | Principal | 12 Month | Full time | Admin |
| Silver, Gregory | Director of Admission & HSP | 10 Month | Full time | Admin |
| Brooks, Monique | School Secretary | 12 Month | Full time | Admin |
| Freeman, Joven | Finance and Operations Coordinator | 12 Month | Full time | Admin |
| Bragg, Wayne | School Technology Coordinator and Aid | 10 Month | Full time | Support |
| Carrasco, Vidal | Facilities | 12 Month | Full time | Support |
| Dandie, Suzanne | School Social Worker | 10 Month | Full time | Support |
| Hannah, Karen | Nurse | 10 Month | Full time | Support |
| Merwede, Nancy | School Nurse | 10 Month | Part-time | Support |
| Turner, Erika | School Social Worker | 10 Month | Full time | Support |
| | | | | |
| | | | | |

**Link Community Charter School 2021-22 Personnel List
as of April 12, 2021**

| 2021-22 Salary |
|-----------------------|
| 55,708.07 |
| 66,950.00 |
| 50,470.00 |
| 56,271.19 |
| 58,765.62 |
| 50,470.00 |
| 70,563.24 |
| 88,571.76 |
| 53,895.78 |
| 62,605.46 |
| 86,237.78 |
| 80,091.77 |
| 58,765.62 |
| 84,004.74 |
| 77,250.00 |
| 88,492.45 |
| 66,804.77 |
| 58,823.30 |
| 76,901.86 |
| 52,530.00 |
| 58,765.62 |
| 80,938.43 |
| 97,224.79 |
| 54,507.60 |
| 97,396.80 |
| 56,153.54 |
| 43,704.96 |
| 116,271.55 |
| 146,217.77 |
| 74,776.97 |
| 52,433.34 |
| 61,204.80 |
| 36,771.00 |
| 53,580.60 |
| 79,564.41 |
| 69,917.43 |
| 15,450.00 |
| 87,823.98 |
| |
| |



EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

MASTER COLLABORATIVE EDUCATIONAL SERVICES AGREEMENT

THIS AGREEMENT made on this _____ day of _____ 20____ by and between the **EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY** (hereinafter referred to as the "ESC NJ") with offices located at 1660 Stelton Road, Piscataway, New Jersey, in the County of Middlesex, and the **BOARD OF EDUCATION OF _____** (hereinafter referred to as the "Board") with offices located at _____, in the County of _____.

WITNESSETH:

WHEREAS, the Board wishes to utilize the services of ESCNJ for Collaborative Educational Services; and

WHEREAS, ESCNJ is willing to provide Collaborative Educational Services to the Board; and

WHEREAS, the Board and ESCNJ believe that ESCNJ can provide comprehensive Collaborative Educational Services; and

WHEREAS, there is a need to reduce to writing the understanding and agreement that exists between the Board and ESCNJ.

NOW, THEREFORE, in consideration of mutual promises, it is agreed by and between the Board and ESCNJ as follows:

1. The ESCNJ hereby agrees to provide Collaborative Educational Services to the Board from July 1, 2020 through June 30, 2025 in accordance with state laws and regulations.
2. It is hereby understood and agreed by ESCNJ that this Agreement may be terminated by the Board upon one hundred twenty (120) days prior written notice to ESCNJ. ESCNJ may also terminate this Agreement in accordance with paragraph 14 herein.
3. ESCNJ shall assign such administrative supervision as necessary to oversee the Collaborative Educational Services. ESCNJ shall coordinate the services provided pursuant to this Agreement with the Business Administrator.
4. The Collaborative Educational Services provided by ESCNJ shall comply with the applicable provisions of Title 18A Education and New Jersey Administrative Code, Title 6A, Education.
5. ESCNJ, through its personnel or subcontractor, shall provide Collaborative Educational Services. ESCNJ shall provide the Board with periodic updates and written reports as necessary. When services, other than those listed on the Collaborative Service Rates schedule are required, the expense of these additional services will be the responsibility of the Board.
6. ESCNJ shall have sole and exclusive control over the Collaborative Educational Services to be provided with consultation with the Board.
7. All materials will be provided by ESCNJ unless otherwise agreed to prior to the provision of service.
8. ESCNJ shall provide services during regular business hours. If services for after school hours are needed, a special arrangement must be made in consultation, with and consent of the Board and ESCNJ. After school hours that are arranged with the consent of ESCNJ for completion of assignments shall be billed at a rate agreed upon when approved.

9. ESCNJ shall provide reports as necessary to the District Administration.
10. All professional personnel employed by ESCNJ who perform services pursuant to this Agreement shall complete fingerprinting and background checks and possess appropriate New Jersey Certification and must provide the Board with copies of said certificates and NJDOE approvals prior to the provision of services.
11. It is understood that the Board will not offer employment to any ESCNJ staff member employed to work in the Program for at least two (2) years after the employee ceases to work for ESCNJ or contract with any consultant employed to work in the Program for at least sixty (60) days after the consultant ceases to work for ESCNJ.
12. The parties shall each maintain worker's compensation insurance for their employees at the locations covered by this agreement and provide proof of such insurance to the other. The parties shall each name the other as additional insureds on their general liability insurance policies for the locations covered by this agreement and shall provide proof thereof to the other party.
13. ESCNJ shall provide all necessary professional and clerical services needed to fulfill its obligation to the Board. The professional and clerical staff will be employees of the ESCNJ and are entitled to benefits per their ESCNJ contract. The professional and clerical staff will be under the supervision of the ESCNJ. The Business Administrator will act as a liaison between ESCNJ and the Board.
14. The Board agrees to make payments within thirty (30) days of being billed by the ESCNJ pursuant to this Agreement. Payments shall be made based on actual services rendered.

In the event the Board shall fail to make such payments when due, ESCNJ shall have the right to terminate this Agreement upon thirty (30) days notice to the Board and to discontinue all services. In such event, ESCNJ shall be entitled to the value of services provided up to the date of termination and thereafter shall have no further obligation to provide services under the agreement.

15. In the event any provision of this Agreement shall be held invalid or unenforceable by any Court of competent jurisdiction, such holdings shall not invalidate or render unenforceable any other provision hereof.
16. This Agreement shall be governed by and construed in accordance with laws of the State of New Jersey.
17. This Agreement, including the Collaborative Service Rates schedule, constitutes the entire Agreement between the Board and ESCNJ and may not be amended or modified except by written instruments signed by the Board and ESCNJ. Collaborative Service Rates shall be recalculated annually for the term of this Agreement and posted on ESCNJ's website: www.escnj.us.
18. Any notice to the parties under this Agreement shall be sent certified mail, returned receipt requested, addressed as follows:

To the Board:

To the ESCNJ: Educational Services Commission of New Jersey
1660 Stelton Road
Piscataway, New Jersey 08854
Attn: Business Administrator/Board Secretary

19. This Agreement shall become effective upon the adoption of a resolution by the Board and execution of this Agreement by all parties.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first written above.

(Please Print Board of Education Name)

**EDUCATIONAL SERVICES COMMISSION
OF NEW JERSEY**

_____, Board Secretary Date

Patrick M. Moran, Board Secretary Date

_____, Board President Date

Dale G. Caldwell, Board President Date

Link Community Charter School
Board of Trustees
Governance Committee Report
April 7, 2021

Attendees: D. Smith, F. Purefoy, B. Daughtry, M. Paradiso, S. Machrone

The committee:

- reviewed the policies and regulations that will be put before the board for consideration at Monday evening's meeting
- reviewed the terms of office of our members and found two whose first terms expire at the end of June. Brenda will ask them if they would like to serve a second term. Frances' term as the LPA representative/member will expire at the end of June also. Sharon will work with the current LPA leadership to identify a replacement.
- discussed the annual evaluations. Maria and Brenda will review the Board Self Evaluation and the Head of School evaluation with the board at the meeting on April 12. It was suggested that the Board Self Evaluation be completed by April 30. Maria will complete her portion of the head's evaluation and 48 hours later that will trigger an email from the NJSBA for members to complete their portion. It is expected that members will complete this by May 15. Maria and Brenda will conduct the evaluation of the School Business Administrator by May 30.
- decided to ask the board for a special meeting on Monday, May 24 for the purpose of discussing the Board Self Evaluation and setting goals for next year and for discussing the Head of School evaluation with Maria (Executive Session).
- discussed the school's mission which, now that the school is K-8 needs, revision. Maria suggested a task force of stakeholders (teachers, parents, administrators, board members) to work on this, with the hope that by the opening of school in the fall there are new mission and vision statements.
- reviewed some changes to the Link logo that will be shared with the board as a whole at Monday evening's meeting.
- discussed whether or not to have a retreat.
- discussed the fact there are still members who have not completed their financial disclosures and Brenda will reach out to them. She will ask Bima whether she has set up the governance training for members.

145- BOARD MEMBER RESIGNATION AND REMOVAL

Section: Bylaws

Date Created: March 2014

Date Edited: October 2015

Resignation and Removal

A Trustee may resign by submitting his or her resignation in writing to the Chairperson of the Board of Trustees.

A Trustee may be removed for cause (such as violating the New Jersey School Ethics Act; disruptive behavior; chronically poor attendance **without good cause**; failure to adhere to the qualifications required of Trustees as set forth herein; insolvency or bankruptcy; conviction of any misdemeanor involving moral turpitude; or conviction of a felony; breach of fiduciary duty to the school; **removal by the Commissioner of Education**; or insanity) at a meeting of Trustees by an affirmative vote of two-thirds of the remaining Board of Trustees.

Trustees being considered for removal shall receive at least two weeks' notice of such proposed action and shall have the opportunity to address the Board regarding such action prior to any vote on such removal.

Any officer may resign by giving written notice of resignation to the Governance Committee and the Board Secretary. Any officer may be removed, with or without cause, by a majority vote of the Board of Trustees then in office; and the resulting vacancy shall be filled for the unexpired term by a majority vote of the Board.

Meeting Attendance

Trustees are expected to attend all Board meetings. It shall be the duty of the Recording Secretary to communicate with any Trustee after such Trustee has three unexcused, consecutive absences to ascertain the Trustee's interest in retaining Board membership. Failure to provide an adequate response may qualify as sufficient cause for removal from the Board of Trustees.

N.J.S.A. 18A:12-2; 18A:12-3; 18A:12-29

N.J.S.A. 19:27A-1 et seq.

Adopted: 26 March 2014

Revised: 19 October 2015

R 1642 EARNED SICK LEAVE LAW (M)

A. Definitions Relative to Policy and Regulation 1642 and the New Jersey Earned Sick Leave Law (Act)

“Act” means the New Jersey Earned Sick Leave Law – N.J.S.A. 34:11D-1. through 34:11D-11.

“Benefit year” means the period of twelve consecutive months, July 1 through June 30, as established by an employer in which an employee shall accrue and use earned sick leave as provided pursuant to N.J.S.A. 34:11D-2, provided that once the starting date of the benefit year is established by the employer it shall not be changed unless the employer notifies the Commissioner of Labor and Workforce Development of the change in accordance with regulations promulgated pursuant to the Act. The Commissioner shall impose a benefit year on any employer the Commissioner determines is changing the benefit year at times or in ways that prevent the accrual or use of earned sick leave by an employee.

“Certified Domestic Violence Specialist” means a person who has fulfilled the requirements of certification as a Domestic Violence Specialist established by the New Jersey Association of Domestic Violence Professionals.

“Child” means a biological, adopted, or foster child, stepchild or legal ward of an employee, child of a domestic partner or civil union partner of the employee.

“Civil union” means a civil union as defined in N.J.S.A. 37:1-29.

“Commissioner” means the Commissioner of Labor and Workforce Development.

“Department” means the Department of Labor and Workforce Development.

“Designated domestic violence agency” means a county-wide organization with a primary purpose to provide services to victims of domestic violence, and which provides services that conform to the core domestic violence services profile as defined by the Division of Child Protection and Permanency in the Department of Children and Families and is under contract with the division for the express purpose of providing the services.

“Domestic or sexual violence” means stalking, any sexually violent offense, as defined in N.J.S.A. 30:4-27.26, or domestic violence as defined in N.J.S.A. 2C:25-19, and N.J.S.A. 17:29B-16.

“Domestic partner” means a domestic partner as defined in N.J.S.A. 26:8A-3.

“Employee” means, for the purposes of Policy and Regulation 1642, an individual engaged in service for compensation to a local school district, regional school district,

county vocational school, or charter school of the State who is not provided with sick leave with full pay pursuant to N.J.S.A. 18A:30-2 or any other law, rule, or regulation of New Jersey and is eligible to accrue earned sick leave in accordance with the requirements of the Act.

“Employer” means, for the purposes of Policy and Regulation 1642, a local school district, regional school district, county vocational school, or charter school of the State who does not provide sick leave with full pay to an employee pursuant to N.J.S.A. 18A:30-2 or any other law, rule, or regulation of New Jersey and is required to comply with the requirements of the Act.

“Family member” means a child, grandchild, sibling, spouse, domestic partner, civil union partner, parent, or grandparent of an employee, or a spouse, domestic partner, or civil union partner of a parent or grandparent of an employee, or a sibling of a spouse, domestic partner, or civil union partner of the employee, or any other individual related by blood to the employee or whose close association with the employee is the equivalent of a family relationship.

“Health care professional” means any person licensed under Federal, State, or local law, or the laws of a foreign nation, to provide health care services, or any other person who has been authorized to provide health care by a licensed health care professional, including but not limited to doctors, nurses, and emergency room personnel.

“Parent” means a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or of the employee’s spouse, domestic partner, or civil union partner, or a person who stood in loco parentis of the employee or the employee’s spouse, domestic partner, or civil union partner when the employee, spouse or partner was a minor child.

“Retaliatory personnel action” means denial of any right guaranteed under the Act and any threat, discharge, including a constructive discharge, suspension, demotion, unfavorable reassignment, refusal to promote, disciplinary action, sanction, reduction of work hours, reporting or threatening to report the actual or suspected immigrant status of an employee or the employee’s family, or any other adverse action against an employee.

“Sibling” means a biological, foster, or adopted sibling of an employee.

“Spouse” means a husband or wife.

B. Provision of Earned Sick Leave – N.J.S.A. 34:11D-2

1. The employer shall provide earned sick leave in accordance with the Act for each employee working for the employer.
2. For every thirty hours worked, the employee shall accrue one hour of earned sick leave. The employer will provide an employee their full complement of earned

sick leave for a benefit year as required under N.J.S.A. 34:11D-2 on the first day of each benefit year in accordance with the Act.

3. The employer will permit the employee to accrue or use in any benefit year, or carry forward from one benefit year to the next, more than forty hours of earned sick leave.
 - a. Unless the employee has accrued earned sick leave prior to October 29, 2018, the earned sick leave shall begin to accrue on October 29, 2018 for any employee who is hired and commences employment before October 29, 2018 and the employee shall be eligible to use the earned sick leave beginning on February 26, 2019 after the employee commences employment.
 - b. If the employee's employment commences after October 29, 2018, the earned sick leave shall begin to accrue upon the date that employment commences. The employee shall be eligible to use the earned sick leave upon employment,
4. The employer shall be in compliance with N.J.S.A. 34:11D-2 if the employer offers paid time off to an employee, which is fully paid and shall include, but is not limited to personal days, vacation days, and sick days, and may be used for the purposes of N.J.S.A. 34:11D-3 in the manner provided by the Act, and is accrued at a rate equal to or greater than the rate described in N.J.S.A. 34:11D-2.
5. The employer shall pay the employee for earned sick leave at the same rate of pay with the same benefits as the employee normally earns, except that the pay rate shall not be less than the minimum wage required for the employee pursuant to N.J.S.A. 34:11-56a4.
6. Upon the mutual consent of the employee and employer, an employee may voluntarily choose to work additional hours or shifts during the same or following pay period, in lieu of hours or shifts missed, but shall not be required to work additional hours or shifts or use accrued earned sick leave. The employer may not require, as a condition of an employee using earned sick leave, that the employee search for or find a replacement worker to cover the hours during which the employee is using earned sick leave.
7. If an employee is transferred to a separate division, entity, or location, but remains employed by the same employer, then the employee shall be entitled to all earned sick leave accrued at the prior division, entity, or location, and shall be entitled to use the accrued earned sick leave as provided in the Act.
8. If an employee is terminated, laid off, furloughed, or otherwise separated from employment with the employer, any unused accrued earned sick leave shall be reinstated upon the re-hiring or reinstatement of the employee to that

employment, within six months of termination, being laid off or furloughed, or separation, and prior employment with the employer shall be counted towards meeting the eligibility requirements set forth in N.J.S.A. 34:11D-2.

9. The employer may choose the increments in which its employees may use earned sick leave, provided that the largest increment of earned sick leave an employee may be required to use for each shift for which earned sick leave is used shall be the number of hours the employee was scheduled to work during that shift.

C. Permitted Usage of Earned Sick Leave – N.J.S.A. 34:11D-3

1. The employer shall permit an employee to use the earned sick leave accrued pursuant to the Act for any of the following:
 - a. Time needed for diagnosis, care, or treatment of, or recovery from, an employee's mental or physical illness, injury or other adverse health condition, or for preventive medical care for the employee;
 - b. Time needed for the employee to aid or care for a family member of an employee during diagnosis, care, or treatment of, or recovery from, the family member's mental or physical illness, injury or other adverse health condition, or during preventive medical care for the family member;
 - c. Absence necessary due to circumstances resulting from the employee, or a family member of an employee, being a victim of domestic or sexual violence, if the leave is to allow the employee to obtain for the employee or the family member: medical attention needed to recover from physical or psychological injury or disability caused by domestic or sexual violence; services from a designated domestic violence agency or other victim services organization; psychological or other counseling; relocation; or legal services, including obtaining a restraining order or preparing for, or participating in, any civil or criminal legal proceeding related to the domestic or sexual violence;
 - d. ~~Time during which the employee is not able to work because of a closure of the employee's workplace, or the school or place of care of a child of an employee, by order of a public official due to an epidemic or other public health emergency, or because of the issuance by a public health authority of a determination that the presence in the community of the employee, or a member of the employee's family in need of care by the employee, would jeopardize the health of others; or~~
 - d. Time during which the employee is not able to work because of:
 - (1) ~~Aa~~ closure of the employee's workplace, or the school or place of care of a child of an employee, by order of a public

official **or because of a state of emergency declared by the Governor of New Jersey**, due to an epidemic or other public health emergency, ~~or because of~~;

(2) **The declaration of a state of emergency by the Governor of New Jersey, or the issuance by a health care provider or the New Jersey Commissioner of Health or other** public health authority of a determination that the presence in the community of the employee, or a member of the employee's family in need of care by the employee, would jeopardize the health of others; ~~or~~

(3) **A state of emergency declared by the Governor of New Jersey, or upon the recommendation, direction, or order of a healthcare provider or the New Jersey Commissioner of Health or other authorized public official, the employee undergoes isolation or quarantine, or cares for a family member in quarantine, as a result of suspected exposure to a communicable disease and a finding by the provider or authority that the presence in the community of the employee or family member would jeopardize the health of others; or**

e. Time needed by the employee in connection with a child of the employee to attend a school-related conference, meeting, function or other event requested or required by a school administrator, teacher, or other professional staff member responsible for the child's education, or to attend a meeting regarding care provided to the child in connection with the child's health conditions or disability.

2. If an employee's need to use earned sick leave is foreseeable, the employer may require advance notice, not to exceed seven calendar days prior to the date the leave is to begin, of the intention to use the leave and its expected duration, and shall make a reasonable effort to schedule the use of earned sick leave in a manner that does not unduly disrupt the operations of the employer. If the reason for the leave is not foreseeable, the employer will require an employee to give notice of the intention as soon as practicable, if the employer has notified the employee of this requirement.

a. The employer may prohibit employees from using foreseeable earned sick leave on certain dates provided reasonable notice of these dates is provided to employees and the employer will require reasonable documentation if sick leave that is not foreseeable is used during those dates.

- b. For earned sick leave of three or more consecutive days, the employer will require reasonable documentation that the leave is being taken for the purpose permitted under N.J.S.A. 34:11D-3.a. and C.1. above.
 - c. If the leave is permitted under N.J.S.A. 34:11D-3.a.(1) and C.1.a. above or N.J.S.A. 34:11D-3.a.(2) and C.1.b. above, documentation signed by a health care professional who is treating the employee or the family member of the employee indicating the need for the leave and, if possible, number of days of leave, shall be considered reasonable documentation.
 - d. If the leave is permitted under N.J.S.A. 34:11D-3.a.(3) and C.1.c. above because of domestic or sexual violence, any of the following shall be considered reasonable documentation of the domestic or sexual violence: medical documentation; a law enforcement agency record or report; a court order; documentation that the perpetrator of the domestic or sexual violence has been convicted of a domestic or sexual violence offense; certification from a certified Domestic Violence Specialist or a representative of a designated domestic violence agency or other victim services organization; or other documentation or certification provided by a social worker, counselor, member of the clergy, shelter worker, health care professional, attorney, or other professional who has assisted the employee or family member in dealing with the domestic or sexual violence.
 - e. If the leave is permitted under N.J.S.A. 34:11D-3.a.(4) and C.1.d. above, a copy of the order of the public official or the determination by the health authority shall be considered reasonable documentation.
 - f. If the leave is permitted under N.J.S.A. 34:11D-3.a.(5) and C.1.e. above, tangible proof of the reasons outlined in N.J.S.A. 34:11D-3.a.(5) and C.1.e. above shall be considered reasonable documentation.
- 3. Nothing in the Act shall be deemed to require the employer to provide earned sick leave for an employee's leave for purposes other than those identified in N.J.S.A. 34:11D-3, or prohibit the employer from taking disciplinary action against an employee who uses earned sick leave for purposes other than those identified in N.J.S.A. 34:11D-3.
 - 4. The employer will not pay an employee for unused earned sick leave at the end of the benefit year pursuant to N.J.S.A. 34:11D-3.c.
 - 5. If the employer provides an employee with the full complement of earned sick leave for a benefit year on the first day of each benefit year as indicated in B.2. above, then the employer shall permit the employee to carry forward any unused sick leave to the next benefit year.

6. Unless the employer's policy or a collective bargaining agreement provides for the payment of accrued earned sick leave upon termination, resignation, retirement, or other separation from employment, an employee shall not be entitled under N.J.S.A. 34:11D-3 to payment of unused earned sick leave upon the separation from employment.
7. Any information the employer possesses regarding the health of an employee or any family member of the employee or domestic or sexual violence affecting an employee or employee's family member shall be treated as confidential and not disclosed except to the affected employee or with the written permission of the affected employee.

D. Retaliation, Discrimination Prohibited – N.J.S.A. 34:11D-4 and **N.J.S.A. 34:11D-12**

1. No employer shall take retaliatory personnel action or discriminate against an employee who accrues sick leave under the Act because the employee requests or uses earned sick leave either in accordance with the Act or the employer's own earned sick leave policy for employees covered under the Act. Any complaints alleging a violation of the Act shall be filed in accordance with the provisions of N.J.S.A. 34:11D-4.
 - a. The employer shall not count earned sick leave taken under the Act as an absence that may result in the employee being subject to discipline, discharge, demotion, suspension, a loss or reduction of pay, or any other adverse action.
2. There shall be a rebuttable presumption of an unlawful retaliatory personnel action under N.J.S.A. 34:11D-4 whenever the employer takes adverse action against an employee within ninety days of when that employee:
 - a. Files a complaint with the Department or a court alleging a violation of any provision of N.J.S.A. 34:11D-4;
 - b. Informs any person about the employer's alleged violation of N.J.S.A. 34:11D-4;
 - c. Cooperates with the Department or other persons in the investigation or prosecution of any alleged violation of N.J.S.A. 34:11D-4;
 - d. Opposes any policy, practice, or act that is unlawful under N.J.S.A. 34:11D-4; or
 - e. Informs any person of his or her rights under N.J.S.A. 34:11D-4.

3. Protections of N.J.S.A. 34:11D-4 shall apply to any person who mistakenly but in good faith alleges violations of the Act.
4. Any violator of the provisions of N.J.S.A. 34:11D-4 shall be subject to relevant penalties and remedies provided by the “New Jersey State Wage and Hour Law,” N.J.S.A. 34:11-56a et seq., including the penalties and remedies provided by N.J.S.A. 34:11-56a24, and relevant penalties and remedies provided by N.J.S.A. 2C:40A-2, for discharge or other discrimination.
5. **The employer shall not, during the Public Health Emergency and State of Emergency declared by the Governor of New Jersey in Executive Order 103 of 2020 concerning the coronavirus disease 2019 pandemic, terminate or otherwise penalize an employee if the employee requests or takes time off from work based on the written or electronically transmitted recommendation of a medical professional licensed in New Jersey that the employee take that time off for a specified period of time because the employee has, or is likely to have, an infectious disease, as defined in N.J.S.A. 26:13-2, which may infect others at the employee’s workplace.**
 - a. **The employer shall not, following that specified period of time as per D.5. above, refuse to reinstate the employee to employment in the position held when the leave commenced with no reduction in seniority, status, employment benefits, pay, or other terms and conditions of employment.**

E. Violations; Remedies, Penalties, Other Measures – N.J.S.A. 34:11D-5

1. Any failure of the employer to make available or pay earned sick leave as required by the Act, or any other violation of the Act, shall be regarded as a failure to meet the wage payment requirements of the “New Jersey State Wage and Hour Law,” N.J.S.A. 34:11-56a et seq., or other violation of the New Jersey State Wage and Hour Law, as the case may be, and remedies, penalties, and other measures provided by the New Jersey State Wage and Hour Law, N.J.S.A. 34:11-58, and N.J.S.A. 2C:40A-2 for failure to pay wages or other violations of the New Jersey State Wage and Hour Law shall be applicable, including, but not limited to, penalties provided pursuant to N.J.S.A. 34:11-56a22 and 34:11-56a24, and civil actions by employees pursuant to N.J.S.A. 34:11-56a25, except that an award to an employee in a civil act shall include, in addition to the amount provided pursuant to N.J.S.A. 34:11-56a25, any actual damages suffered by the employee as the result of the violation plus an equal amount of liquidated damages.

F. Retention of Records, Access – N.J.S.A. 34:11D-6

1. The employer shall retain records documenting hours worked by employees and earned sick leave accrued/advanced, used, paid, and paid out and carried over

by/to employees, for a period of five years, and shall, upon demand, allow the Department access to those records to monitor compliance with the requirements of the Act.

- a. If an employee makes a claim the employer has failed to provide earned sick leave required by the Act and the employer has not maintained or retained adequate records documenting hours worked by the employee and earned sick leave taken by the employee or does not allow the Department access to the records, it shall be presumed the employer has failed to provide the earned sick leave, absent clear and convincing evidence otherwise.
2. In addition, the penalties provided by the “New Jersey State Wage and Hour Law,” N.J.S.A. 34:11-56a et seq. for violations of the requirements of the New Jersey State Wage and Hour Law regarding the maintaining and disclosure of records shall apply to violations of the requirements of N.J.S.A. 34:11D-6.

G. Notification to Employees – N.J.S.A. 34:11D-7

1. The employer shall provide notification, in a form issued by the Commissioner, to employees of their rights under the Act, including the amount of earned sick leave to which they are entitled and the terms of its use and remedies provided by the Act to employees if the employer fails to provide the required benefits or retaliates against employees exercising their rights under the Act.
 - a. The employer shall conspicuously post the notification in a place or places accessible to all employees in each of the employer’s workplaces.
 - b. The employer shall also provide each employee with a written copy of the notification: not later than thirty days after the form of the notification is issued; at the time of the employee’s hiring, if the employee is hired after the issuance; and at any time, when first requested by the employee.
 - c. The Commissioner shall make the notifications available in English, Spanish, and any other language that the Commissioner determines is the first language of a significant number of workers in the State and the employer shall use the notification in English, Spanish, or any other language for which the Commissioner has provided notifications and which is the first language of a majority of the employer’s workforce.

H. Provisions Preemptive; Construction of Act – N.J.S.A. 34:11D-8

1. No provision of the Act, or any regulations promulgated to implement or enforce the Act, shall be construed as:

- a. Requiring the employer to reduce, or justifying the employer in reducing, rights or benefits provided by the employer pursuant to the employer's policy or a collective bargaining agreement which are more favorable to employees than those required by the Act or which provide rights or benefits to employees not covered by the Act;
 - b. Preventing or prohibiting the employer from agreeing, through a collective bargaining agreement or employer policy, to provide rights or benefits which are more favorable to employees than those required by the Act or to provide rights or benefits to employees not covered by the Act;
 - c. Prohibiting the employer from establishing a policy whereby an employee may donate unused accrued earned sick leave to another employee or other employees; or
 - d. Superseding any law providing collective bargaining rights for employees, or in any way reducing, diminishing, or adversely affecting those collective bargaining rights, or in any way reducing, diminishing, or affecting the obligations of the employer under those laws.
2. Employees or employee representatives may waive the rights or benefits provided under the Act during the negotiation of a collective bargaining agreement.
 3. With respect to employees covered by a collective bargaining agreement in effect on October 29, 2018, no provision of the Act shall apply until the stated expiration of the collective bargaining agreement.

I. Severability – N.J.S.A. 34:11D-9

1. The provisions of the Act shall be deemed to be severable and if any section, subsection, paragraph, sentence or other part of the Act is declared to be unconstitutional, or the applicability thereof to any person is held invalid, the remainder of the Act shall not thereby be deemed to be unconstitutional or invalid.

Adopted: 11 November 2019

1643 FAMILY LEAVE

The Board of Trustees will provide family leave to staff members in accordance with the New Jersey Family Leave Act (NJFLA) and the Federal Family and Medical Leave Act (FMLA). These laws have similar and different provisions that provide different rights and obligations for a staff member and the Board.

If a staff member is eligible for leave for reasons recognized under both the FMLA and NJFLA, then the time taken shall run concurrently and be applied to both laws. The NJFLA provides twelve weeks leave in a twenty-four month period and the FMLA provides twelve weeks leave in a twelve month period

A. New Jersey Family Leave Act

1. Definitions Relative to New Jersey Family Leave Act

“Base Hours” means the hours of work for which a staff member receives compensation. Base hours shall include overtime hours for which a staff member is paid additional or overtime compensation, and hours for which a staff member receives workers’ compensation benefits. Base hours shall also include hours a staff member would have worked except for having been in military service. Base hours do not include hours for when a staff member receives other types of compensation, such as administrative, personal leave, vacation, or sick leave.

“Child” means a biological, adopted, foster child, or resource family child, stepchild, legal ward, or child of a parent, including a child who becomes the child of a parent pursuant to a valid written agreement between the parent and a gestational carrier.

“Eligible employee” means any individual employed by the same employer for twelve months or more, who has worked 1,000 or more base hours during the preceding twelve month period.

“Employer” includes the State, any political subdivision thereof, and all public offices, agencies, boards, or bodies.

“Family member” means a child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, domestic partner, or one partner in a civil union couple, or

any other individual related by blood to a staff member, and any other individual that a staff member shows to have a close association with a staff member which is the equivalent of a family relationship.

“Health care provider” means a duly licensed health care provider or other health care provider deemed appropriate by the Director of the Division on Civil Rights in the New Jersey Department of Law and Public Safety.

“Parent” means a person who is the biological parent, adoptive parent, foster parent, resource family parent, step-parent, parent-in-law, or legal guardian, having a “parent-child relationship” with a child as defined by law, or having sole or joint legal or physical custody, care, guardianship, or visitation with a child, or who became the parent of the child pursuant to a valid written agreement between the parent and a gestational carrier.

“Serious health condition” means an illness, injury, impairment, or physical or mental condition which requires:

- a. Inpatient care in a hospital, hospice, or residential medical care facility; or
- b. Continuing medical treatment or continuing supervision by a health care provider.

As used in the definition of a serious health condition, “continuing medical treatment or continuing supervision by a health care provider” means:

- a. A period of incapacity (that is, inability to work, attend school, or perform regular daily activities due to a serious health condition, treatment therefore, and recovery therefrom) of more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - (1) Treatment two or more times by a health care provider; or
 - (2) Treatment by a health care provider on one occasion which results in a regimen of continuing treatment under the supervision of a health care provider;
- b. Any period of incapacity due to pregnancy, or for prenatal care;
- c. Any period of incapacity or treatment for such incapacity due to a chronic serious health condition;

- d. A period of incapacity, which is permanent or long-term, due to a condition for which treatment may not be effective (such as Alzheimer's disease, a severe stroke, or the terminal stages of a disease) where the individual is under continuing supervision of, but need not be receiving active treatment by, a health care provider; or
- e. Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

“Spouse” means a person to whom a staff member is lawfully married as defined by New Jersey law.

“State of emergency” means a natural or man-made disaster or emergency for which a state of emergency has been declared by the President of the United States or the Governor, or for which a state of emergency has been declared by a municipal emergency management coordinator.

2. Reasons for NJFLA Leave

- a. A staff member may take NJFLA leave to provide care made necessary by reason of:
 - (1) The birth of a child of the staff member, including a child born pursuant to a valid written agreement between the staff member and the gestational carrier;
 - (2) The placement of a child into foster care with the staff member or in connection with adoption of such child by a staff member;
 - (3) The serious health condition of a family member of the staff member; or
 - (4) A state of emergency declared by the Governor of New Jersey, or when indicated to be needed by the Commissioner of Health – New Jersey Department of Health or other public health authority, an epidemic or communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent spread of a communicable disease which:

- (a) Requires in-home care or treatment of a child due to the closure of the school or place of care of the child of a staff member, by order of a public official due to the epidemic or other public health emergency;
- (b) Prompts the issuance by a public health authority of a determination, including by mandatory quarantine, requiring or imposing responsive or prophylactic measures as a result of illness caused by an epidemic of a communicable disease or known or suspected exposure to the communicable disease because the presence in the community of a family member in need of care by a staff member would jeopardize the health of others; or
- (c) Results in the recommendation of a health care provider or public health authority, that a family member in need of care by a staff member voluntarily undergo self-quarantine as a result of suspected exposure to a communicable disease because the presence in the community of that family member in need of care by a staff member, would jeopardize the health of others.

3. Staff Member Eligibility

- a. NJFLA leave may be taken for up to twelve weeks within any twenty-four month period. The NJFLA leave shall be unpaid with benefits subject to contributions required to be made by the staff member.
 - b. A staff member is eligible for NJFLA leave if a staff member is employed by the same Board for twelve months or more, and has worked 1,000 or more base hours during the preceding twelve month period.
 - c. The method to determine the twenty-four month period in which the twelve weeks of NJFLA leave entitlement occurs shall be the calendar year.
 - d. This Policy shall serve as notice to all staff members of the method chosen in A.3.c. above. This method shall be applied consistently and uniformly to all staff members.
- (1) If the Board transitions to another method, the Board is required to give at least sixty days' notice to all staff members and the transition must take place in such a way that staff members retain

their full benefit of twelve weeks of NJFLA leave under whichever method affords the greatest benefit to a staff member.

- e. The Board shall grant NJFLA leave to more than one staff member from the same family (for example, a husband and a wife, or a brother and a sister) at the same time, provided such staff members are otherwise eligible for NJFLA leave.
- f. The fact that a holiday may occur within the week taken by a staff member as NJFLA leave has no effect and the week is counted as a week of NJFLA leave.
 - (1) However, if a staff member is out on NJFLA leave and the staff member is not regularly scheduled to work for one or more weeks, the weeks the staff member is not regularly scheduled to work do not count against their NJFLA leave entitlement.

4. Types of NJFLA Leave

- a. Staff members are required to provide notice in writing for any NJFLA leave requested. In emergent circumstances, a staff member may provide the Board with oral notice when written notice is impracticable.
 - (1) Staff members must provide the Board written notice after submitting oral notice in emergent circumstances.
- b. Consecutive NJFLA leave is NJFLA leave that is taken without interruption based upon a staff member's regular work schedule and does not include breaks in employment in which a staff member is not regularly scheduled to work.
 - (1) A staff member must provide the Board with notice of consecutive NJFLA leave no later than thirty days prior to the commencement of consecutive NJFLA leave, except where emergent circumstances warrant shorter notice.
 - (2) A staff member shall provide the Board with certification pursuant to A.5. below.
- c. Intermittent NJFLA leave is NJFLA leave due to a single qualifying reason, taken in separate periods of time, broken up by periods in which the staff member returns to work.
 - (1) A staff member is entitled to take NJFLA leave intermittently for the birth of a child of the staff member, including a child born pursuant to a valid written agreement between the staff member

and a gestational carrier or the placement of a child into foster care with the staff member or in connection with adoption of such child by the staff member.

- (a) The staff member shall provide the Board with prior notice of not less than fifteen calendar days before the first day on which NJFLI benefits are paid for the intermittent NJFLA leave, unless an emergency or other unforeseen circumstance precludes prior notice.
 - (b) The staff member shall make a reasonable effort to schedule the intermittent NJFLA leave so as not to unduly disrupt the operations of the Board and, if possible, provide the Board, prior to the commencement of intermittent NJFLA leave, with a regular schedule of the days or days of the week on which the intermittent NJFLA leave will be taken.
 - (c) A staff member shall provide the Board with certification for intermittent NJFLA leave pursuant to A.5.b. below.
- (2) The staff member is entitled to take intermittent NJFLA leave for the serious health condition of a family member of the staff member when medically necessary if:
- (a) The total time which the intermittent NJFLA leave is taken does not exceed twelve months if taken in connection with a single serious health condition. If the intermittent NJFLA leave is taken in connection with more than one serious health condition, the intermittent NJFLA leave must be taken within a consecutive twenty-four month period or until such time the twelve week NJFLA leave is exhausted, whichever is shorter;
 - (b) The staff member provides the Board with prior notice of not less than fifteen calendar days before the first day on which benefits are paid for the intermittent NJFLA leave.
 - (i) The staff member may provide notice less than fifteen days prior to the intermittent NJFLA leave if an emergency or other unforeseen circumstance precludes prior notice;
 - (c) The staff member makes a reasonable effort to schedule the intermittent NJFLA leave so as not to unduly disrupt the

operations of the school district and, if possible, provide the school district, prior to the commencement of intermittent NJFLA leave, with a regular schedule of the days or days of the week on which the intermittent NJFLA leave will be taken; and

- (d) The staff member provides the Board with a copy of the certification outlined in A.5.c. below.
- (3) In the case of NJFLA leave taken due to an epidemic of a communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent spread of the communicable disease, the NJFLA leave may only be taken intermittently if:
- (a) The staff member provides the Board with prior notice of the intermittent NJFLA leave as soon as practicable;
 - (b) The staff member makes a reasonable effort to schedule the NJFLA leave so as not to unduly disrupt the operations of the school district and, if possible, provide the school district prior to the commencement of the intermittent NJFLA leave, with a regular schedule of the day or days of the week on which the intermittent NJFLA leave will be taken; and
 - (c) A staff member provides the Board with a copy of the certification outlined in A.5.d. below.
- (4) Intermittent leave taken on a reduced leave schedule is NJFLA leave due to a single qualifying reason, that is scheduled for fewer than a staff member's usual number of hours worked per workweek, but not for fewer than a staff member's usual number of hours worked per workday and may only be taken to care for the serious health condition of a family member of a staff member when medically necessary, except that:
- (a) A staff member shall not be entitled to intermittent NJFLA leave on a reduced leave schedule for a period exceeding twelve consecutive months for any one period of NJFLA leave;
 - (b) The staff member must provide the Board with prior notice of the intermittent NJFLA leave on a reduced leave schedule as soon as practicable;

- (c) A staff member shall make a reasonable effort to schedule intermittent NJFLA leave on a reduced leave schedule so as not to disrupt unduly the operations of the school district. A staff member shall provide the school district with prior notice of the care, medical treatment, or continuing supervision by a health care provider necessary due to a serious health condition of a family member, in a manner which is reasonable and practicable; and
 - (d) A staff member must provide the Board with a copy of the certification outlined in A.5.c. below.
 - d. NJFLA leave taken because of the birth or placement for adoption of a child of the staff member may commence at any time within a year after the date of the foster care placement, birth, or placement for adoption.
 - e. A staff member shall not, during any period of NJFLA leave, perform services on a full-time basis for any person for whom a staff member did not provide those services immediately prior to commencement of the NJFLA leave.
 - (1) A staff member on NJFLA leave may not engage in other full-time employment during the term of the NJFLA leave, unless such employment commenced prior to the NJFLA leave and is not otherwise prohibited by law.
 - (2) During the term of NJFLA leave a staff member may commence part-time employment which shall not exceed half the regularly scheduled hours worked for the Board from whom a staff member requested NJFLA leave. A staff member may continue part-time employment which commenced prior to a staff member's NJFLA leave, at the same number of hours that a staff member was regularly scheduled prior to such NJFLA leave.
 - (3) The Board may not maintain a policy or practice which prohibits part-time employment during the course of a NJFLA leave.

5. Certification

- a. The Board shall require a staff member who requests NJFLA leave to sign a form of certification established by the Board attesting that such staff member is taking NJFLA leave in accordance with the law.

- (1) The Board may not require a staff member to sign or otherwise submit a form of certification attesting to additional facts, including a staff member's eligibility for NJFLA leave.
 - (2) The Board may subject a staff member to reasonable disciplinary measures, depending on the circumstances, when a staff member intentionally misrepresents the reason that such staff member is taking NJFLA leave.
 - (3) The form of certification established by the Board shall contain a statement warning a staff member of the consequences of refusing to sign the certification or falsely certifying. Any staff member who refuses to sign the certification established by the Board may be denied the requested NJFLA leave.
 - (4) The Board requires that any period of NJFLA leave be supported by certification issued by a health care provider.
- b. Where the certification, issued by the health care provider, is for the birth of a child of a staff member, including a child born pursuant to a valid written agreement between the staff member and a gestational carrier or the placement of a child into foster care with the staff member or in connection with adoption of such child by the staff member, the certification need only state the date of birth or date of placement, whichever is appropriate.
- c. Any period of NJFLA leave for the serious health condition of a family member of a staff member shall be supported by certification provided by a health care provider. The certification shall be sufficient if it states:
- (1) The date, if known, on which the serious health condition commenced;
 - (2) The probable duration of the condition;
 - (3) The medical facts within the knowledge of the provider of the certification regarding the condition;
 - (4) The serious health condition warrants the participation of the staff member in providing health care to the family member, as provided in the "Family Leave Act," P.L. 1989, c.261 (C.34:11B-1 et seq.) and regulations adopted pursuant to the NJFLA;
 - (5) An estimate of the amount of time the staff member is needed for participation in the care of the family member;

- (6) If the NJFLA leave is intermittent, a statement of the medical necessity for the intermittent NJFLA leave and the expected duration of the intermittent NJFLA leave; and
 - (7) If NJFLA leave is intermittent and for planned medical treatment, the dates of the treatment.
- d. In any case in which the Board has reason to doubt the validity of the certification provided pursuant to A.5.c. above, the Board may require, at its own expense, that a staff member obtain an opinion regarding the serious health condition from a second health care provider designated or approved, but not employed on a regular basis, by the Board. If the second opinion differs from the certification provided pursuant to A.5.c. above, the Board may require, at its own expense, that a staff member obtain the opinion of a third health care provider designated or approved jointly by the Board and a staff member concerning the serious health condition. The opinion of the third health care provider shall be considered to be final and shall be binding on the Board and a staff member.
- e. Where the certification is for an epidemic of a communicable disease, a known or suspected exposure to the communicable disease, or efforts to prevent the spread of the communicable disease, the certification shall be sufficient if it includes:
 - (1) For NJFLA leave taken to provide in-home care or treatment of a child due to the closure of the school or place of care of the child of a staff member, by order of a public official due to the epidemic or other public health emergency, the date on which the closure of the school or place of care of the child of a staff member commenced and the reason for such closure;
 - (2) For NJFLA leave taken due to a public health authority's issuance of a determination requiring or imposing responsive or prophylactic measures as a result of illness caused by an epidemic of a communicable disease or known or suspected exposure to the communicable disease because the presence in the community of a family member in need of care by a staff member would jeopardize the health of others, the date of issuance of the determination, and the probable duration of the determination; or
 - (3) For NJFLA leave taken because a health care provider or public health authority recommends that a family member in need of care by a staff member voluntarily undergo self-quarantine as a result of suspected exposure to a communicable disease because the presence in the community of that family member in need of care by a staff member would jeopardize the health of others, the date

of the recommendation, the probable duration of the condition, and the medical or other facts within the health care provider or public health authority's knowledge regarding the condition.

- f. The Board shall not use the certification requirements as outlined in A.5. to intimidate, harass, or otherwise discourage a staff member from requesting or taking NJFLA leave or asserting any of a staff member's rights to NJFLA leave.

6. Denial or Exemption of NJFLA Leave

a. Denial of NJFLA Leave

- (1) The Board may deny NJFLA leave to a staff member if:

- (a) A staff member is a salaried staff member who is among the highest paid 5% of the Board's staff members or the seven highest paid staff members of the Board, whichever is greater;
- (b) The denial is necessary to prevent substantial and grievous economic injury to the Board's operations; and
- (c) The Board notifies a staff member of its intent to deny the NJFLA leave at the time the Board determines that the denial is necessary.

- (2) The provisions of A.6.a.(1) above shall not apply when, in the event of a state of emergency declared by the Governor of New Jersey or when indicated to be needed by the Commissioner of Health – New Jersey Department of Health or other public health authority, the NJFLA leave is for an epidemic of a communicable disease, a known or suspected exposure to a communicable disease, or efforts to prevent spread of a communicable disease.

- (3) In any case in which NJFLA leave has already commenced at the time of the notification pursuant to A.6.a.(1)(c) above, a staff member shall return to work within ten working days of the date of notification.

7. Reinstatement from NJFLA Leave

- a. Upon the expiration of a NJFLA leave, a staff member shall be restored to the position such staff member held immediately prior to the commencement of the NJFLA leave. If such position has been filled, the Board shall reinstate such staff member to an equivalent position of like

seniority, status, employment benefits, pay, and other terms and conditions of employment.

- b. If, during NJFLA leave, the Board experiences a reduction in force or layoff and a staff member would have lost their position had a staff member not been on NJFLA leave, as a result of the reduction in force or pursuant to the good faith operation of a bona fide layoff and recall system including a system under a collective bargaining agreement where applicable, a staff member shall not be entitled to reinstatement to the former or an equivalent position. A staff member shall retain all rights under any applicable layoff and recall system, including a system under a collective bargaining agreement, as if a staff member had not taken the NJFLA leave.

8. Notice to Staff Members

- a. The Board shall display the official Family Leave Act poster of the Division on Civil Rights in the New Jersey Department of Law and Public Safety (Division) in accordance with N.J.A.C. 13:8-2.2. The poster is available for printing from the Division's website.
- b. Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights pursuant to N.J.A.C. 13:14-1.14.

9. Local Board of Trustees Practices

a. Accrued Paid NJFLA Leave

- (1) Whether a staff member is required to use any other accrued leave time concurrent with NJFLA leave time will depend upon either the school district's practice or a provision in a collective bargaining agreement, if applicable.
 - (a) Sick leave may only be used concurrently with the NJFLA leave in accordance with the provisions of N.J.S.A. 18A:30-1 and N.J.S.A. 34:11B-3.

b. Multiple Leaves of Absence

- (1) Where a Board maintains leaves of absence which provide benefits, other than health benefits, that differ depending upon the type of leave taken, the Board shall provide those benefits to a staff member on NJFLA leave in the same manner as it provides benefits to staff members who are granted other leaves of absence which most closely resemble NJFLA leave.

10. New Jersey Family Leave Insurance Program (NJFLI)

- a. Board of Trustees staff members are eligible to apply for benefits under the NJFLI Program administered by the State of New Jersey Department of Labor and Workforce Development.
- b. All applications for benefits under the NJFLI Program must be filed directly with the State of New Jersey Department of Labor and Workforce Development. The eligibility requirements, wage requirements, benefit duration and amounts, and benefit limitations shall be in accordance with the provisions of the NJFLI Program as administered by the State of New Jersey Department of Labor and Workforce Development. A formal appeal may be submitted to the State of New Jersey Department of Labor and Workforce Development if an employee or the Board disagrees with a determination on a claim.
- c. The NJFLI Program provides eligible individuals a monetary benefit and not a leave benefit. The school district administrative and related staff will comply with the State of New Jersey Department of Labor and Workforce Development requests for information in accordance with the provisions of N.J.A.C. 12:21-3.9.
- d. A printed notification of staff members' rights relative to the receipt of benefits under the NJFLI Program will be posted in each of the school district worksites and in a place or places accessible to all employees at the worksite.
- e. Each staff member shall receive a copy of this notification in writing at the time of the staff member's hiring, whenever the staff member provides written notice to the Head of School of their intention to apply for benefits under the NJFLI Program, or at any time upon the first request of the staff member.
 - (1) The written notification may be transmitted to the staff member in electronic form.
 - (2) Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights under the NJFLI Program.

B. Federal Family and Medical Leave Act

1. Definitions Relative to Federal Family and Medical Leave Act

"Covered Employer" means any public or private elementary or secondary school(s) regardless of the number of employees employed.

“Employee” means a staff member eligible for family and medical leave in accordance with the Federal Family and Medical Leave Act (FMLA).

“Hours of Service” means hours actually worked by the employee. It does not mean hours paid. Thus, non-working time – such as vacations, holidays, furloughs, sick leave, or other time-off (paid or otherwise) – does not count for purposes of calculating FMLA eligibility for the employee.

“Parent” means a biological, adoptive, step, or foster father or mother, or any other individual who stood in loco parentis to a staff member when a staff member has a son or daughter as defined below. This term does not include parents “in law.”

“Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical facility or continuing treatment by a health care provider. “Serious health condition” may include treatment of substance abuse pursuant to 29 CFR §825.119.

“Son” or “daughter” means a biological, adopted, or foster child, stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age eighteen or age eighteen or older and incapable of self-care because of a mental or physical disability at the time that FMLA leave is to commence.

“Spouse” means a husband or wife. For purposes of this definition, husband or wife refers to the other person with whom an individual entered into marriage as defined or recognized under State law in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex marriage or common law marriage.

“Week” or “Workweek” means the number of days a staff member normally works each calendar week.

2. Qualifying Reasons for FMLA Leave

- a. A staff member may take FMLA leave to provide care made necessary:
 - (1) For the birth of a son or daughter of a staff member and in order to care for such son or daughter;
 - (2) For the placement of a son or daughter with a staff member for adoption or foster care;

- (3) In order to care for the spouse, son, daughter, or parent of a staff member if such spouse, son, daughter, or parent has a serious health condition;
 - (4) For a serious health condition that makes a staff member unable to perform the functions of the position of such staff member.
- b. FMLA leave taken in relation to military service shall be in accordance with 29 CFR §825.112.
- c. Entitlement to FMLA leave taken for the birth of a son or daughter or placement of a son or daughter with a staff member for adoption or foster care shall expire at the end of the twelve month period beginning on the date of such birth or placement.

3. Staff Member Eligibility

- a. A staff member is eligible for up to twelve weeks of FMLA leave in a twelve month period.
- b. A staff member shall become eligible for FMLA leave after the staff member has been employed at least twelve months by the Board and employed for at least 1,250 hours of service during the twelve month period immediately preceding the commencement of the FMLA leave.
 - (1) The twelve months a staff member must have been employed need not be consecutive months pursuant to 29 CFR §825.110(b).
 - (2) The minimum 1,250 hours of service shall be determined according to the principles established under the Fair Labor Standards Act (FLSA) for determining compensable hours of work pursuant to 29 CFR §785.
 - (3) The Board shall not provide pay for FMLA leave.
- c. The method to determine the twelve month period in which the twelve weeks of FMLA leave entitlement occurs will be the calendar year.
- d. Pursuant to 29 CFR §825.201, a husband and wife both employed by the Board are limited to a combined total of twelve weeks of FMLA leave during the twelve month period if the FMLA leave is taken for the birth of a son or daughter of a staff member or to care for such son or daughter after birth; for placement of a son or daughter with a staff member for adoption or foster care or in order to care for the son or daughter after

placement; or to care for a staff member's parent with a serious health condition.

4. Types of FMLA leave

- a. Continuous FMLA leave is taken by staff members for a continuous period of time. Such FMLA leave is not broken up by a period of work and is continuous when a staff member is absent for three consecutive working days or more. Continuous FMLA leave may be taken for any qualifying reason.
- b. Intermittent FMLA leave is FMLA leave taken in separate blocks of time due to a single qualifying reason. A reduced FMLA leave schedule is a FMLA leave schedule that reduces a staff member's usual number of working hours per workweek, or hours per workday. A reduced FMLA leave schedule is a change in a staff member's schedule for a period of time, normally from full-time to part-time.

(1) Intermittent or reduced FMLA leave may be taken for the following qualifying reasons:

- (a) For the serious health condition of the staff member or to care for a parent, son, or daughter with a serious health condition.
 - (i) For intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule taken for the reason outlined in B.4.b.(1)(a) above there must be a medical need for FMLA leave and it must be that such medical need can be best accommodated through an intermittent or reduced FMLA leave schedule.
 - (ii) The treatment regimen and other information described in the certification of a serious health condition and in the certification of a serious injury or illness, shall address the medical necessity of intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule.
 - (iii) Intermittent FMLA leave may be taken for a serious health condition of a parent, son, or daughter, for a staff member's own serious health condition, which requires treatment by a health care provider periodically, rather than for one continuous period

of time, and may include FMLA leave of periods from an hour or more to several weeks.

- (b) For planned and/or unanticipated medical treatment of a serious health condition when medically necessary.
 - (c) To provide care or psychological comfort to a covered family member with a serious health condition when medically necessary.
 - (d) For absences where a staff member or family member is incapacitated or unable to perform the essential functions of the position because of a chronic serious health condition even if he or she does not receive treatment by a health care provider.
 - (e) For FMLA leave taken after the birth of a healthy child or placement of a healthy child for adoption or foster care, only if the Board agrees.
 - (i) The Board's agreement is not required; however, for FMLA leave during which the mother has a serious health condition in connection with the birth of her child or if the newborn child has a serious health condition.
- (2) If a staff member needs FMLA leave intermittently or on a reduced FMLA leave schedule for planned medical treatment, then a staff member must make a reasonable effort to schedule the treatment so as not to disrupt unduly the Board's operations.
- (3) When a staff member takes FMLA leave on an intermittent or reduced FMLA leave schedule basis, the Board must account for the FMLA leave using an increment no greater than the shortest period of time that the Board uses to account for use of other forms of leave provided that it is not greater than one hour and provided further that a staff member's FMLA leave entitlement may not be reduced by more than the amount of FMLA leave actually taken.
- (a) If the Board accounts for use of leave in varying increments at different times of the day or shift, the Board may not account for FMLA leave in a larger increment than the shortest period used to account for other leave during the period in which the FMLA leave is taken.

- (b) If the Board accounts for other forms of leave use in increments greater than one hour, the Board must account for FMLA leave use in increments no greater than one hour.

5. Staff Member Notice Requirements

- a. A staff member eligible for FMLA leave must give at least a thirty day written advance notice to the Head of School or designee if the need for the FMLA leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of a staff member or a family member.
 - (1) If thirty days is not practical, a staff member must provide notice “as soon as practicable” which means as soon as both possible and practical, taking into account all the facts and circumstances in the individual case.
 - (2) Where it is not possible to give as much as thirty days’ notice, “as soon as practical” ordinarily would mean at least verbal notification to the Head of School or designee within one or two business days or when the need for FMLA leave becomes known to a staff member.
 - (3) The written notice shall include the reasons for the FMLA leave, the anticipated duration of the FMLA leave, and the anticipated start of the FMLA leave.
 - (4) When planning medical treatment, a staff member must consult with the Head of School or designee and make a reasonable effort to schedule the FMLA leave so as not to unduly disrupt the educational program, subject to the approval of the health care provider.
 - (a) Staff members are ordinarily expected to consult with the Head of School or designee prior to scheduling of treatment that would require FMLA leave for a schedule that best suits the needs of the Board and a staff member.
 - (5) Intermittent FMLA leave or FMLA leave on a reduced FMLA leave schedule must be medically necessary due to a serious health condition or a serious injury or illness. A staff member shall advise the Board of the reasons why the intermittent/reduced FMLA leave schedule is necessary and of the schedule for treatment, if applicable.

- (a) A staff member and the Board shall attempt to work out a schedule for such FMLA leave that meets a staff member's needs without unduly disrupting the Board's operations, subject to the approval of the health care provider.
 - (6) Where a staff member does not comply with the Board's usual notice and procedural requirements, and no unusual circumstances justify the failure to comply, FMLA-protected leave may be delayed or denied.
- b. When the approximate timing of the need for FMLA leave is not foreseeable, a staff member should give notice to the Head of School or designee for FMLA leave as soon as practicable under the facts and circumstances of the particular case.
 - (1) It is expected a staff member will give notice to the Head of School or designee within no more than one or two business days of learning of the need for FMLA leave, except in extraordinary circumstances where such notice is not foreseeable.
 - (2) A staff member should provide notice to the Board either in person, by telephone, telegraph, fax machine, email, or other electronic means.

6. Outside Employment During FMLA Leave

- a. A staff member during any period of FMLA leave is prohibited from performing any services on a full-time basis for any person for whom a staff member did not provide services immediately prior to commencement of the FMLA leave.
 - (1) A staff member using FMLA leave may commence part-time employment that shall not exceed half the regularly scheduled hours worked for the Board.
 - (2) A staff member may continue the part-time employment that commenced prior to the FMLA leave at the same number of hours that a staff member was regularly scheduled prior to such FMLA leave.

7. "Instructional Employees" Exceptions for FMLA Leave

- a. "Instructional Employees" are those staff members whose principal function is to teach and instruct students in class, a small group, or in an individual setting. This term includes teachers, athletic coaches, driving

instructors, and special education assistants, such as signers for the hearing impaired.

- (1) Teacher assistants or aides who do not have as their principal job actual teaching or instructing, guidance counselors, child study team members, curriculum specialists, cafeteria workers, maintenance workers, and/or bus drivers are not considered instructional staff members for the purposes of this Policy.
 - (2) For purposes of this Policy “Instructional Employees” shall be referred to as “Instructional Staff Members”.
- b. “Semester” means the school semester that typically ends near the end of the calendar year and the end of the spring each school year. The Board can have no more than two semesters in a school year.
 - c. FMLA leave taken at the end of the school year and continues into the beginning of the next school year is considered consecutive FMLA leave.
 - d. Eligible instructional staff members that need intermittent or reduced FMLA leave to care for a family member or for a staff member’s own serious health condition which is foreseeable based on planned medical treatment and would be on FMLA leave more than twenty percent of the total number of working days over the period the FMLA leave would extend, the Board may:
 - (1) Require a staff member to take the FMLA leave for a period or periods of a particular duration, not greater than the duration of the planned treatment; or
 - (2) Transfer a staff member temporarily to an available alternative position for which a staff member is qualified, which has equivalent pay and benefits and which better accommodates recurring periods of FMLA leave than does a staff member’s regular position.
 - e. If the instructional staff member does not give the required notice for FMLA leave that is foreseeable and desires the FMLA leave to be taken intermittently or on a reduced FMLA leave schedule, the Board may require a staff member to take FMLA leave of a particular duration, or to transfer temporarily to an alternative position. Alternatively, the Board may require a staff member to delay taking the FMLA leave until the notice provision is met.

- f. If an instructional staff member begins FMLA leave more than five weeks before the end of the school year, the Board may require a staff member to continue taking FMLA leave until the end of the semester if:
 - (1) The FMLA leave will last three weeks; and
 - (2) A staff member would return to work during the three-week period before the end of the semester.
- g. If an instructional staff member begins FMLA leave for a purpose other than a staff member's own serious health condition during the five week period before the end of the semester, the Board may require a staff member to continue taking FMLA leave until the end of the semester if:
 - (1) The FMLA leave will last more than two weeks; and
 - (2) The staff member would return to work during the two week period before the end of the semester.
- h. If an instructional staff member begins FMLA leave for a purpose other than a staff member's own serious health condition during the three week period before the end of a semester, the Board may require a staff member to continue taking FMLA leave until the end of the semester if the FMLA leave will last more than five working days.
- i. An example of FMLA leave falling within the situations outlines in B.7.f., B.7.g., and B.7.h. above:
 - (1) If a staff member plans two weeks of FMLA leave to care for a family member which will begin three weeks before the end of the term, the Board could require a staff member to stay out on FMLA leave until the end of the term.
- j. In the case of a staff member who is required to take FMLA leave until the end of an academic term, only the period of FMLA leave until a staff member is ready and able to return to work shall be charged against a staff member's FMLA leave entitlement.
- k. The Board may require a staff member to stay on FMLA leave until the end of the school term. Any additional leave required by the Board to the end of the school term is not counted as FMLA leave; however:
 - (1) The Board shall be required to maintain a staff member's group health insurance; and

- (2) The Board shall be required to restore a staff member to the same or equivalent job including other benefits at the conclusion of the leave.

8. FMLA Leave Related to Military Service

- a. Definitions for FMLA related to military service shall be in accordance with 29 CFR §§825.122; .126; .127; and .310.
- b. The foreign deployment of the staff member's spouse, child, or parent in accordance with 29 CFR §§825.122 and .126:
 - (1) The district must grant an eligible staff member up to twelve work weeks of unpaid, job-protected FMLA leave during any twelve month period for qualifying exigencies that arise when the staff member's spouse, child, or parent is on covered active duty, or has been notified of an impending call or order to covered active duty.
- c. Military caregiver FMLA leave provides care for a covered service member with a serious injury or illness in accordance with 29 CFR §§825.122 and .127:
 - (1) The district must grant up to a total of twenty-six workweeks of unpaid, job-protected FMLA leave during a "single twelve month period" to care for a covered service member with a serious injury or illness.

9. Verification

- a. The Board shall require that a staff member's FMLA leave to care for a staff member's covered family member with a serious health condition, or due to a staff member's own serious health condition that makes a staff member unable to perform one or more of the essential functions of a staff member's position, be supported by a certification issued by the health care provider of a staff member or a staff member's family member.
 - (1) The Board must give written notice of a requirement for certification each time a certification is required. The Board's oral request to a staff member to furnish any subsequent certification is sufficient.
- b. The Board shall require a staff member furnish certification at the time a staff member gives notice of the need for FMLA leave or within five business days thereafter, or, in the case of unforeseen FMLA leave, within five business days after the FMLA leave commences.

- (1) The Board may request certification at some later date if the Board later has reason to question the appropriateness of the FMLA leave or its duration.
 - (2) A staff member must provide the requested certification to the Board within fifteen calendar days after the Board's request, unless it is not practicable under the particular circumstances to do so despite a staff member's diligent, good faith efforts or the Board provides more than fifteen calendar days to return the requested certification.
- c. When FMLA leave is taken because of a staff member's own serious health condition, or the serious health condition of a family member, the Board shall require a staff member to obtain a medical certification from a health care provider that sets forth the following information:
- (1) The name, address, telephone number, and fax number of the health care provider and type of medical practice/specialization;
 - (2) The approximate date on which the serious health condition commenced, and its probable duration;
 - (3) A statement or description of appropriate medical facts regarding the patient's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for FMLA leave.
 - (a) Such medical facts may include information on symptoms, diagnosis, hospitalization, doctor visits, whether medication has been prescribed, any referrals for evaluation or treatment (physical therapy, for example), or any other regimen of continuing treatment;
 - (4) If a staff member is the patient, information sufficient to establish that a staff member cannot perform the essential functions of a staff member's job as well as the nature of any other work restrictions, and the likely duration of such inability;
 - (5) If the patient is a covered family member with a serious health condition, information sufficient to establish that the family member is in need of care, and an estimate of the frequency and duration of the FMLA leave required to care for the family member;
 - (6) If a staff member requests FMLA leave on an intermittent or reduced schedule basis for planned medical treatment of a staff

member's or a covered family member's serious health condition, information sufficient to establish the medical necessity for such intermittent or reduced schedule FMLA leave and an estimate of the dates and duration of such treatments and any periods of recovery;

(7) If a staff member requests FMLA leave on an intermittent or reduced schedule basis for a staff member's serious health condition, including pregnancy, that may result in unforeseeable episodes of incapacity, information sufficient to establish the medical necessity for such intermittent or reduced schedule FMLA leave and an estimate of the frequency and duration of the episodes of incapacity; and

(8) If a staff member requests FMLA leave on an intermittent or reduced schedule basis to care for a covered family member with a serious health condition, a statement that such FMLA leave is medically necessary to care for the family member, which can include assisting in the family member's recovery, and an estimate of the frequency and duration of the required FMLA leave.

d. A staff member may choose to comply with the certification requirement by providing the Board with an authorization, release, or waiver allowing the Board to communicate directly with the health care provider of a staff member or his or her covered family member.

(1) It is a staff member's responsibility to provide the Board with complete and sufficient certification and failure to do so may result in the denial of FMLA leave.

e. If the Board has reason to doubt the validity of a medical certification, the Board may require a staff member to obtain a second opinion at the Board's expense.

(1) The Board may designate the health care provider to furnish the second opinion, but the selected health care provider may not be employed on a regular basis by the Board.

f. If the opinions of a staff member's and the Board's designated health care providers differ, the Board may require a staff member to obtain certification from a third health care provider, again at the Board's expense. This third opinion shall be final and binding. The third health care provider must be designated or approved jointly by the Board and the staff member.

10. Reinstatement Following FMLA Leave

- a. On return from FMLA leave a staff member is entitled to be returned to the same position a staff member held when FMLA leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.
 - (1) A staff member is entitled to such reinstatement even if a staff member has been replaced or his or her position has been restructured to accommodate for a staff member's absence.
 - (2) The requirement that a staff member be restored to the same or equivalent job with the same or equivalent pay, benefits, and terms and conditions of employment does not extend to de minimis, intangible, or unmeasurable aspects of the job.
- b. Denial of Reinstatement
 - (1) A staff member has no greater right to reinstatement or to other benefits and conditions of employment than if a staff member had been continuously employed during the FMLA leave period.
 - (a) The Board must be able to show that a staff member would not otherwise have been employed at the time reinstatement is requested in order to deny restoration to employment.
 - (2) The Board may deny job restoration to "key employees", if such denial is necessary to prevent substantial and grievous economic injury to the operations of the Board.
 - (a) A "key employee" is a salaried FMLA-eligible staff member who is among the highest paid ten percent of all staff members employed by the Board within seventy-five miles of a staff member's worksite.
 - (3) If a staff member is unable to perform an essential function of the position because of a physical or mental condition, including the continuation of a serious health condition or an injury or illness also covered by workers' compensation, a staff member has no right to restoration to another position under the FMLA.
 - (a) The Board's obligation may; however, be governed by the Americans with Disabilities Act, State leave law, or workers' compensation laws.
 - (4) A staff member who fraudulently obtains FMLA leave from the

Board is not protected by FMLA's job restoration or maintenance of health benefits provisions.

c. Intent to Return to Work

- (1) The Board may require a staff member on FMLA leave to report periodically on a staff member's status and intent to return to work.

d. Fitness for Duty Certification

- (1) As a condition of restoring a staff member whose FMLA leave was a result of a staff member's own serious health condition that made a staff member unable to perform a staff member's job, the Board shall require all similarly-situated staff members (i.e., same occupation, same serious health condition) who take FMLA leave for such conditions to obtain and present certification from a staff member's health care provider that a staff member is able to resume work.
- (2) A staff member has the same obligations to participate and cooperate in the fitness-for-duty certification process as in the initial certification process.

11. The Board of Trustees Notice

a. Notice of Staff Member Rights Under FMLA

- (1) The Board shall post and keep posted on its premises, in conspicuous places where staff members are employed, a notice explaining the FMLA's provisions and providing information concerning the procedures for filing complaints of violations of the FMLA with the Wage and Hour Division.
 - (a) The notice will be posted prominently where it can be readily seen by staff members and applicants for employment.
 - (b) The poster and the text will be large enough to be easily read and contain fully legible text.
 - (c) Electronic posting is sufficient to meet this posting requirement as long as it otherwise meets the requirements of B.11.
- (2) The Board shall also provide this general notice to each staff member by including the notice in staff members' handbooks or

other written guidance to staff members concerning staff member benefits or FMLA leave rights, if such written materials exist, or by distributing a copy of the general notice to each new staff member upon hiring. In either case, distribution may be accomplished electronically.

- (3) Access to and/or distribution of this Policy shall serve as school district notice to staff members of their rights pursuant to 29 CFR §825 et seq.

b. Eligibility Notice

- (1) When a staff member requests FMLA leave, or when the Board acquires knowledge that a staff member's FMLA leave may be for an FMLA-qualifying reason, the Board must notify the staff member of the staff member's eligibility to take FMLA leave within five business days, absent extenuating circumstances.

c. Designation Notice

- (1) The Board is responsible in all circumstances for designating leave as FMLA-qualifying, and for giving notice of the designation to a staff member. The Board must notify a staff member whether the leave will be designated and will be counted as FMLA leave within five business days absent extenuating circumstances.
- (2) If the Board requires paid leave to be substituted for unpaid FMLA leave, or that paid leave taken under an existing leave plan be counted as FMLA leave, the Board must inform a staff member of this designation at the time of designating the FMLA leave.

12. Local Board of Trustees Practices

a. Substitution of Paid Leave

- (1) Whether a staff member is required to use sick time or any other accrued leave time concurrent with FMLA leave time will depend upon either the district's practice or a provision in the district's collective bargaining agreement, if applicable.

b. Maintenance of Staff Member Benefits

- (1) The Board must maintain a staff member's coverage under any group health plan on the same conditions as coverage would have been provided if a staff member had been continuously employed during the entire FMLA leave period.

C. Shared Provisions

1. Interference with Family Leave Rights

The NJFLA and the FMLA prohibit interference with a staff member's rights under the law, and with legal proceedings or inquiries relating to a staff member's rights. Unless permitted by the law, no staff member shall be required to take family leave or to extend family leave beyond the time requested. A staff member shall not be discriminated against for having exercised his/her rights under the NJFLA and the FMLA nor discouraged from the use of family leave.

2. Non-Tenured Teaching Staff

Family leave granted to a nontenured staff member cannot extend a staff member's employment beyond the expiration of his/her employment contract.

3. Record Keeping

The Head of School or designee shall ensure the keeping of accurate attendance records that distinguish family leave from other kinds of leave so a staff member's entitlement to NJFLA leave and FMLA leave can be properly determined.

4. Processing of Complaints

a. New Jersey Family Leave Act

- (1) Any complaint alleging a violation of the NJFLA shall be processed in the same manner as a complaint filed under the terms of N.J.S.A. 10:5-1 et seq. and N.J.A.C. 13:4 through the New Jersey Department of Law and Public Safety, Division on Civil Rights.

b. Federal Family and Medical Leave Act (FMLA)

- (1) If there is a dispute between the Board and a staff member as to whether leave qualifies as FMLA leave, it should be resolved through discussion between the staff member and the Head of School or designee. Such discussions and the decision shall be documented by the Head of School or designee.
- (2) A staff member also may file, or have another person file on his/her behalf, a complaint with the United States Secretary of Labor. A complaint may be filed in person, by mail, or by telephone with the Wage and Hour Division, Employment

Standards Administration, U.S. Department of Labor, at any local office of the Wage and Hour Division.

- (3) This Policy 1643 shall be posted on the school district website, in a manner accessible to all staff members and a hard copy shall be provided to all staff members annually prior to the beginning of the school year and upon initial employment in the school district during the school year.

29 CFR §825 et seq.

29 CFR §785

N.J.S.A. 10:5-1; N.J.S.A. 34:11B et seq.

N.J.A.C. 13:14-1 et seq.

Adopted:

2415 EVERY STUDENT SUCCEEDS ACT ~~NO CHILD LEFT BEHIND PROGRAMS~~

The ~~No Child Left Behind Act (NCLB) of 2001~~ **Every Student Succeeds Act (ESSA)** is a reauthorization of the Elementary and Secondary Education Act (ESEA)/~~Improving America's Schools Act (IASA) 1994, of 1965 that provides~~ **providing Federal** funds to help all New Jersey's school children achieve., ~~at a minimum, proficiency in the State standards. NCLB embodies four key principles or pillars of education reform: accountability, flexibility, choice, and methodology.~~ **The purpose of the ESSA is to ensure all students have equitable access to high-quality educational resources and opportunities and to close educational achievement gaps.** The Board of Trustees elects to augment the instructional program of students by projects supported by Federal funds allocated under **the ESSA NCLB** and the district will comply with the requirements of all the programs authorized by **the ESSA NCLB**.

The district may be eligible for several grant programs funded through **the ESSA NCLB**, including, but not limited to, Title I through Title VII. Many of the Titles of **the ESSA NCLB** have several parts and subparts that provide a funding source for specific purposes.

Application Procedure

The district will submit an annual **ESSA No Child Left Behind** Consolidated Formula Subgrant Application to the New Jersey Department of Education (NJDOE). The school district's application shall include all information required by the NJDOE and **the ESSA NCLB** for the district to be considered for funding under **the ESSA NCLB**.

Covered Programs

Formula grants under the ESSA are non-competitive grants that school districts are eligible for based on the make-up of their student bodies. These formula grants for each Title are committed to different purposes and may be used to support different activities and programs.

~~The intent of NCLB is that all children will meet State academic achievement standards to reach their potential through improved programs. The NCLB Consolidated Formula Subgrant includes the following programs:~~

- ~~1. Title I, Part A provides the programs and resources for disadvantaged students to meet this intent. It requires the State and the district to close the achievement gap by placing a highly qualified teacher in every classroom, improving the qualifications of paraprofessionals who work with disadvantaged students, and using instructional practices that have proven to be effective.~~
- ~~2. Title I, Part D serves neglected and delinquent youth in institutions, community day programs, and correctional facilities to assure they also attain high academic levels of performance.~~

3. ~~Title II, Part A provides the resources for improving teacher and Principal quality and increasing the number of highly qualified teachers and Principals in classrooms and schools, thereby raising student achievement in the academic subjects. It focuses on preparing, training, and recruiting high quality teachers and Principals and requires the State to develop plans with annual measurable objectives that will ensure all teachers teaching in core academic subjects are highly qualified by the end of the 2005-2006 school year.~~
4. ~~Title II, Part D facilitates comprehensive and integrated educational technology strategies that target the specific needs of individual schools. It improves student academic achievement through the use of technology in elementary and secondary schools, while addressing the digital divide such that every student is technologically literate by the end of eighth grade. Effective integration of technology resources and systems with teacher training and curriculum development are encouraged in order to identify and showcase best practices in educational technology.~~
5. ~~Title III, Part A focuses on the teaching of English to limited English proficient (LEP) children, including immigrant children and youth.~~
6. ~~Title IV, Part A provides resources for fostering a safe and drug-free learning environment that supports academic achievement.~~
7. ~~Title V, Part A provides a flexible source of funding to help districts in the development and implementation of various innovative reform initiatives.~~
8. ~~Title VI, Part B addresses the unique needs of rural school districts.~~
9. ~~Title IX covers the general provisions applicable to some/all of the programs.~~

~~Throughout NCLB, the use of solid research to improve teaching and learning as well as student behavior is required and promoted, and parent(s)/legal guardian(s) are provided with information and options to improve the educational opportunities provided for their children. The emphasis on scientifically-based methodology encourages the use of teaching techniques and practices that are founded on research and proven to produce positive results.~~

Title I

The largest Federal program supporting elementary and secondary education is Title I. **The ESSA NCLB** strengthens Title I requirements for the State's assessments, accountability system, and support for school improvement. The law also ~~establishes~~ **requires** minimum qualifications for teachers and paraprofessionals in Title I programs.

The school district must use the best available measure for identifying children from low-income families to: identify eligible school attendance areas, determine the ranking of each area, and determine allocations as identified in the Title I guidelines and regulations.

The school district will offer Title I services to eligible children enrolled in private elementary and secondary schools. The services and benefits will be equitable in comparison to services and benefits for participating public school children.

The school district will provide the New Jersey Department of Education assurances it will provide the maximum coordination between the Title I program, the regular school program, and services provided by other programs for specialized populations. The Title I program will consider the special needs of homeless children, migrant children, children with disabilities and limited English ~~proficient (LEP)~~ **Language Learner (ELL)** children. Title I funds will be reserved so that migrant children who are otherwise eligible to receive Title I services, even if they arrive during the school year, are served.

Type of Title I Program

The school district will offer a **School-wide** Title I program.

High-poverty schools (**a school with at least those with 40% poverty or any school below 40% poverty with a waiver issued by the New Jersey Department of Education**) ~~more students from low-income families~~ are eligible to adopt school-wide programs to raise the achievement of low-achieving students by improving instruction throughout the entire school, thus using Title I funds to serve all children **in the school**. A school-wide program must be established in accordance with the Title I guidelines and regulations and the New Jersey Department of Education.

~~Academic Standards, Academic Assessments, and Accountability~~ **New Jersey Department of Education Accountability System**

The district will comply with the **accountability system requirements established by** ~~of the New Jersey Department of Education and outlined in the New Jersey State Plan and approved by the United States Department of Education as outlined in Policy 2415.01—Academic Standards, Academic Assessments, and Accountability in accordance with the NJDOE and NCLB.~~

Fiscal Responsibility

The district will comply with the requirements as outlined in Policy 2415.02 **Title I – Fiscal Responsibilities** in accordance with the NJDOE and **the ESSA NCLB**.

Staff

The district will comply with the **staff certification requirements of the ESSA and the NJDOE requirements as outlined in Policy 2415.03—Highly Qualified Teachers in accordance with the NJDOE and NCLB**. In addition, the district will ensure all paraprofessionals meet the requirements as **established required by the ESSA NCLB** and as outlined in Policy 4125 – Employment of Support Staff Members.

Parental Involvement

The district will comply with the requirements as outlined in Policy 2415.04 – Parental Involvement in accordance with the NJDOE and **the ESSA NCLB**.

Student Surveys, Analysis, and/or Evaluations

The Protection of Pupil Rights Amendment (PPRA) applies to school districts that receive Federal funding from the United States Department of Education. The district will comply with the requirements as outlined in Policy 2415.05 - Student Surveys, Analysis, and/or Evaluations in accordance with the PPRA.

Unsafe School Choice Option

In the event there is a school in the district designated as Persistently Dangerous in accordance with the Victims of Violent Criminal Offenses as outlined in **the ESSA NCLB**, the district will comply with the requirements of Policy 2415.06 – Unsafe School Choice Option in accordance with the NJDOE and **the ESSA NCLB**.

Property

Property acquired through Title I funds for use in public or private schools will be acquired in accordance with the Public School Contracts Law, will be held in title by the Board of Trustees, and will not be used for other purposes so long as it is required in the Title I program. Property no longer required for Title I purposes will be used for other, similarly funded projects or disposed of in accordance with State and Federal guidelines.

Capital Expenses

The Head of School will assure the district abides by New Jersey's Public Contracts Law; consults appropriate private school officials prior to making any decisions regarding capital expenses; ensure funds that are received to cover capital expenses provide equitable Title I services to private school students; ensure accounts for any capital funding is separately maintained; and assure lease purchase agreements are consistent with applicable statute and administrative code.

Post-Award Requirements

The school district will maintain all project records for five years following the completion of the activity for which the funds were used. The school district will prepare and submit all reports as required by the State Department of Education in a timely manner.

Supplement, Not Supplant

Grant funds provided under Federal programs, including **the ESEA of 1965 as amended by the ESSA No Child Left Behind funding**, shall supplement, not supplant **the funds that would, in the absence of such other non-Federal funds, be made that are available to provide programs and services to eligible from State and local sources for the education of students, participating in unless otherwise provided in the grant programs assisted under the ESEA of 1965 as amended by the ESSA.**

~~State Waiver from Certain Provisions of No Child Left Behind (NCLB)~~

~~The State of New Jersey may receive a waiver(s) from certain provisions of NCLB from the United States Department of Education. A waiver(s) may affect the applicability of the school district's NCLB policies and/or regulations. In the event a waiver(s) affects the applicability of Board of Trustees NCLB policies and/or regulations, the waiver provisions shall supersede current Board policies and/or regulations and the school district shall comply with the requirements as outlined by the New Jersey Department of Education in accordance with the waiver(s) application and approval(s) from the United States Department of Education.~~

Evaluation

The Head of School or designee will evaluate the **ESSA NCLB** programs as required by the United States and the New Jersey Departments of Education.

~~No Child Left Behind Act of 2001~~

Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) as amended by the Every Student Succeeds Act.

2415.02 TITLE I – FISCAL RESPONSIBILITIES

The _____ Board of Trustees will comply with the requirements of the Elementary and Secondary Education Act (**ESEA**) of 1965 (20 U.S.C. 2701 et seq.) as amended by the **Every Student Succeeds Act (ESSA)** ~~No Child Left Behind Act of 2001~~.

Maintenance of Effort

To be in compliance with the requirements of the ~~Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) ESEA~~ as amended by the **ESSA** ~~No Child Left Behind Act of 2001, §1120A(a)~~, the _____ Board of Trustees will maintain **either** a combined fiscal effort per student; or aggregate expenditures; of State and local funds with respect to the provision of the free public education **by** ~~in~~ the Local Education Agency (LEA) for the preceding fiscal year that is not less than ninety percent of the combined fiscal effort per student; or the aggregate expenditures; for the second preceding fiscal year.

Comparability with Multiple Schools

To be in compliance with the requirements of the ~~Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) ESEA~~ as amended by the **ESSA** ~~No Child Left Behind Act of 2001, §1120A(e)~~, the _____ Board of Trustees directs the Head of School to assign teachers, administrators, and auxiliary personnel to the schools in such a way that the equivalence of personnel is ensured among schools. **The school will ensure that State and local funds are used to provide comparable services for Title I and non-Title I schools.**

Comparability of Materials and Supplies

To be in compliance with the requirements of the ~~Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) ESEA~~ as amended by the **ESSA** ~~No Child Left Behind Act of 2001, §1120A(e)~~, the _____ Board of Trustees directs the Head of School to distribute curriculum materials and instructional supplies to the schools in such a way that the equivalence of such material is ensured among schools.

Supplement, Not Supplant

Grant funds provided under Federal programs, including the ESEA as amended by the ESSA, shall supplement, not supplant the funds that would, in the absence of such Federal funds, be made available from State and local sources for the education of students participating in programs assisted under the ESEA as amended by the ESSA.

~~No Child Left Behind Act of 2001, §1120A~~

Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) as amended by the Every Student Succeeds Act.

2415.05 STUDENT SURVEYS, ANALYSIS, AND/OR EVALUATIONS

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. §1232h; 34 CFR Part 98) applies to school districts that receive funding from the United States Department of Education.

Consent

PPRA requires written consent from parents/~~legal guardians~~ **of unemancipated minor students** and students who are eighteen years old or emancipated minor students before **such minor** students are required to participate in a survey, analysis, or evaluation funded in whole or in part by a program of the United States Department of Education that concerns one or more of the following ~~nine~~ areas referred to as “protected information surveys”:

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged or analogous relationships, such as with lawyers, physicians, and ministers;
7. Religious practices, affiliations, or beliefs of the student or parents;
8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program); or
9. Social security number.

This consent requirement also applies to the collection, disclosure or use of student information for marketing purposes, referred to as “marketing surveys”, and for certain physical examinations and screenings.

“Opt a Student Out” Notice

The parents **of unemancipated minor students** and ~~eligible students~~ who are eighteen years old or emancipated minor students will be provided an opportunity to opt ~~a student~~ out of participating in:

1. The collection, disclosure, or use of personal information obtained from students for marketing, to sell, or otherwise distribute information to others;

2. The administration of any other “protected information survey” not funded in whole or in part by the United States Department of Education; and
3. Any non-emergency, invasive physical examination required as a condition of attendance, administered by the school district or its agents, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, scoliosis screenings, or any physical examination or screening permitted or required under State law.

Inspection

The parents **of unemancipated minor students** and ~~eligible~~ students **who are eighteen years old or emancipated minor students**, upon request and before administration or use, have the right to inspect:

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

The **Head of School or designee** _____ shall be responsible for obtaining the consent, annual direct notification to parents and eligible students at the start of each school year and after any substantive changes of the “opt a student out” rights, and the inspection rights provisions of PPRA and this Policy. The “opt a student out” notice shall include any specific or approximate dates of the activities eligible for a student to “opt out.”

PPRA Consent/Opt Out Violations

Parents or students who believe their rights under PPRA may have been violated may file a complaint with United States Department of Education.

The Protection of Pupil Rights Amendment (PPRA)
(20 U.S.C. §1232h; 34 CFR Part 98)

~~No Child Left Behind Act of 2001, Title X, Part F, §1061~~

Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.) as amended by the Every Student Succeeds Act.

2415.20 **EVERY STUDENT SUCCEEDS ACT NO CHILD LEFT
BEHIND COMPLAINTS**

~~Pursuant to 20 USC 7844, Sec 9304 (a)(3)(C), of the No Child Left Behind Act of 2001 (NCLB),~~
The Every Student Succeeds Act (ESSA) reauthorized the Elementary and Secondary Education Act of 1965 (ESEA). Aa Board of Education/Trustees shall adopt a policy and written procedures **for resolving a written complaint presented by an individual or organization that alleges** ~~that offer parent(s) or legal guardian(s), public agencies, other individuals, or organizations a method for receipt and resolution of complaints alleging~~ violations in the administration of the **ESSA** ~~NCLB~~ programs as identified by the New Jersey Department of Education (NJDOE).

Policy and Regulation 2415.20 set forth the requirements for resolving complaints presented by any individual or organization that:

1. A school, school district, other agency authorized by the school district, or by the NJDOE violated the administration of education programs **authorized required** by the ~~Elementary and Secondary Education Act ESEA~~ as amended by the **ESSA** ~~NCLB~~; and/or
2. The NJDOE violated the administration of education programs required by the ~~ESEA Elementary and Secondary Education Act~~ as amended by the **ESSA** ~~NCLB~~.

Complaints regarding nonpublic school officials alleging school noncompliance must pertain to at least one of the following three specific reasons:

1. **The school did not engage in consultation that was meaningful and timely;**
2. **The school did not give due consideration to the views of the nonpublic school officials; or**
3. **The school did not make a decision that treats the nonpublic school or its students equitable and in accordance with ESEA Section 1117 or Section 8501.**

A ~~complaint~~ shall be a written **and must identify, at a minimum, the alleged ESEA violation; a description of previous steps taken to resolve the matter;** ~~allegation that shall identify the alleged NCLB violation,~~ the facts supporting the alleged violation **as understood by the complainant at the time of submission;** and any supporting documentation.

A ~~complaint~~ alleging a school, school district, or other agency authorized by the school district, or the NJDOE violated the administration of a program must be submitted to the Head of School or designee. The Head of School or designee shall be responsible to coordinate the investigation

of the ~~€~~complaint. The Head of School or designee shall submit a written report regarding the outcome of the investigation to the complainant.

If the complainant is not satisfied with the outcome of the investigation **by the school**, the complainant **must submit a written complaint** ~~may initiate a Complaint by submitting a written Complaint to the NJDOE to the attention of the~~ **Executive** County Superintendent **for the county where the school is located. This process does not apply to alleged violations concerning participation of nonpublic school children.**

The **Executive** County Superintendent will coordinate the investigation of a ~~€~~complaint. When the investigation is complete, the **Executive** County Superintendent will notify the complainant in writing regarding the outcome of the investigation. If it is determined a violation has occurred, the **Executive County Superintendent will identify and impose the appropriate consequences or corrective action in accordance with statute and/or regulation to resolve the complaint.** ~~Assistant Commissioner assigned to oversee the matter shall identify and impose appropriate consequences or corrective actions as required by regulation to resolve the Complaint.~~ If the complainant **is not satisfied with the determination that is made by the Executive County Superintendent** ~~does not agree with the NJDOE's decision~~, the complainant may **submit a written request for review of that determination to the Assistant Commissioner** ~~appeal to the United States Department of Education Secretary.~~

A ~~€~~complaint alleging the NJDOE violated the administration of a program must be submitted to the **designated** New Jersey Department of Education **Assistant Commissioner** ~~Chief of Staff or the United States Department of Education Secretary.~~ The NJDOE ~~requests the complainant first contact the New Jersey Department of Education Chief of Staff to resolve the issue.~~ The **appropriate** NJDOE Office **assigned by the Assistant Commissioner** ~~of Strategic Initiatives and Accountability~~ will coordinate the investigation of a ~~€~~complaint. When the investigation is complete, the **Assistant Commissioner** ~~Chief of Staff~~ will notify the complainant in writing regarding the outcome of the investigation. If it is determined a violation has occurred, the **Assistant Commissioner** ~~Chief of Staff~~ **shall will identify and impose the** ~~identify and impose~~ appropriate consequences or corrective actions as required by **statute and/or** regulation to resolve the ~~€~~complaint.

If a complainant does not agree with the NJDOE's decision, the complainant may appeal to the **Secretary of the** United States Department of Education ~~Secretary.~~

To initiate a complaint regarding participation of nonpublic school children, a complainant must submit a written complaint to the NJDOE Nonpublic Ombudsman in accordance with NJDOE procedures.

R 2415.20 **EVERY STUDENT SUCCEEDS ACT NO CHILD
LEFT BEHIND COMPLAINTS**

~~Pursuant to 20 USC 7844, Sec 9304 (a)(3)(C), of the No Child Left Behind Act of 2001 (NCLB),~~
The Every Student Succeeds Act (ESSA) requires the a Board of Education/Trustees to shall
adopt a policy and written procedures that offer parent(s) ~~or legal guardian(s)~~, public agencies,
other individuals, or organizations a method for receipt and resolution of complaints alleging
violations in the administration of the **ESSA NCLB** programs.

- A. Complaint Procedure Alleging ~~aA~~ Violation ~~bBy aA~~ School, School District, ~~oOr~~ Other
Agency Authorized ~~bBy t~~The School District ~~oOr t~~The New Jersey Department ~~oOf~~
Education (NJDOE)
1. A ~~C~~complaint is an ~~written~~ allegation **submitted in writing (mail or email) by
an individual or organization** that a school, school district, **or** other agency
authorized by the school district; or the NJDOE has violated the law in the
administration of education programs required by the **ESSA NCLB** Act.
 2. A ~~C~~complaint ~~shall~~ **must** identify **at a minimum the following:**
 - a. The alleged **ESSA NCLB** violation;
 - b. A description of previous steps taken to resolve the matter;**
 - ~~cb.~~ The facts supporting the alleged violation **as understood by the
complainant at the time of submission;** and
 - ~~de.~~ Any supporting documentation (e.g., letters, emails, logs, agenda,
meeting minutes).
 - ~~3. A Complaint may be submitted in writing or electronically. If a Complaint is
submitted electronically, a hard copy should also be sent to the NJDOE via
regular mail at the address indicated below.~~
 34. A ~~C~~complaint **must** ~~shall~~ be submitted to the _____ **(district
administrator responsible for NCLB compliance)** Executive County
Superintendent for the county where the school, school district, or other
authorized agency is located ~~The Complaint shall be in writing and shall be
mailed, hand delivered, or electronically submitted to the _____
(district administrator responsible for NCLB compliance).~~
 - ~~5. The _____ (district administrator responsible for NCLB
compliance) shall be responsible to coordinate the investigation of the allegations
in the Complaint.~~

- a. ~~The _____ (district administrator responsible for NCLB compliance) shall acknowledge receipt of the Complaint to the complainant within ten business days of receipt of the Complaint.~~
 - b. ~~The _____ (district administrator responsible for NCLB compliance) may meet with building and district administrative staff, teaching staff, support staff, students, and/or the complainant(s) to determine if a violation of the administration of a NCLB program has occurred.~~
 - c. ~~The _____ (district administrator responsible for NCLB compliance) may request additional information from the complainant regarding the Complaint.~~
 - d. ~~The _____ (district administrator responsible for NCLB compliance) shall submit a written report regarding the outcome of the investigation to the complainant.~~
 - e. ~~If the outcome of the investigation concludes a violation has occurred, the _____ (district administrator responsible for NCLB compliance) shall identify and impose the appropriate consequences or corrective action to resolve the Complaint.~~
 - f. ~~The outcome of the investigation may conclude the Complaint alleges a violation in the administration of a program by the NJDOE and the complainant shall be informed of the NJDOE Complaint Policy and Procedures as outlined in B. below.~~
6. ~~If the complainant is not satisfied with the outcome of the investigation, the complainant may initiate a Complaint by submitting a written Complaint to the NJDOE to the attention of the Executive County Superintendent. A list of the County Offices of Education and Executive County Superintendents can be found at <http://www.state.nj.us/njded/regions/> or by calling (609) 292-4469.~~
47. When a written ~~C~~complaint is received by the Executive County Superintendent, the **Executive County Superintendent** ~~appropriate NJDOE personnel~~ will issue a Letter of Acknowledgement to the complainant within ten ~~business~~ **calendar** days of receipt of the ~~C~~complaint. This letter ~~will~~ **shall** contain the following information:
- a. The date the ~~C~~complaint was received;
 - b. A brief statement of the manner in which the **Executive County Superintendent** ~~NJDOE~~ will investigate the ~~C~~complaint;
 - c. If necessary, a request for additional information regarding the ~~C~~complaint;

- d. A resolution date within forty-five calendar days from the date the written complaint was received by the Executive County Superintendent; and
 - ed. The name and **telephone** ~~phone~~ number of a contact person for status updates.; and
 - e. ~~A tentative resolution date that is sixty days from the date the written Complaint was received by the County Office.~~
 - (1) ~~Based on the facts of the alleged violation, an extension of time may be required to resolve the Complaint. If an extension is required, the appropriate NJDOE personnel will issue a follow up letter prior to the initial resolution date informing the complainant of the revised timeframe.~~
58. The **Executive** County Superintendent will coordinate the investigation of a ~~E~~complaint.
68. When the investigation is complete, the **Executive** County Superintendent will notify the complainant in writing regarding the outcome of the investigation.
- a9. If the **Executive County Superintendent determines** a violation has occurred, the **Executive County Superintendent will** ~~Assistant Commissioner assigned to oversee the matter shall~~ identify and impose the appropriate consequences or corrective actions as required **in accordance with statute and/or regulation** ~~by regulation~~ to resolve the ~~E~~complaint.
- b40. If the complainant **is not satisfied with the determination that is made by the Executive County Superintendent** ~~does not agree with the NJDOE's decision~~, the complainant may **submit a written request for review of that determination to the Assistant Commissioner, Division of Learning Supports and Specialized Services via email at essa@doe.nj.gov with subject line "ESEA Complaint Decision Review" or via hard copy at the following address** ~~appeal to the United States Department of Education Secretary at:~~

**New Jersey Department of Education
Assistant Commissioner
Division of Learning Supports and Specialized Services
P.O. Box 500
Trenton, New Jersey 08625-0500**

~~Office of Hearings & Appeals
400 Maryland Avenue, SW~~

~~Washington, DC 20202-4611
(202) 619-9700~~

~~or at their website at:~~

~~<http://www.ed-oha.org/index.html>~~

B. Complaint Procedure Alleging ~~a~~A Violation ~~b~~By ~~t~~The New Jersey Department ~~o~~Of Education (NJDOE)

1. A ~~€~~complaint is a written allegation the NJDOE has violated the law in the administration of education programs required by the **ESSA NCLB**.
2. A ~~€~~complaint ~~shall~~ **must identify at a minimum the following:**
 - a. The alleged **ESSA NCLB** violation;
 - b. A description of previous steps taken to resolve the matter;**
 - ~~cb.~~ The facts supporting the alleged violation **as understood by the complainant at the time of submission;** and
 - de.** Any supporting documentation (e.g., letters, emails, logs, agenda, meeting minutes).
3. To initiate a ~~€~~complaint alleging the NJDOE has violated the administration of an **ESEA NCLB** program, a complainant must submit a written ~~€~~complaint to the New Jersey Department of Education – **Assistant Commissioner, Division of Learning Supports and Specialized Services via email at essa@doe.nj.gov with subject line “ESEA Complaint” or via hard copy sent to the following address: Chief of Staff or the United States Department of Education Secretary at the address indicated below. The NJDOE requests the complainant first contact the New Jersey Department of Education Chief of Staff to resolve the issue.**

New Jersey Department of Education
~~Office of the Chief of Staff~~
Assistant Commissioner
Division of Learning Supports and Specialized Services
P.O. Box 500
Trenton, New Jersey 08625-0500
~~(609) 292-4442~~

~~U.S. Department of Education
Office of Hearings & Appeals
400 Maryland Avenue, SW
Washington, DC 20202-4611
(202) 619-9700~~

~~<http://www.ed-oha.org/index.html>~~

4. When a written ~~€~~complaint is received by the NJDOE, ~~the an Assistant Commissioner~~ Chief of Staff will assign the investigation of this ~~€~~complaint to the **appropriate** ~~Office of Strategic Initiatives and Accountability or other designated office.~~ ~~This Office~~ **The NJDOE** will issue a Letter of Acknowledgement to the complainant within ten **calendar** ~~business~~ days of receipt of the ~~€~~complaint. This letter shall contain the following information:
 - a. The date the ~~€~~complaint was received;
 - b. A brief statement of the manner in which the ~~Department of Education~~ **NJDOE** will investigate the ~~€~~complaint;
 - c. If necessary, request for additional information regarding the ~~€~~complaint;
 - d. **A resolution date within forty-five calendar days from the date the complaint was received; and**
 - ed. The name and **telephone** number of a contact person for status updates,; ~~and~~
 - e. ~~A tentative resolution date that is sixty days from the date that the written Complaint was received.~~

~~(1) Based on the facts of the alleged violation, an extension of time may be required to resolve the Complaint. If an extension is required, the appropriate NJDOE personnel will issue a follow up letter prior to the initial resolution date informing the complainant of the revised timeframe.~~
5. The NJDOE Office **assigned by the Assistant Commissioner** ~~of Strategic Initiatives and Accountability will coordinate the investigation of~~ **to investigate** a ~~€~~complaint concerning an alleged violation by the NJDOE **will coordinate the investigation of the complaint.** When the investigation is complete, the ~~Assistant Commissioner~~ Chief of Staff will notify the complainant in writing regarding the outcome of the investigation.
 - a6. If the NJDOE Office **assigned by the Assistant Commissioner of Education determines** ~~it is determined~~ a violation by the NJDOE has occurred **after conducting an investigation, the Assistant Commissioner will identify and impose appropriate consequences or corrective action in accordance with the statute and/or regulation,** ~~the Chief of Staff shall identify and impose appropriate consequences or corrective actions as required by regulation~~ to resolve the ~~€~~complaint.

- b7. If the complainant is not satisfied with the NJDOE's decision, the complainant may request a review of the NJDOE's decision to the Secretary of the United States Department of Education (USDOE). The complainant may send the request, reasons supporting the request, and a copy of NJDOE's resolution to the following address: ~~does not agree with the NJDOE's decision, the complainant may appeal to the United States Department of Education Secretary at the address above.~~

**Secretary, United States Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4611**

New Jersey Department of Education – Every Student Succeeds Act (ESSA) in New Jersey
~~1/26/07 Memorandum – No Child Left Behind ESEA~~ Complaint Policy and Procedures

4125 EMPLOYMENT OF SUPPORT STAFF MEMBERS

The Board of Trustees believes it is vital to the successful operation of the school district that support staff member positions be filled with highly qualified and competent professionals.

In accordance with the provisions of N.J.S.A. 18A:27-4.1, the Board shall appoint, transfer, remove, or renew a certificated or non-certificated officer or employee only upon the recommendation of the Head of School and by a recorded roll call majority vote of the full membership of the Board. The Board shall not withhold its approval for arbitrary and capricious reasons. The Board shall approve the employment, fix the compensation, and establish the term of employment for every support staff member employed by this district.

The Board ~~may will~~ employ substitutes **and/or contract for substitutes** for absent support staff members in order to ensure continuity in a program. **The Board and** will annually approve a list of substitutes and rate of pay **and/or the Board will approve a contract for a contracted service provider to provide substitute support staff members.** ~~The Head of School or designee shall select substitutes from the list approved by the Board to serve in the place of an absent support staff member.~~

~~The Board may use a private contractor to secure a substitute support staff member.~~

The Board of Trustees shall not employ for pay or contract for the paid services of any support staff member or any other person serving in a position which involves regular contact with students unless the Board has first determined consistent with the requirements and standards of N.J.S.A. 18A:6-7.1 et seq. that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or the State Bureau of Identification which would disqualify the individual from being employed or utilized in such capacity or position.

An individual employed by the Board or a school bus contractor holding a contract with the Board, in the capacity of a school bus driver, shall be required to meet the criminal history record requirements as outlined in N.J.S.A. 18A:39-19.1.

The Board will employ paraprofessional school aides and/or classroom aides to assist in the supervision of student activities under the direction of a Principal, teacher, or other designated certified professional personnel. Aides will serve the needs of students by performing nonprofessional duties and may work only under the direct supervision of a teaching staff member(s).

In accordance with the requirements of ~~No Child Left Behind Act of 2001~~, **the Every Student Succeeds Act (ESSA)**, paraprofessionals hired after January 8, 2002, who work in a program supported with Title I, Part A funds, with certain exceptions, must meet one of the following criteria:

1. Completed at least two years of study at an institution of higher education;

2. Obtained an associate's (or higher) degree; or
3. Met a rigorous standard of quality and be able to demonstrate, through a formal State or local academic assessment, knowledge of and the ability to assist in instructing, reading, writing, and mathematics (or, as appropriate, reading readiness, writing readiness, and mathematics readiness).

Paraprofessional staff working in a Title I school, and whose salary is paid for in whole or in part with Title I funds, must ~~meet have met~~ one of the criteria listed above ~~by the end of the 2005-2006 school year~~. The Head of School **or designee** will ensure paraprofessionals working in a program supported with Title I funds meet the above stated requirements.

An individual employed by the Board in any substitute capacity or position shall be required to undergo a criminal history record check in accordance with the provisions of N.J.S.A. 18A:6-7.1b.

An individual, except as provided in N.J.S.A. 18A:6-7.1g, shall be permanently disqualified from employment or service in the school district if the criminal history record check reveals a record of conviction for any crime or offense as defined in N.J.S.A. 18A:6-7.1 et seq.

The Board or contracted service provider may employ an applicant on an emergent basis for a period not to exceed three months, pending completion of a criminal history record check if the Board or contracted service provider demonstrates to the Commissioner of Education that special circumstances exist which justify the emergent employment as prescribed in N.J.S.A. 18A:6-7.1c. In the event the criminal history record check is not completed for an emergent hired employee within three months, the Board or contracted service provider may petition the Commissioner for an extension of time, not to exceed two months, in order to retain the employee.

No criminal history record check shall be performed unless the applicant shall have furnished written consent to such a check. The applicant shall bear the cost for the criminal history record check, including all costs for administering and processing the check. The district will deny employment to an applicant if the applicant is required and refuses to submit to a criminal history record check.

The Board of Trustees prohibits any relative of a Board member or the Head of School from being employed in an office or position in the school district in accordance with the provisions of N.J.A.C. 6A:23A-6.2 and Board Policy 0142.1 – Nepotism.

A support staff member's misstatement of fact material to his/her qualifications for employment or the determination of his/her salary will be considered by the Board to constitute grounds for dismissal.

N.J.S.A. 18A:6-5; 18A:6-6; 18A:6-7.1; 18A:6-7.1b; 18A:6-7.1c; 18A:6-7.2;
 18A:16-1 et seq.; 18A:26-1 et seq.; 18A:27-1 et seq.; 18A:27-4.1;
 18A:27-7; 18A:27-8; 18A:39-19.1
 N.J.S.A. 18A:54-20 [**vocational districts**]

5330.01- ADMINISTRATION OF MEDICAL MARIJUANA (M)

M

The Board of Trustees, in accordance with the requirements of N.J.S.A. 18A:40-12.22, must adopt a Policy authorizing parents, ~~guardians,~~ and ~~primary~~ **designated caregiver(s)** to administer medical ~~cannabis marijuana~~ to a qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event. The parent of a qualifying student patient requesting the administration of medical ~~cannabis marijuana~~ to the student while on school grounds, aboard a school bus, or attending a school-sponsored event must comply with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. and Policy and Regulation 5330.01.

A student enrolled in the school must be authorized to engage in the medical use of **cannabis pursuant to N.J.S.A. 24:6I-1 et seq. and that the parent or designated caregiver be authorized to assist the student with the medical use of cannabis pursuant to N.J.S.A. 24:6I-1 et seq.** ~~marijuana and the primary caregiver, who may be the parent, must be authorized to administer medical marijuana to a qualifying student patient in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq.~~ The student and the **designated** primary caregiver(s) must complete ~~the registration process to~~ **registration with the Cannabis Regulatory Commission** ~~obtain a Registry Identification Card from the New Jersey Department of Health~~ in accordance with the requirements of N.J.S.A. 24:6I-4.

The parent of the student authorized to engage in the medical use of ~~cannabis marijuana~~ must submit a written request with supporting documentation to the Principal requesting approval to have a **designated** ~~primary~~ caregiver(s) assist in the administration of medical ~~cannabis marijuana~~ to the **qualifying student patient** while on school grounds, aboard a school bus, or attending a school-sponsored event. The Principal, in consultation with the school nurse, the school physician, and the Head of School, will review each request and upon approval will inform the parent in writing of the approval with details for the administration of medical ~~cannabis marijuana~~ to the qualifying student patient. The medical use of ~~cannabis marijuana~~ by a qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event will only be authorized after the written approval from the Principal is provided to the parent.

Medical ~~cannabis marijuana~~ may only be administered to the qualifying student patient while the student is on school grounds, aboard a school bus, or attending a school-sponsored event by the **designated** ~~primary~~ caregiver(s) in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. The prescribed medical ~~cannabis marijuana~~ must be in the possession of the **designated** ~~primary~~ caregiver(s) at all times, except during the administration process. The **designated** ~~primary~~ caregiver(s) shall comply with the requirements of the Principal's written approval for the administration of medical ~~cannabis marijuana~~ to the qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event.

All health records related to the administration of medical ~~cannabis marijuana~~ to a qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event shall be maintained in accordance with the requirements of N.J.A.C. 6A:16-2.4 and N.J.A.C. 6A:32-7.4

No person shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for simply being in the presence or vicinity of the medical use of **cannabis marijuana** as authorized under N.J.S.A. 24:6I-1 et seq. or N.J.S.A. 18A:40-12.22. No custodial parent, ~~guardian~~, or person who has legal custody of a qualifying student patient who is a minor shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for assisting the minor in the medical use of **cannabis marijuana** as authorized under N.J.S.A. 24:6I-1 et seq. or N.J.S.A. 18A:40-12.22.

N.J.S.A. 18A:40-12.22

N.J.S.A. 24:6I-1 et seq.

N.J.A.C. 6A:16-2.4; 6A:32-7.4

R 5330.01 - ADMINISTRATION OF MEDICAL MARIJUANA (M)

M

R 5330.01 ADMINISTRATION OF MEDICAL CANNABIS MARIJUANA

A custodial parent, ~~guardian~~, or person having legal custody of a student requesting the administration of medical **cannabis marijuana** to a qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event must comply with the procedures and requirements of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-1 et seq. and this Regulation.

A. Definitions

For the purposes of ~~this Policy~~ **and Regulation 5330.01**:

- ~~1.~~ “~~Bona fide physician-patient relationship~~” means ~~a relationship in which the physician has ongoing responsibility for the assessment, care, and treatment of a qualifying student patient’s debilitating medical condition.~~
- ~~2.~~ “~~Certification~~” means ~~a statement signed by a physician with whom a qualifying student patient has a bona fide physician-patient relationship, which attests to the physician’s authorization for the patient to apply for registration for the medical use of marijuana.~~
- ~~13.~~ “~~Cannabis Marijuana~~” has the meaning given to **marijuana** in Section 2 of the “New Jersey Controlled Dangerous Substances Act,” N.J.S.A. 24:21-2.
- 2. “Commission” means the Cannabis Regulatory Commission established pursuant to N.J.S.A. 24:6I-24.**
- 3. “Designated caregiver(s)” means a resident of New Jersey who:**
 - a. Is at least eighteen years old;**
 - b. Has agreed to assist with a registered qualifying student patient’s medical use of cannabis, is not currently serving as a designated caregiver(s) for more than one other qualifying patient, and is not the qualifying student patient’s health care practitioner;**
 - c. Is subject to the provisions of N.J.S.A. 24:6I-4.c.(2), has never been convicted of possession or sale of a controlled dangerous substance, unless such conviction occurred after the effective date [Oct. 1, 2010] of N.J.S.A. 24:6I-1 et seq. and was for a violation of Federal law related to possession or sale of cannabis that is authorized under N.J.S.A. 24:6I-1 et seq. or N.J.S.A. 18A:40-12.22 et seq.;**
 - d. Has registered with the Commission pursuant to N.J.S.A. 24:6I-4 and, except in the case of a designated caregiver(s) who is an immediate family**

member of the qualified student patient, has satisfied the criminal history background check requirement of N.J.S.A. 24:6I-4; and

- e. Has been designated as designated caregiver(s) by the qualifying student patient when registering or renewing a registration with the Commission or in other written notification to the Commission.

4. “Health Care Practitioner” means a physician, advanced practice nurse, or physician assistant licensed or certified pursuant to N.J.S.A. 45 who:

- a. Possesses active registrations to prescribe controlled dangerous substances issued by the United States Drug Enforcement Administration and the Division of Consumer Affairs in the Department of Law and Public Safety;
- b. Is the health care practitioner responsible for the ongoing treatment of a qualifying student patient’s qualifying medical condition, the symptoms of that condition, or the symptoms associated with the treatment of that condition, provided; however, that the ongoing treatment shall not be limited to the provision of authorization for a patient to use medical cannabis or consultations solely for that purpose; and
- c. If the qualifying student patient is a minor, a pediatric specialist.

45. “Medical use of ~~cannabis marijuana~~” means the acquisition, possession, transport, or use of ~~cannabis marijuana~~ or paraphernalia by a registered qualifying student patient as authorized by N.J.S.A. 24:6I-1 et seq. and N.J.S.A. 18A:40-12.22 et seq. ~~the New Jersey Compassionate Medical Marijuana Act (Act).~~

56. “Parent” means the custodial parent, ~~guardian~~, or person who has legal custody of a qualifying student patient who may also be the **designated primary** caregiver(s) registered **with the Commission** and ~~provided a Registry Identification Card~~ by the New Jersey Department of Health to administer medical ~~cannabis marijuana~~ to a student in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-4.

~~6. “Physician” means a person licensed to practice medicine and surgery pursuant to Title 45 of the Revised Statutes with whom the qualifying student patient has a bona fide physician-patient relationship and who is the primary care physician, hospice physician, or physician responsible for the ongoing treatment of a qualifying student patient’s debilitating medical condition, provided; however, that the ongoing treatment shall not be limited to the provision of authorization for a qualifying student patient to use medical marijuana or consultation solely for that purpose.~~

~~7. “Primary caregiver” or “caregiver” means a resident of the State who:~~

- ~~a. Is at least eighteen years old;~~

- b. ~~Has agreed to assist with a registered qualifying student patient's medical use of marijuana, is not currently serving as primary caregiver for another qualifying patient, and is not the qualifying student patient's physician;~~
- e. ~~Has never been convicted of possession or sale of a controlled dangerous substance, unless such conviction occurred after the effective date [Oct. 1, 2010] of the Act and was for a violation of Federal law related to possession or sale of marijuana that is authorized under the Act;~~
- d. ~~Has registered with the Department of Health pursuant to N.J.S.A. 24:6I-4 and has satisfied the criminal history record background check requirement of N.J.S.A. 24:6I-4; and~~
- e. ~~Has been designated as primary caregiver on the qualifying student patient's application or renewal for a Registry Identification Card or in other written notification to the Department of Health.~~

87. “Qualifying student patient” for the purpose of Policy and Regulation 5330.01 means a resident of the State who is a student enrolled and attending school in this school district who has been **authorized for the medical use of cannabis by a health care practitioner** ~~provided with a certification by a physician pursuant to a bona fide physician-patient relationship and has been issued a Registry Identification Card by the New Jersey Department of Health for medical use of marijuana~~ in accordance with the provisions of N.J.S.A. 18A:40-12.22 and N.J.S.A. 24:6I-41 et seq.

8. “Registration with the Commission” means a person has met the qualification requirements for, and has been registered by the Commission as, a registered qualifying patient, designated caregiver(s), or institutional caregiver(s). The Commission shall establish appropriate means for health care practitioners, health care facilities, medical cannabis dispensaries, law enforcement, schools, facilities providing behavioral health services or services for persons with developmental disabilities, and other appropriate entities to verify an individual's status as a registrant with the Commission.

9. ~~“Qualifying patient” means a resident of the State who has been provided with a certification by a physician pursuant to a bona fide physician-patient relationship.~~

10. ~~“Registry Identification Card” means a document issued by the Department of Health that identifies a person as a registered qualifying student patient or primary caregiver.~~

B. Registration – Qualifying Student Patient and **Designated Primary** Caregiver(s)

1. A qualifying student patient must be authorized to engage in the medical use of **cannabis** ~~marijuana~~ and the **designated primary** caregiver(s) must be authorized to assist the

qualifying student patient with the medical use of **cannabis marijuana** pursuant to the provisions of N.J.S.A. 24:6I-1 et seq.

2. A qualifying student patient and their **designated primary** caregiver(s) must complete the registration process in accordance with the provisions of N.J.S.A. 24:6I-4 and any other requirements of the **Commission New Jersey Department of Health**.
3. The qualifying student patient's parent shall be responsible to immediately inform the Principal of any change in the status of the student's **registration with the Commission Registry Identification Card** that would deem the **registration with the Commission Registry Identification Card** null and void due to any reason outlined in N.J.S.A. 24:6I-1 et seq.~~4e or for any other reason.~~
4. The qualifying student patient's **designated primary** caregiver(s) shall be responsible to immediately inform the Principal of any change in the status of any **designated primary** caregiver(s)'s **current registration with the Commission Registry Identification Card** that would deem the **registration with the Commission Registry Identification Card** null and void due to any reason outlined in N.J.S.A. 24:6I-1 et seq.~~4e or for any other reason.~~

C. Submission for Authorization for Administration of Medical **Cannabis Marijuana**

1. A parent of a qualifying student patient requesting the administration of medical **cannabis marijuana** to the student while on school grounds, aboard a school bus, or attending a school-sponsored event must submit a written request to the Principal with **proof of current registration with the Commission** ~~a copy of a current New Jersey Department of Health Registry Identification Cards~~ for the qualifying student patient and the **designated primary** caregiver(s) and a copy of the **health care provider's physician's** order or prescription indicating dosage information and the method of administration for the medical **cannabis marijuana** to the qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event.

The Principal may request the parent provide additional documentation from the **health care provider physician** that the medical **cannabis marijuana** must be administered during the time of the day when the student is on school grounds, aboard a school bus, or attending a school-sponsored event and the medical **cannabis marijuana** cannot be administered and/or will not be effective during alternate times when the student is not on school grounds, aboard a school bus, or attending a school-sponsored event.

- a. The parent's written request and all supporting documentation must be submitted to the Principal at least five school days before the first day of the requested administration.
2. The Principal shall review the ~~submitted~~ **proof of current registration with the Commission Registry Identification Cards** and supporting documentation **submitted by the parent** with the school physician, the school nurse, and the Head of School of Schools.

3. Upon review and approval of the documentation submitted by the parent, the Principal will inform the parent or **designated primary caregiver(s)**, if the parent is not the **designated primary caregiver(s)**, in writing with the following information:
 - a. The location (school, office, etc.) where the **designated primary caregiver(s)** shall report to administer the medical **cannabis marijuana**;
 - b. The school staff member(s) who the **designated primary caregiver(s)** must see to coordinate the administration of medical **cannabis marijuana**;
 - c. The time the **designated primary caregiver(s)** shall report to administer the medical **cannabis marijuana**;
 - d. The specific location where the medical **cannabis marijuana** shall be administered to the student; and
 - e. A copy of Policy and Regulation 5330.01 – Administration of Medical **Cannabis Marijuana**.
4. In the event the Principal, after consultation with the school nurse, school physician, and Head of School, has a question or concern regarding the **current registration with the Commission Registry Identification Cards** or supporting documentation submitted by the parent, the Principal or school physician will contact the parent with the question or concern.
5. The administration of medical **cannabis marijuana** on school grounds, aboard a school bus, or at a school-sponsored event, pursuant to N.J.S.A. 18A:40-12.22, will only be authorized after the approval required by Policy and Regulation 5330.01.

D. Administration of Medical **Cannabis Marijuana**

1. ~~The medical~~ **cannabis marijuana** shall only be administered by the **designated primary caregiver(s)** and at the approved location, times, and method as indicated in the parent's request that was approved in writing by the Principal.
2. In accordance with the provisions of N.J.S.A. 18A:40-12.22.b.(5), medical **cannabis marijuana** cannot be administered to a qualifying student patient while on school grounds, aboard a school bus, or attending a school-sponsored event by smoking or other form of inhalation.
3. ~~The prescribed~~ medical **cannabis marijuana** must always be in the possession of the **designated primary caregiver(s)** and may not be in the possession of the qualifying student patient at any time on school grounds, aboard a school bus, or at a school-sponsored event.
4. The Principal, after consultation with the school nurse, school physician, and the Head of School, will determine a specific location for the administration of the medical **cannabis marijuana** to the qualifying student patient.

- a. The Principal will designate a private area, if possible, for the **designated primary** caregiver(s) to administer the medical **cannabis marijuana** to the qualifying student patient. The amount of privacy provided for the administration will depend on the approved method of administration and the designated location. The location may be a nurse's office, a private office, a private restroom facility, or any other location appropriate for the approved method of administration.
5. The **designated primary** caregiver(s) shall report to the approved location prior to the scheduled time for the administration of medical **cannabis marijuana** to the qualifying student patient. The **designated primary** caregiver(s) must show **the proof of current registration with the Commission Registry Identification Card** and a second form of identification which shall be a photograph identification.
6. The Principal or supervising school staff member of a school-sponsored event may designate a school staff member to escort the **designated primary** caregiver(s) to the qualifying student patient at the designated time to the designated location for the administration.
7. The Principal may designate a school staff member to observe the administration of the medical **cannabis marijuana** on school grounds, aboard a school bus, or at a school-sponsored event.
8. The **designated primary** caregiver(s) shall assist in the administration of medical **cannabis marijuana** to the qualifying student patient in accordance with the method and dosage prescribed by the **health care practitioner physician** and included in the parent's request to the Principal.
9. The qualifying student patient shall return to his/her class or event as soon as possible after the administration.
10. The **designated primary** caregiver(s) will be escorted outside the school building, away from the school bus, or away from the school-sponsored event, if applicable, by a school staff member after the administration.
 - a. The qualifying student patient and/or **designated primary** caregiver(s) may be asked to remain at the location of the administration by the school staff member in the event the student needs some additional time after the administration and before returning to their class or event.
11. The **designated primary** caregiver(s) shall be responsible for the security of the medical **cannabis marijuana** on school grounds, aboard a school bus, or at a school-sponsored event before, during, and after the administration. At no time shall the qualifying student patient have the medical **cannabis marijuana** in their possession except during the administration process by the **designated primary** caregiver(s).

7425 LEAD TESTING OF WATER IN SCHOOLS

The health, safety, and welfare of the children in the school district are of utmost importance to the Board of Trustees. The potential exposure to lead-contaminated drinking water poses serious health problems, particularly for children, as well as for teachers and school personnel, since the risk of lead contamination can come from pipe and plumbing fixtures in school facilities or on school grounds. The Board shall assure the availability of potable drinking water through sanitary means in school facilities or on school grounds. The Board of Trustees shall provide, in accordance with N.J.A.C. 6A:26-12.4, testing for lead in all district sources of drinking water.

The Board shall conduct lead sampling and analysis in all drinking water outlets to which a student or staff member has, or may have, access in each school facility, other facility, or temporary facility, as soon as practicable, but no later than July 13, 2017, unless the district qualifies for an exemption in accordance with N.J.A.C. 6A:26-12.4(d)(h)(i)(j). This **testing lead sampling and analysis** shall be conducted with a lead sampling plan in accordance with N.J.A.C. 6A:26-12.4(d)1, 2, and 3, and shall be in accordance with the Safe Drinking Water Act, N.J.S.A. 58:12A-1.

The Head of School or designee shall complete a review of the final laboratory results within seventy-two hours of receipt. Within twenty-four hours after the ~~Board~~ **Head of School** or designee has completed a review of final laboratory results in accordance with the provisions of N.J.A.C. 6A:26-12.4(e), the test results shall be made publicly available at the school facility and on the Board of Trustee's website. If any results exceed the permissible lead action level, the Board shall provide written notification to the parents of all students attending the facility, facility staff, and the New Jersey Department of Education. This **written** notification shall include: a description of the measures taken by the ~~Board~~ **Head of School** or designee to immediately end the use of each drinking water outlet where the water quality exceeded the permissible lead action level; **any additional remedial action taken or planned by the Board of Trustees**; the measures taken to ensure that alternate drinking water has been made available to all students and staff members; **where the water outlet(s) is located**; and information regarding the health effects of lead in accordance with N.J.A.C. 6A:26-12.4(e)1 and 2. ~~After the initial screening, the Board will conduct these lead screenings every six years and~~

Notwithstanding the results or date of any prior testing, the Board shall continue to test drinking water outlets in the designated Statewide required testing year, which shall be every third school year beginning with the 2021-2022 school year and subsequently occurring in the 2024-2025 school year. By no later than June 30 of the designated Statewide required testing year, the Board shall test all drinking water outlets in accordance with N.J.A.C. 6A:26-12.4(g)1. The Board shall sample for lead after the replacement of any drinking water outlet or any other alteration to plumbing or service lines that may impact lead levels at the outlet, in accordance with N.J.A.C. 6A:26-12.4(f)(g)1, and 2.

The Board shall submit to the New Jersey Department of Education by June 30 of each year a statement of assurance, that the school district completed lead testing in accordance with N.J.A.C. 6A:26-12.4; that notifications were provided consistent with N.J.A.C. 6A:26-12.4; and

that alternative drinking water continues to be made available to all students and staff, if necessary, pursuant to N.J.A.C. 6A:26-12.4~~(g)~~(i).

The Board may apply for reimbursement for the costs of any water supply testing and analysis conducted, in accordance with N.J.A.C. 6A:26-12.4~~(j)~~(k).

N.J.S.A. 58:12A-1 et seq.

N.J.A.C. 6A:26-12.4

R 7425 LEAD TESTING OF WATER IN SCHOOLS

The Board of Trustees shall assure the availability of potable drinking water through sanitary means in school facilities or upon school grounds and shall test the school drinking water quality in accordance with the Safe Drinking Water Act, N.J.S.A. 58:12A-1 and the Planning and Construction Standards for School Facilities, N.J.A.C. 7:10 and N.J.A.C. 6A:26-6.

The school shall conduct lead sampling and analysis in all drinking water outlets to which a student or staff member has, or may have, access in each school facility, other facility, or temporary facility in accordance with the provisions of N.J.A.C. 6A:26-12.4.

A. Testing of Drinking Water

1. Schedule

- a. Sampling shall be conducted in accordance with a lead sampling plan, which shall include:
 - (1) A plumbing survey for each facility that identifies how water enters and flows through each facility, the types of plumbing materials used in the facility, such as the service line, piping, solder, fixtures, drinking water outlets where students or staff have or may have access, and point of use treatment, such as drinking water filters;
 - (2) The names and responsibilities of all individuals involved in sampling; and
 - (3) The following sampling procedures:
 - (a) Samples shall be taken after water has sat undisturbed in the school pipes for at least eight hours, but no more than forty-eight hours before the sample is taken.
 - (i) 24-hour school facilities shall collect first-draw samples at drinking water outlets following a stagnation time that would likely result in the longest standing time;
 - (b) At least eight hours prior to sampling, signs shall be posted to indicate that water shall not be used and access to the buildings subject to the sampling shall be restricted to all but authorized staff members;
 - (c) Existing aerators, screens, and filters shall not be replaced or removed prior to or during sampling; and

- (d) All samples shall be collected in pre-cleaned high-density polyethylene (HDPE) 250 milliliter (mL) wide-mouth single-use rigid sample containers that are properly labeled.

2. Analysis of Samples

a. Analysis of samples shall be conducted as follows:

- (1) Analysis shall be conducted by a certified laboratory to analyze for lead in drinking water;
- (2) The laboratory shall use an approved analytical method pursuant to the Federal Safe Drinking Water Act at 40 CFR 141.23(k)(1); and
- (3) Sample analysis shall be conducted in accordance with a Quality Assurance Project Plan (QAPP), which shall be signed by the Board, the certified laboratory, and the individual responsible for conducting the sampling. The QAPP shall include the identification of analytical methods, chain of custody procedures, data validation and reporting processes, detection limits, reporting to three significant figures, field blanks, and quality control measures required by the certified method.

b. The Head of School or designee may utilize a technical guidance manual, which will be developed by the New Jersey Department of Education (NJDOE), in consultation with the Department of Environmental Protection (DEP), to assist in the school district's compliance with the sampling and analysis requirements of this Regulation.

3. Designated Statewide Required Testing

a. Notwithstanding the results or date of any prior testing, the Board shall continue to test drinking water outlets as provided in A.2.a. above in the designated Statewide required testing year, which shall be every third school year beginning with the 2021-2022 school year and subsequently occurring in the 2024-2025 school year:

- (1) By no later than June 30 of the designated Statewide required testing year, the Board shall test all drinking water outlets. Sampling shall be prioritized, such that buildings and facilities that previously had outlets with results above the action level or identified in the plumbing profile as high risk for lead shall be sampled first in accordance with the sampling plan; and

(2) The Board shall sample for lead after the replacement of any drinking water outlet or any other alteration to plumbing or service lines that may impact lead levels at the outlet.

b. If the Board tests drinking water outlets for lead more frequently than the three-year cycle set forth in A.3.a. above, the notification requirements set forth in B.2.b. below shall apply.

(1) If drinking water outlets are tested more frequently in accordance with A.3.b. above, the Board shall make the most recent results for each facility available on the Board's website.

4. Statement of Assurance

a. The Board shall submit to the NJDOE by June 30 each year a statement of assurance that lead testing was completed, that notifications were provided, and that alternate drinking water continues to be made available in accordance with N.J.A.C. 6A:26-12.4.

5. Exception from Testing Requirements

a. The Board may request an exemption from the testing requirements set forth in A.2. above if they can demonstrate that they do not use any drinking water outlets for consumption or food preparation in any of their facilities.

b. The Board shall submit an application to the NJDOE documenting that no drinking water outlets are used in their facilities and the provisions for an alternative source of drinking water.

c. If the school district receives an exemption from the NJDOE from testing, the Board shall make available for public inspection at the school facility and on the Board's website, if applicable, confirmation that the school district is exempt from testing.

d. No later than June 30 of each Statewide required testing school year set forth in A.3. above, the Board shall either begin testing procedures in accordance with section A.3.a. above or reapply for an exemption under section A.5.

B. Water Testing – Laboratory Results

1. The Head of School or designee shall complete a review of final laboratory results within seventy-two hours of receipt.

2. Within twenty-four hours after the Head of School or designee has reviewed the final laboratory results, the Head of School or designee shall:
 - a. Make the test results of all water samples publicly available at the school facility in accordance with section B.3. below and make the results from the most recent required Statewide testing available on the Board's website; and
 - b. If any results exceed the permissible lead action level, provide written notification to the parents of all students attending the facility, facility staff, and the Department of Education. This written notification shall be posted on the Board's website and shall include a description of the following:
 - (1) Measures taken by the Board or its designee, to immediately end use of each drinking water outlet where water quality exceeds the permissible lead action level;
 - (2) Any additional remedial actions taken or planned by the Board;
 - (3) The measures taken to ensure that alternate drinking water has been made available to all students and staff members at the school(s) where the water outlet(s) is located; and
 - (4) Information regarding the health effects of lead.
3. Test results of all water samples shall remain publicly available in accordance with the timeline established by the Department of the Treasury in the Records Retention Schedule.

C. Reimbursement

1. The Board shall be eligible to be reimbursed for the water supply testing and analysis conducted pursuant to section A.3. above after July 1, 2021, as approved by the NJDOE and subject to available funds.
2. To be eligible to receive reimbursement, the Board shall complete and submit to the NJDOE a reimbursement application on a form, or in a format, supplied by the NJDOE.
 - a. The NJDOE will make the reimbursement application available on its website.
3. If the school district conducts additional testing in a year other than the Statewide required testing school year as set forth in A.3. above, the district shall not be eligible for reimbursement.

D. Failure to Comply

1. Failure to comply with any requirement of N.J.A.C. 6A:26-12.4 and Policy and Regulation 7425 may result in any of the following:
 - a. Board's disqualification for reimbursement pursuant to C. above;
 - b. The NJDOE's initiation of an investigation by the Office of Fiscal Accountability and Compliance; and
 - c. The Commissioner's withholding of State aid pursuant to N.J.A.C. 6A:2-1.2.



Finance & Facilities Committee Report

April 12, 2021

Attendance:

- ☐ Leslie Baynes
- ☐ Bima Baje
- ☐ Shawna Ebanks
- ☐ Susanna Holgun-Veras

I. Financial Review

a. Treasurer's Report:

- i. As of March 31, 2021, total operating cash on hand \$1,405,076.67 net \$139,817.37 in outstanding vendor payments and \$4,386.04 employee checks.
 - The new General Fund account with Provident Bank was opened March 12th with a \$460,157.66 deposit, details will be included in next month's meeting information.

b. Secretary's Report:

- i. As of March 31, 2021
 - o Received \$4,794.065 in revenue from state & federal sources
 - o \$3,900,439.62 in expenses have been paid.
 - o \$1,712,963.23 in encumbrances are pending payment
 - o \$408,829.95 remains unencumbered

c. Operations

- i. The 990 is due May 17th, will be presented at this meeting and filed after approval.

II. Facilities

- a. Lower level restroom renovation still underway, projected completion early May
- b. Roof and skylight repairs complete.
- c. First phase of window repairs complete.

Interim Balance Sheet

ASSETS AND RESOURCES

| | | |
|---|-------------------|-----------------|
| ASSETS | | |
| 101 Cash in checking account | \$ 1,332,850.76 | |
| 102-106 Other cash equivalents | \$ 78,500.00 | |
| Total cash | | \$ 1,411,350.76 |
| 111 Investments | | \$ 0.00 |
| 114 Investment interest receivable | | \$ 0.00 |
| 121 Tax levy receivable | | \$ 1,906,325.56 |
| Accounts receivable | | |
| 132 Interfund | \$ 37,420.89 | |
| 141 Intergovernmental - state | \$ 178,069.00 | |
| 142 Intergovernmental - federal | \$ 0.00 | |
| 143 Intergovernmental - other | \$ (54,519.11) | |
| 153 Other Accounts Receivable | \$ 0.00 | |
| | | \$ 160,970.78 |
| Loans receivable | | |
| 131 Interfund | \$ 0.00 | |
| 151 Other Loans Receivable | \$ 0.00 | |
| | | \$ 0.00 |
| 199 Other current assets | | \$ 4,550.00 |
| RESOURCES | | |
| 301 Estimated revenues (from adjusted budget) | \$ 5,232,955.13 | |
| 302 Less: revenues collected or accrued | \$ (5,198,885.82) | |
| | | \$ 34,069.31 |
| TOTAL ASSETS AND RESOURCES | | \$ 3,517,266.41 |

LIABILITIES AND FUND EQUITY

| | | |
|--|----------------|---------------|
| LIABILITIES | | |
| 401 Interfund loans payable | \$ 0.00 | |
| 402 Interfund accounts payable | \$ 0.00 | |
| 411 Intergovernmental accounts payable - state | \$ 0.00 | |
| 412 Intergovernmental accounts payable - federal | \$ (10,656.00) | |
| 413 Intergovernmental accounts payable - other | \$ 0.00 | |
| 421 Accounts payable | \$ (50,929.79) | |
| 422 Judgments payable | \$ 0.00 | |
| 430 Compensated absences payable | \$ 0.00 | |
| 431 Contracts payable | \$ 0.00 | |
| 451 Loans payable | \$ 777,846.00 | |
| 461 Accrued Salaries and Benefits | \$ 8,164.54 | |
| 481 Deferred revenues | \$ 5,000.00 | |
| 499 Other current liabilities | \$ 0.00 | |
| Total liabilities | | \$ 729,424.75 |

| | | | | |
|--|---|-------------------|-------------------|-----------------|
| FUND EQUITY | | | | |
| Appropriated: | | | | |
| 753 | Reserve for encumbrances - current year | | \$ | 1,680,518.43 |
| 754 | Reserve for encumbrances - prior year | | \$ | 0.00 |
| 760 | Other reserves | | \$ | 0.00 |
| 771 | Designated Fund Balance | | \$ | 0.00 |
| 772 | Designated Fund Balance - ARRA/SEMI | | \$ | 0.00 |
| 601 | Appropriations | \$ | 5,559,159.89 | |
| 602 | Less: expenditures | \$ | 3,553,807.75 | |
| 603 | Less: encumbrances | \$ | 1,680,518.43 | |
| Appropriations less expenditures | | | | \$ 2,005,352.14 |
| Unappropriated: | | | | |
| 770 | Fund Balance, July 1, 2020 | | \$ | 1,108,694.28 |
| 303 | Less: budgeted fund balance | | \$ | (326,204.76) |
| Unappropriated fund balance | | | | \$ 782,489.52 |
| Total fund equity | | | | \$ 2,787,841.66 |
| TOTAL LIABILITIES AND FUND EQUITY | | | | \$ 3,517,266.41 |
| RECAPITULATION OF FUND BALANCE - CURRENT YEAR ACTIVITY | | | | |
| | | Budgeted | Actual | Variance |
| Appropriations | | \$ 5,559,159.89 | \$ 5,234,326.18 | \$ 324,833.71 |
| Less: Revenues | | \$ (5,232,955.13) | \$ (5,198,885.82) | \$ (34,069.31) |
| Subtotal | | \$ 326,204.76 | \$ 35,440.36 | \$ 290,764.40 |
| Less: adjustment to appropriations for Prior Year Encumbrances | | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total current year budgeted fund balance | | \$ 326,204.76 | \$ 35,440.36 | \$ 290,764.40 |
| Add: Unappropriated fund balance | | | | \$ 782,489.52 |
| Total of budgeted and unappropriated fund balance | | | | \$ 1,073,253.92 |

Revenues/Sources of Funds

| Acct Group | Group Title | Budgeted Est. | Transfers | Adj. Budget | Act to Date | Unrealized Under/(Over) |
|--------------|----------------------------|---------------|--------------|--------------|--------------|-------------------------|
| Recap | From Recap of Fund Balance | 141,408.76 | 184,796.00 | 326,204.76 | 35,440.36 | 290,764.40 |
| 52xx | From Transfers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1xxx | From Local Sources | 4,136,741.00 | (199,532.00) | 3,937,209.00 | 3,958,796.82 | (21,587.82) |
| 2xxx | From Intermediate Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3xxx | From State Sources | 1,281,010.13 | 14,736.00 | 1,295,746.13 | 1,240,089.00 | 55,657.13 |
| 4xxx | From Federal Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5xxx | From Other Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals | | 5,559,159.89 | 0.00 | 5,559,159.89 | 5,234,326.18 | 324,833.71 |

Fund 11 (Current Expense Fund)

| Account Group | Group Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|---------------------------|-------------|--------------|---------------|--------------|--------------|--------------|---------------|---------|
| Instructional Expense | | 2,556,411.10 | 6,931.60 | 2,563,342.70 | 1,606,246.90 | 850,905.56 | 106,190.24 | 0.00 |
| Administrative | | 1,854,512.58 | 60,180.31 | 1,914,692.89 | 1,241,429.15 | 574,679.47 | 98,584.27 | 0.00 |
| Support Services | | 1,118,236.21 | (32,000.00) | 1,086,236.21 | 705,180.65 | 269,496.36 | 111,559.20 | 0.00 |
| Grand Totals for fund 11: | | 5,529,159.89 | 35,111.91 | 5,564,271.80 | 3,552,856.70 | 1,695,081.39 | 316,333.71 | 0.00 |

Fund 12 (Capital Outlay Fund)

| Account Group | Group Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|---|-------------|--------------|---------------|--------------|--------------|--------------|---------------|---------|
| Capital Outlay | | 30,000.00 | (20,000.00) | 10,000.00 | 951.05 | 548.95 | 8,500.00 | 0.00 |
| Grand Totals for fund 12: | | 30,000.00 | (20,000.00) | 10,000.00 | 951.05 | 548.95 | 8,500.00 | 0.00 |
| Grand Totals for all Subfunds of Fund 10: | | 5,559,159.89 | 15,111.91 | 5,574,271.80 | 3,553,807.75 | 1,695,630.34 | 324,833.71 | 0.00 |

Revenues Summary

| Acct Group | Group Title | Budgeted Est. | Transfers | Adj. Budget | Act to Date | Unrealized Under/(Over) |
|-----------------|--------------------------------|---------------|--------------|--------------|--------------|-------------------------|
| Recap | From Recap of Fund Balance | 141,408.76 | 184,796.00 | 326,204.76 | 35,440.36 | 290,764.40 |
| 10-1200-000-011 | Equalization/Lcl Lvy Aid-Local | 737,682.00 | (57,116.00) | 680,566.00 | 680,566.00 | 0.00 |
| 10-1200-000-012 | Equalization/Lcl Lvy Aid-State | 3,399,059.00 | (142,416.00) | 3,256,643.00 | 3,256,643.00 | 0.00 |
| 10-1510-000-023 | Interest | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-1900-000-023 | Other Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-1920-000-023 | Contributions/Donations | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-1920-001-023 | Fundraising | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-1980-000-023 | Refund of Prior Yr Exp | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-1990-000-023 | Miscellaneous Revenue | 0.00 | 0.00 | 0.00 | 21,587.82 | (21,587.82) |
| 10-3100-000-012 | Equalization/Lcl Lvy Aid-State | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-3130-000-015 | Categorical Aid - Spec Ed | 209,785.00 | 5,031.00 | 214,816.00 | 214,816.00 | 0.00 |
| 10-3177-000-016 | Categorical Security Aid | 146,832.00 | 5,430.00 | 152,262.00 | 152,262.00 | 0.00 |
| 10-3190-000-021 | Other Unrestricted State Aid | 0.00 | 0.00 | 0.00 | 37,733.00 | (37,733.00) |
| 10-3195-000-021 | Consolidated Aid | 747,552.00 | 4,275.00 | 751,827.00 | 751,827.00 | 0.00 |
| 10-3902-000-000 | FICA/TPAF Reimbursement | 176,841.13 | 0.00 | 176,841.13 | 83,451.00 | 93,390.13 |
| 10-4210-000-023 | Federal Charter School Grant | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals | | 5,559,159.89 | 0.00 | 5,559,159.89 | 5,234,326.18 | 324,833.71 |

Minimum Expense General Ledger Report**Fund 11 (Current Expense Fund)**

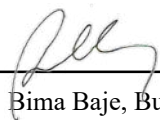
| Expend. Account # | Account Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|----------------------------------|---|---------------------|--------------------|---------------------|---------------------|---------------------|-------------------|-------------|
| 11-130-100-101 | Grade 7-8 Teacher | 1,799,151.16 | (38,700.00) | 1,760,451.16 | 1,160,871.59 | 599,579.57 | 0.00 | 0.00 |
| 11-150-100-101 | Home Instructions (Hours) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-190-100-106 | Oth Sal for Inst | 0.00 | 39,700.00 | 39,700.00 | 38,557.14 | 985.00 | 157.86 | 0.00 |
| 11-190-100-320 | Purch Prof Svcs | 387,600.00 | (31,000.00) | 356,600.00 | 210,671.59 | 94,368.03 | 51,560.38 | 0.00 |
| 11-190-100-330 | Other Purch Svs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-190-100-610 | General Supplies | 70,000.00 | 6,931.60 | 76,931.60 | 28,740.99 | 25,882.76 | 22,307.85 | 0.00 |
| 11-190-100-640 | Textbooks | 45,700.00 | 0.00 | 45,700.00 | 10,809.14 | 13,557.46 | 21,333.40 | 0.00 |
| 11-190-100-890 | Miscellaneous Expense | 10,000.00 | 0.00 | 10,000.00 | 4,680.40 | 2,019.60 | 3,300.00 | 0.00 |
| 11-190-113-101 | Substitute Teachers Days | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-200-100-101 | Special Education Teacher | 203,959.94 | 0.00 | 203,959.94 | 89,446.80 | 114,513.14 | 0.00 | 0.00 |
| 11-421-100-105 | Stipends | 40,000.00 | 30,000.00 | 70,000.00 | 62,469.25 | 0.00 | 7,530.75 | 0.00 |
| Instructional Expense | | 2,556,411.10 | 6,931.60 | 2,563,342.70 | 1,606,246.90 | 850,905.56 | 106,190.24 | 0.00 |
| 11-000-230-100 | Salaries | 808,236.77 | 0.00 | 808,236.77 | 534,532.95 | 273,703.82 | 0.00 | 0.00 |
| 11-000-230-210 | Benefits - Life Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-230-300 | Purch Prof/Tech Svc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-230-330 | Other Purch Services | 57,350.00 | 0.00 | 57,350.00 | 49,910.86 | 4,611.26 | 2,827.88 | 0.00 |
| 11-000-230-331 | Judgements Against Charters | 106,850.00 | 0.00 | 106,850.00 | 28,286.92 | 22,983.34 | 55,579.74 | 0.00 |
| 11-000-230-332 | Audit Fees | 17,250.00 | 0.00 | 17,250.00 | 0.00 | 0.00 | 17,250.00 | 0.00 |
| 11-000-230-530 | Communications/Telephone | 34,585.00 | 4,457.41 | 39,042.41 | 12,007.28 | 18,440.02 | 8,595.11 | 0.00 |
| 11-000-230-590 | Other Purchased Services (400-500 Series) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-230-610 | Supplies & Materials | 7,000.00 | 0.00 | 7,000.00 | 198.00 | 0.00 | 6,802.00 | 0.00 |
| 11-000-230-890 | Miscellaneous Expense | 2,400.00 | 0.00 | 2,400.00 | 1,601.90 | 500.00 | 298.10 | 0.00 |
| 11-000-230-895 | Membership dues | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-290-500 | Other Purchased Services (300-500 Series) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-291-230 | Benefits - SS & Medicare | 237,238.26 | 0.00 | 237,238.26 | 149,647.06 | 84,149.20 | 3,442.00 | 0.00 |
| 11-000-291-232 | Benefits - NJ State Pension | 165,000.00 | (15,571.00) | 149,429.00 | 149,429.00 | 0.00 | 0.00 | 0.00 |
| 11-000-291-250 | State Unemployment Ins | 55,502.55 | 0.00 | 55,502.55 | 1,911.19 | 53,591.36 | 0.00 | 0.00 |
| 11-000-291-260 | Benefits - Workman's Comp | 35,100.00 | 3,722.90 | 38,822.90 | 29,813.90 | 7,010.90 | 1,998.10 | 0.00 |
| 11-000-291-270 | Benefits - Health Insurance | 325,000.00 | 65,571.00 | 390,571.00 | 282,089.77 | 108,481.23 | 0.00 | 0.00 |
| 11-000-291-290 | Benefits - FlexSpending Fees | 3,000.00 | 2,000.00 | 5,000.00 | 2,000.32 | 1,208.34 | 1,791.34 | 0.00 |
| Administrative | | 1,854,512.58 | 60,180.31 | 1,914,692.89 | 1,241,429.15 | 574,679.47 | 98,584.27 | 0.00 |
| 11-401-100-100 | Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-421-100-106 | Reading Program | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-213-100 | Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-213-610 | Nurse supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-214-000 | Psychological Evaluation | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-215-320 | Speech Therapy | 60,000.00 | (10,000.00) | 50,000.00 | 0.00 | 0.00 | 50,000.00 | 0.00 |
| 11-000-216-300 | Purch Prof/Tech Svc | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-216-320 | Purch Prof Tech Svcs - P/OT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-219-320 | Purch Prof Tech Svcs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-240-110 | Supp Svs - Salaries | 345,723.21 | 0.00 | 345,723.21 | 202,342.80 | 143,380.41 | 0.00 | 0.00 |
| 11-000-240-500 | Other Purchased Services (400-500 Series) | 196,600.00 | (37,000.00) | 159,600.00 | 96,368.93 | 44,430.91 | 18,800.16 | 0.00 |
| 11-000-251-830 | Mortgage Payments-Interest | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-251-831 | Interest on Current Loans | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-260-500 | Other Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11-000-262-441 | Rental of Land & Bldgs | 328,000.00 | 0.00 | 328,000.00 | 273,333.30 | 54,666.70 | 0.00 | 0.00 |
| 11-000-262-520 | Insurance | 63,413.00 | 5,000.00 | 68,413.00 | 58,170.14 | 0.00 | 10,242.86 | 0.00 |
| 11-000-262-610 | Supplies & Materials | 23,000.00 | 0.00 | 23,000.00 | 0.00 | 0.00 | 23,000.00 | 0.00 |
| 11-000-262-620 | Energy Costs | 76,500.00 | 0.00 | 76,500.00 | 41,841.70 | 25,158.30 | 9,500.00 | 0.00 |
| 11-000-262-890 | Miscellaneous Expense | 25,000.00 | 10,000.00 | 35,000.00 | 33,123.78 | 1,860.04 | 16.18 | 0.00 |
| 11-000-270-512 | Transp Other Than to/fr School | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Support Services | | 1,118,236.21 | (32,000.00) | 1,086,236.21 | 705,180.65 | 269,496.36 | 111,559.20 | 0.00 |
| Grand Totals for fund 11: | | 5,529,159.89 | 35,111.91 | 5,564,271.80 | 3,552,856.70 | 1,695,081.39 | 316,333.71 | 0.00 |

Fund 12 (Capital Outlay Fund)

| Expend. Account # | Account Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|----------------------------------|-----------------------------|------------------|--------------------|------------------|---------------|---------------|-----------------|-------------|
| 12-000-100-730 | Instructional Equipment | 20,000.00 | (20,000.00) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12-000-300-730 | Non-Instructional Equipment | 10,000.00 | 0.00 | 10,000.00 | 951.05 | 548.95 | 8,500.00 | 0.00 |
| 12-000-400-710 | Purchase Land/Improvements | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12-000-400-722 | Mortgage Payments-Principal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12-000-400-890 | Miscellaneous Expense | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Capital Outlay | | 30,000.00 | (20,000.00) | 10,000.00 | 951.05 | 548.95 | 8,500.00 | 0.00 |
| Grand Totals for fund 12: | | 30,000.00 | (20,000.00) | 10,000.00 | 951.05 | 548.95 | 8,500.00 | 0.00 |

| | | | | | | | |
|---|--------------|-----------|--------------|--------------|--------------|------------|------|
| Grand Totals for all Subfunds of Fund 10: | 5,559,159.89 | 15,111.91 | 5,574,271.80 | 3,553,807.75 | 1,695,630.34 | 324,833.71 | 0.00 |
|---|--------------|-----------|--------------|--------------|--------------|------------|------|

Pursuant to N.J.A.C. 6A:23A-16.10(c)3, I certify that as of the date of this report no budgetary line item account has encumbrances and expenditures which in total exceed the line item appropriation in violation of 6A:23A-16.10(a).



Bima Baje, Bus Adm/Bd Sec

4/9/21

Date

Interim Balance Sheet

ASSETS AND RESOURCES

| | | |
|---|-----------------|-----------------|
| ASSETS | | |
| 101 Cash in checking account | \$ (271,311.80) | |
| 102-106 Other cash equivalents | \$ 0.00 | |
| Total cash | | \$ (271,311.80) |
| 111 Investments | | \$ 0.00 |
| 114 Investment interest receivable | | \$ 0.00 |
| 121 Tax levy receivable | | \$ 0.00 |
| Accounts receivable | | |
| 132 Interfund | \$ 0.00 | |
| 141 Intergovernmental - state | \$ 0.46 | |
| 142 Intergovernmental - federal | \$ 0.00 | |
| 143 Intergovernmental - other | \$ 0.00 | |
| 153 Other Accounts Receivable | \$ 0.00 | |
| | | \$ 0.46 |
| Loans receivable | | |
| 131 Interfund | \$ 0.00 | |
| 151 Other Loans Receivable | \$ 0.00 | |
| | | \$ 0.00 |
| 199 Other current assets | | \$ 0.00 |
| RESOURCES | | |
| 301 Estimated revenues (from adjusted budget) | \$ 330,826.00 | |
| 302 Less: revenues collected or accrued | \$ (62,630.00) | |
| | | \$ 268,196.00 |
| TOTAL ASSETS AND RESOURCES | | \$ (3,115.34) |

LIABILITIES AND FUND EQUITY

| | | |
|--|--|--------------|
| LIABILITIES | | |
| 401 Interfund loans payable | | \$ 0.00 |
| 402 Interfund accounts payable | | \$ 0.00 |
| 411 Intergovernmental accounts payable - state | | \$ 0.00 |
| 412 Intergovernmental accounts payable - federal | | \$ 0.00 |
| 413 Intergovernmental accounts payable - other | | \$ 0.00 |
| 421 Accounts payable | | \$ 12,125.00 |
| 422 Judgments payable | | \$ 0.00 |
| 430 Compensated absences payable | | \$ 0.00 |
| 431 Contracts payable | | \$ 0.00 |
| 451 Loans payable | | \$ 0.00 |
| 481 Deferred revenues | | \$ 562.53 |
| 499 Other current liabilities | | \$ 0.00 |
| Total liabilities | | \$ 12,687.53 |

| | | | | |
|-----------------------------------|---|----|------------|------------------------|
| FUND EQUITY | | | | |
| Appropriated: | | | | |
| 753 | Reserve for encumbrances - current year | | \$ | 17,332.89 |
| 754 | Reserve for encumbrances - prior year | | \$ | 0.00 |
| 760 | Other reserves | | \$ | 0.00 |
| 771 | Designated Fund Balance | | \$ | 0.00 |
| 601 | Appropriations | \$ | 446,958.00 | |
| 602 | Less: expenditures | \$ | 346,628.87 | |
| 603 | Less: encumbrances | \$ | 17,332.89 | |
| Appropriations less expenditures | | | <u>\$</u> | <u>82,996.24</u> |
| | | | | \$ 100,329.13 |
| Unappropriated: | | | | |
| 770 | Fund Balance, July 1, 2020 | | \$ | 0.00 |
| 303 | Less: budgeted fund balance | | \$ | (116,132.00) |
| | Unappropriated fund balance | | | <u>\$ (116,132.00)</u> |
| | Total fund equity | | | <u>\$ (15,802.87)</u> |
| TOTAL LIABILITIES AND FUND EQUITY | | | | <u>\$ (3,115.34)</u> |

Revenues/Sources of Funds

| Acct Group | Group Title | Budgeted Est. | Transfers | Adj. Budget | Act to Date | Unrealized Under/(Over) |
|--------------|---------------------------|---------------|-----------|-------------|-------------|-------------------------|
| Info Only | Revenue Req'd to Balance | 116,132.00 | 0.00 | 116,132.00 | 301,331.76 | (185,199.76) |
| 52xx | From Transfers | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1xxx | From Local Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2xxx | From Intermediate Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3xxx | From State Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4xxx | From Federal Sources | 330,826.00 | 0.00 | 330,826.00 | 62,630.00 | 268,196.00 |
| 5xxx | From Other Sources | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals | | 446,958.00 | 0.00 | 446,958.00 | 363,961.76 | 82,996.24 |

Fund 20 (Special Revenue Fund)

| Account Group | Group Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|--|-------------|--------------|---------------|-------------|--------------|--------------|---------------|---------|
| Title IA - Improving Basic Pgms | | 186,373.00 | 0.00 | 186,373.00 | 166,131.14 | 2,310.86 | 17,931.00 | 0.00 |
| Title I (Other Prog.) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Friends of Link | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IDEA Part B | | 74,095.00 | 0.00 | 74,095.00 | 52,822.00 | 13,178.00 | 8,095.00 | 0.00 |
| IDEA (Prog. 251) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title VI - Rural/Low Income | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title VI (Other Prog.) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II A - Teach/Princ Train & Recruit | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II A (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II D - Enhance Ed Thru Tech. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II D (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title IV - Safe & Drug Free | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title IV (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title V - Innovative Pgms | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title V (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Character Education | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Reallocated Title I | | 7,728.00 | 0.00 | 7,728.00 | 0.00 | 0.00 | 7,728.00 | 0.00 |
| Digital Divide | | 62,630.00 | 0.00 | 62,630.00 | 62,193.16 | 436.84 | 0.00 | 0.00 |
| CARES ACT | | 116,132.00 | 0.00 | 116,132.00 | 65,482.57 | 1,407.19 | 49,242.24 | 0.00 |
| Corona Relief | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Charter Grant | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals for fund 20: | | 446,958.00 | 0.00 | 446,958.00 | 346,628.87 | 17,332.89 | 82,996.24 | 0.00 |

Revenues Summary

| Acct Group | Group Title | Budgeted Est. | Transfers | Adj. Budget | Act to Date | Unrealized Under/(Over) |
|-----------------|--------------------------|---------------|-----------|-------------|-------------|----------------------------|
| Info Only | Revenue Req'd to Balance | 116,132.00 | 0.00 | 116,132.00 | 301,331.76 | (185,199.76) |
| 20-4411-231-032 | Title I | 186,373.00 | 0.00 | 186,373.00 | 0.00 | 186,373.00 |
| 20-4413-234-032 | Title I C/O | 7,728.00 | 0.00 | 7,728.00 | 0.00 | 7,728.00 |
| 20-4415-260-032 | Title VI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4416-261-032 | Title VI C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4421-250-032 | IDEA | 74,095.00 | 0.00 | 74,095.00 | 0.00 | 74,095.00 |
| 20-4422-251-032 | IDEA C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4451-270-032 | Title II A | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4452-272-032 | Title II D | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4453-271-032 | Title II C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4471-280-032 | Title IV | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4473-281-032 | Title IV C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4475-290-032 | Title V | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-4476-000-000 | Digital Divide | 62,630.00 | 0.00 | 62,630.00 | 62,630.00 | 0.00 |
| 20-5000-000-035 | Link Education Partners | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-6000-000- | Special Education Grant | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals | | 446,958.00 | 0.00 | 446,958.00 | 363,961.76 | 82,996.24 |


Minimum Expense General Ledger Report**Fund 20 (Special Revenue Fund)**

| Expend. Account # | Account Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|--|---------------------------------|--------------|---------------|-------------|--------------|--------------|---------------|---------|
| 20-231-100-100 | Title I Sal for Inst | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-100-102 | Summer Program | 45,000.00 | 0.00 | 45,000.00 | 45,000.00 | 0.00 | 0.00 | 0.00 |
| 20-231-100-103 | After School Program | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-100-104 | Instructional Support | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-100-300 | Purchased Services | 120,000.00 | 0.00 | 120,000.00 | 117,689.14 | 2,310.86 | 0.00 | 0.00 |
| 20-231-100-500 | Title I - Other Purchased Servs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-100-600 | Supplies | 12,931.00 | 0.00 | 12,931.00 | 0.00 | 0.00 | 12,931.00 | 0.00 |
| 20-231-200-100 | Support Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-200-200 | Benefits | 3,442.00 | 0.00 | 3,442.00 | 3,442.00 | 0.00 | 0.00 | 0.00 |
| 20-231-200-300 | Purchased Prof Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-231-200-600 | Supplies | 5,000.00 | 0.00 | 5,000.00 | 0.00 | 0.00 | 5,000.00 | 0.00 |
| 20-231-230-101 | PGM Admin Fee | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title IA - Improving Basic Pgms | | 186,373.00 | 0.00 | 186,373.00 | 166,131.14 | 2,310.86 | 17,931.00 | 0.00 |
| 20-234-100-100 | Title I C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title I (Other Prog.) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-101 | Salaries-Instructional | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-102 | After School Program | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-103 | Summer Academy | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-320 | Purchase Prof Ed Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-610 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-100-890 | Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-100 | Salaries-Admin | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-330 | Professional Tech Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-500 | Other Purchase Services-Admin | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-520 | Communication/Tel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-610 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-230-890 | Miscellaneous | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-240-300 | Other Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-240-320 | Purchased Ed Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-300-262-441 | Rent | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Friends of Link | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-250-100-100 | IDEA Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-250-100-600 | IDEA Instr Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-250-200-200 | Benefits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-250-200-300 | Professional Services | 74,095.00 | 0.00 | 74,095.00 | 52,822.00 | 13,178.00 | 8,095.00 | 0.00 |
| IDEA Part B | | 74,095.00 | 0.00 | 74,095.00 | 52,822.00 | 13,178.00 | 8,095.00 | 0.00 |
| 20-251-100-100 | IDEA C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IDEA (Prog. 251) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-260-100-100 | Title VI | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-260-100-300 | Title VI - Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title VI - Rural/Low Income | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-261-100-100 | Title VI C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title VI (Other Prog.) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-270-100-300 | Title II A - Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-270-100-600 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II A - Teach/Princ Train & Recruit | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-271-100-100 | Title II C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II A (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-272-100-300 | Title II D - Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-272-100-600 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-272-100-730 | Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II D - Enhance Ed Thru Tech. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-273-100-100 | Title II C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title II D (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-280-100-100 | Title IV - Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-280-100-300 | Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title IV - Safe & Drug Free | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-281-100-100 | Title IV C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title IV (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Fund 20 (Special Revenue Fund)

| Expend. Account # | Account Title | Original Bgt | New App/Trnsf | Revised Bgt | Expenditures | Encumbrances | Avail Balance | Refunds |
|---------------------------|------------------------------|--------------|---------------|-------------|--------------|--------------|---------------|---------|
| 20-290-100-300 | Title V - Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-290-100-320 | Purchased Svcs | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-290-100-600 | Title V Part A - Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title V - Innovative Pgms | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-291-100-100 | Title V C/O | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Title V (Other Prog) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-292-190-610 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-292-190-890 | Other Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Character Education | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-235-200-300 | Purchased Services | 7,728.00 | 0.00 | 7,728.00 | 0.00 | 0.00 | 7,728.00 | 0.00 |
| Reallocated Title I | | 7,728.00 | 0.00 | 7,728.00 | 0.00 | 0.00 | 7,728.00 | 0.00 |
| 20-293-100-600 | Supplies | 62,630.00 | 0.00 | 62,630.00 | 62,193.16 | 436.84 | 0.00 | 0.00 |
| Digital Divide | | 62,630.00 | 0.00 | 62,630.00 | 62,193.16 | 436.84 | 0.00 | 0.00 |
| 20-477-100-101 | Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-477-100-600 | Supplies | 105,000.00 | 0.00 | 105,000.00 | 56,437.36 | 0.00 | 48,562.64 | 0.00 |
| 20-477-200-200 | Benefits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-477-200-300 | Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-477-200-600 | Supplies | 11,132.00 | 0.00 | 11,132.00 | 9,045.21 | 1,407.19 | 679.60 | 0.00 |
| CARES ACT | | 116,132.00 | 0.00 | 116,132.00 | 65,482.57 | 1,407.19 | 49,242.24 | 0.00 |
| 20-479-100-100 | Salaries | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-479-100-300 | Purchased Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-479-100-600 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Corona Relief | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-400-200-101 | Sped Teacher Sal | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-400-200-200 | Benefits | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-400-200-330 | Purchase Prof Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-400-200-590 | Other Purchase Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-400-200-610 | Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Charter Grant | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Grand Totals for fund 20: | | 446,958.00 | 0.00 | 446,958.00 | 346,628.87 | 17,332.89 | 82,996.24 | 0.00 |

Pursuant to N.J.A.C. 6A:23A-16.10(c)3, I certify that as of the date of this report no budgetary line item account has encumbrances and expenditures which in total exceed the line item appropriation in violation of 6A:23A-16.10(a).


 Birna Baje, Bus Adm/Bd Sec

4/9/21

Date

**REPORT OF THE TREASURER
TO THE BOARD OF TRUSTEES
LINK COMMUNITY CHARTER SCHOOL
ALL FUNDS**

FOR THE MONTH ENDING MARCH 31, 2021

| | | CASH REPORT | | | |
|--------------|---|-------------------------------------|--|---|---|
| FUNDS | | (1) Beginning Cash Balance | (2) Cash Receipts/Transfers This Month | (3) Cash Disbursements/Transfers This Month | (4) Ending Cash Balance (1) + (2) - (3) |
| | GOVERNMENTAL FUNDS | | | | |
| 1 | General Fund - Fund 10 - Operating | \$ 1,589,449.64 | \$ 339,184.43 | \$ 595,783.31 | \$ 1,332,850.76 |
| 2 | Charter Escrow | 75,000.00 | - | - | \$ 75,000.00 |
| 2 | Special Revenue Fund - Fund 20 | (197,970.44) | - | 73,341.36 | (271,311.80) |
| 3 | Total governmental funds (Lines 1 thru 2) | 1,466,479.20 | 339,184.43 | 669,124.67 | 1,136,538.96 |
| | ENTERPRISE FUND | | | | |
| 4 | Food Service | 23,536.87 | - | - | 23,536.87 |
| | Total Enterprise funds (Lines 4) | 23,536.87 | - | - | 23,536.87 |
| | TRUST & AGENCY FUNDS | | | | |
| 5 | Payroll Account | 41,117.62 | 227,746.69 | 227,905.64 | 40,958.67 |
| | PPP Account | (20.00) | 20.00 | - | - |
| 6 | Payroll Agency | 45,342.04 | 182,506.47 | 36,783.94 | 191,064.57 |
| 7 | Unemployment | 25.00 | - | - | 25.00 |
| 8 | Student Activity Account | 12,952.60 | - | - | 12,952.60 |
| 9 | Total Trust & Agency Funds (Lines 5 thru 8) | 99,417.26 | 410,273.16 | 264,689.58 | 245,000.84 |
| 10 | Total All Funds (Lines 3, 4 and 9) | \$ 1,589,433.33 | \$ 749,457.59 | \$ 933,814.25 | \$ 1,405,076.67 |

Prepared and Submitted By:

Leslie Baynes
Chief Operating Officer

04/09/21

Date

**LINK COMMUNITY CHARTER SCHOOL
RECONCILIATION OF BOARD SECRETARY'S REPORT (A-148)
AND TREASURER'S REPORT (A-149)
FOR THE MONTH ENDING MARCH 31, 2021**

| <u>Fund</u> | | |
|--|--------------------------------|-------------------------|
| 10.101 | General fund - Regular Account | \$ 1,332,850.76 |
| 10.106 | Charter Escrow | 75,000.00 |
| 20.101 | Special Revenue Fund | (271,311.80) |
| 60.101 | Enterprise Fund | 23,536.87 |
| 90.104 | PPP Account | - |
| 90.101 | Payroll Account | 40,958.67 |
| 90.103 | Unemployment | 25.00 |
| 91.101 | Agency Account | 191,064.57 |
| 95.101 | Student Activity Account | 12,952.60 |
| Total Board Secretary's Records - A-148 | | <hr/> 1,405,076.67 |
| Total Funds per Treasurer's Report | | <hr/> 1,405,076.67 |
| Difference | | <hr/> \$ - <hr/> |

LINK COMMUNITY CHARTER SCHOOL
TD Bank
OPERATING ACCOUNT - 430-2520237
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> <u>G/FUND</u> | <u>BOOKS</u> <u>S/REVENUE</u> | <u>BOOKS</u> <u>TOTAL</u> |
|--------------------------------------|------------------------|-------------------------------|----------------------------------|------------------------------|
| BALANCE BEG. OF MONTH | \$ 1,491,807.10 | \$ 1,589,449.64 | \$ (197,970.44) | \$ 1,391,479.20 |
| <u>Additions</u> | | | | |
| Deposits | 339,184.43 | 339,184.43 | 0.00 | 339,184.43 |
| Total Receipts | 339,184.43 | 339,184.43 | 0.00 | 339,184.43 |
| <u>Deductions</u> | | | | |
| Cash Disbursements | 629,635.20 | 595,783.31 | 73,341.36 | 669,124.67 |
| Total Disbursements | 629,635.20 | 595,783.31 | 73,341.36 | 669,124.67 |
| <u>BALANCE END OF MONTH</u> | 1,201,356.33 | | | |
| <u>RECONCILIATION</u> | | | | |
| Less--Outstanding checks | 139,817.37 | | | |
| Deposit in transit | | | | |
| ADJUSTED BALANCE END OF MONTH | \$ 1,061,538.96 | \$ 1,332,850.76 | \$ (271,311.80) | \$ 1,061,538.96 |
| | | | | |

The following checks are outstanding after this statement period:

| <u>Date</u> | <u>Check #</u> | <u>Vendor</u> | <u>Amount</u> | <u>Comment</u> |
|-------------|----------------|---|---------------|-----------------------|
| 09/06/2019 | 3351 | ALLIED UNIVERSAL SECURITY SERVI | \$1,513.65 | Acct #: 116846 |
| 09/09/2019 | 3360 | Plainfield Board of Education | \$729.00 | |
| 09/09/2019 | 3363 | Smithsonian | \$34.00 | |
| 04/06/2020 | 3589 | City of Newark Division of Water | \$599.30 | |
| 07/13/2020 | 3703 | Newark Board of Education | \$26,603.58 | |
| 09/11/2020 | 3779 | RESOURCES FOR EDUCATORS | \$0.00 | |
| 11/05/2020 | 3847 | Megan Siebecker | \$66.05 | |
| 12/14/2020 | 3888 | Montclair Board of Education | \$2,998.00 | |
| 01/07/2021 | 3897 | City of Newark Division of Water | \$560.65 | |
| 01/11/2021 | 3917 | Savvas Learning Company LLC | \$381.17 | |
| 01/21/2021 | 3919 | Kaitlyn Barkley | \$66.05 | |
| 01/22/2021 | 3925 | Literably, Inc. | \$781.30 | |
| 03/03/2021 | 3962 | Zoom Video Communications | \$228.82 | |
| 03/03/2021 | 3963 | City of Newark Division of Water | \$874.16 | |
| 03/04/2021 | 3968 | Gordon & Rees | \$1,537.00 | |
| 03/04/2021 | 3975 | CDW LLC | \$56,437.36 | |
| 03/04/2021 | 3978 | ASCD | \$239.00 | |
| 03/29/2021 | 3985 | ALLIED UNIVERSAL SECURITY SERVI | \$3,651.44 | Acct #: 116846 |
| 03/29/2021 | 3986 | AT&T Mobility | \$12,552.17 | |
| 03/29/2021 | 3987 | Avaya Inc. | \$261.00 | |
| 03/29/2021 | 3988 | Blick Art Materials | \$30.27 | |
| 03/29/2021 | 3989 | Delta-T Group North Jersey, Inc. | \$9,077.15 | Acct #: 1176510 |
| 03/31/2021 | 3990 | AT & T | \$120.00 | Acct #: 0300326485001 |
| 03/31/2021 | 3991 | Heinemann Publishing | \$528.00 | |
| 03/31/2021 | 3992 | INVO HEALTHCARE ASSOCIATES | \$5,612.00 | |
| 03/31/2021 | 3993 | MACHADO LAW GROUP | \$1,200.00 | |
| 03/31/2021 | 3994 | Maria Paradiso | \$951.60 | |
| 03/31/2021 | 3995 | Maschio's Food Service Inc. | \$10,014.66 | |
| 03/31/2021 | 3996 | EMS LINQ INC | \$350.00 | |
| 03/31/2021 | 3997 | PowerSchool Group LLC | \$840.00 | |
| 03/31/2021 | 3998 | Success Communications Group | \$286.50 | |
| 03/31/2021 | 3999 | Waste Management of New Jersey, Inc. | \$641.09 | |
| 03/31/2021 | 4000 | Worrall Communications Newspapers, Inc. | \$52.40 | |

The total of all checks outstanding this period: \$139,817.37

The following Journal Entries are outstanding after this period:

| <u>Date</u> | <u>Type</u> | <u>Amount</u> | <u>Comment</u> |
|-------------|-------------|---------------|----------------|
| 7/1/20 | Credit | \$220,873.66 | |
| 7/1/20 | Debit | \$220,873.66 | |

The net total of all journal entries outstanding after this period is: \$0.00



America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
GENERAL FUND ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 8
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4302520237-719-E-***
Primary Account #: 430-2520237

TD Business Premier Checking

LINK COMMUNITY CHARTER SCHOOL INC

Account # 430-2520237

ACCOUNT SUMMARY

| | | | |
|---------------------|--------------|--------------------------------|--------------|
| Beginning Balance | 1,491,807.10 | Average Collected Balance | 1,408,061.60 |
| Deposits | 313,494.33 | Interest Earned This Period | 0.00 |
| Electronic Deposits | 25,690.10 | Interest Paid Year-to-Date | 0.00 |
| | | Annual Percentage Yield Earned | 0.00% |
| Checks Paid | 219,382.04 | Days in Period | 31 |
| Electronic Payments | 410,253.16 | | |
| Ending Balance | 1,201,356.33 | | |

DAILY ACCOUNT ACTIVITY

Deposits

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|-------------|------------|
| 03/23 | DEPOSIT | 313,494.33 |
| | Subtotal: | 313,494.33 |

Electronic Deposits

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|---|-----------|
| 03/03 | CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700 | 8,480.85 |
| 03/03 | CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700 | 710.19 |
| 03/12 | CCD DEPOSIT, PLAINFIELD BOE AP LINKCO | 6,075.00 |
| 03/24 | CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700 | 9,618.60 |
| 03/24 | CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700 | 805.46 |
| | Subtotal: | 25,690.10 |

Checks Paid

No. Checks: 42

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

| DATE | SERIAL NO. | AMOUNT | DATE | SERIAL NO. | AMOUNT |
|-------|------------|----------|-------|------------|-----------|
| 03/15 | 3862 | 305.57 | 03/29 | 3949* | 2,080.00 |
| 03/04 | 3907* | 1,066.81 | 03/24 | 3950 | 900.00 |
| 03/04 | 3927* | 1,158.55 | 03/18 | 3951 | 11,351.30 |
| 03/01 | 3930* | 265.22 | 03/26 | 3952 | 4,785.00 |
| 03/12 | 3931 | 146.26 | 03/23 | 3953 | 30,299.39 |
| 03/02 | 3935* | 4,945.00 | 03/25 | 3954 | 821.27 |
| 03/02 | 3938* | 291.66 | 03/25 | 3955 | 3,000.00 |
| 03/22 | 3940* | 297.12 | 03/18 | 3956 | 6,016.49 |
| 03/24 | 3941 | 314.00 | 03/23 | 3957 | 2,968.00 |
| 03/09 | 3942 | 1,000.00 | 03/22 | 3958 | 599.00 |
| 03/04 | 3944* | 2,968.00 | 03/22 | 3959 | 314.00 |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Page: 2 of 8

1. Your ending balance shown on this statement is:

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.

3. Subtotal by adding lines 1 and 2.

4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.

- | | | |
|---|-------------------|--------------|
| 1 | Ending Balance | 1,201,356.33 |
| 2 | Total Deposits | + |
| 3 | Sub Total | |
| 4 | Total Withdrawals | - |
| 5 | Adjusted Balance | |

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

- You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

**Bank**

America's Most Convenient Bank®

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC

Page: 3 of 8
 Statement Period: Mar 01 2021-Mar 31 2021
 Cust Ref #: 4302520237-719-E-***
 Primary Account #: 430-2520237

DAILY ACCOUNT ACTIVITY**Checks Paid (continued)**

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

| DATE | SERIAL NO. | AMOUNT | DATE | SERIAL NO. | AMOUNT |
|-----------|------------|-----------|-------|------------|------------|
| 03/24 | 3960 | 146.26 | 03/22 | 3973 | 130.50 |
| 03/23 | 3961 | 115.90 | 03/18 | 3974 | 32,305.65 |
| 03/23 | 3964* | 2,701.30 | 03/24 | 3976* | 434.70 |
| 03/12 | 3965 | 27,333.33 | 03/22 | 3977 | 114.98 |
| 03/18 | 3966 | 7,694.36 | 03/22 | 3979* | 403.75 |
| 03/22 | 3967 | 1,196.65 | 03/22 | 3980 | 8,500.00 |
| 03/26 | 3969* | 344.00 | 03/22 | 3981 | 1,557.56 |
| 03/22 | 3970 | 5,261.25 | 03/22 | 3982 | 25,649.00 |
| 03/23 | 3971 | 6,394.00 | 03/24 | 3983 | 450.00 |
| 03/22 | 3972 | 14,770.26 | 03/23 | 3984 | 7,985.95 |
| Subtotal: | | | | | 219,382.04 |

Electronic Payments

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|---|------------|
| 03/12 | eTransfer Debit, Online Xfer Transfer to CK 4301373885 | 114,559.29 |
| 03/12 | eTransfer Debit, Online Xfer Transfer to CK 4301373893 | 17,056.41 |
| 03/31 | eTransfer Debit, Online Xfer Transfer to CK 4301373893 | 149,429.00 |
| 03/31 | eTransfer Debit, Online Xfer Transfer to CK 4301373885 | 113,187.40 |
| 03/31 | eTransfer Debit, Online Xfer Transfer to CK 4301373893 | 16,021.06 |
| Subtotal: | | 410,253.16 |

DAILY BALANCE SUMMARY

| DATE | BALANCE | DATE | BALANCE |
|-------|--------------|-------|--------------|
| 02/28 | 1,491,807.10 | 03/18 | 1,278,609.24 |
| 03/01 | 1,491,541.88 | 03/22 | 1,219,815.17 |
| 03/02 | 1,486,305.22 | 03/23 | 1,482,844.96 |
| 03/03 | 1,495,496.26 | 03/24 | 1,491,024.06 |
| 03/04 | 1,490,302.90 | 03/25 | 1,487,202.79 |
| 03/09 | 1,489,302.90 | 03/26 | 1,482,073.79 |
| 03/12 | 1,336,282.61 | 03/29 | 1,479,993.79 |
| 03/15 | 1,335,977.04 | 03/31 | 1,201,356.33 |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-6745089
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|-------------------------------|----------------------------|----------------------------|
| BALANCE BEG. OF MONTH | <u>\$ 75,000.00</u> | <u>\$ 75,000.00</u> |
| RECEIPTS | | |
| | 0.00 | 0.00 |
| Total Receipts | <u>0.00</u> | <u>0.00</u> |
| DISBURSEMENTS | | |
| Disbursements | 0.00 | 0.00 |
| Total Disbursements | <u>0.00</u> | <u>0.00</u> |
| ADJUSTED BALANCE END OF MONTH | <u><u>\$ 75,000.00</u></u> | <u><u>\$ 75,000.00</u></u> |

**Bank**

America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
CHARTER ESCROW ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 2
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4356745089-717-E-###
Primary Account #: 435-6745089

TD Business Convenience Plus

LINK COMMUNITY CHARTER SCHOOL INC
CHARTER ESCROW ACCOUNT

Account # 435-6745089

ACCOUNT SUMMARY

| | | | |
|-------------------|-----------|--------------------------------|-----------|
| Beginning Balance | 75,000.00 | Average Collected Balance | 75,000.00 |
| | | Interest Earned This Period | 0.00 |
| Ending Balance | 75,000.00 | Interest Paid Year-to-Date | 0.00 |
| | | Annual Percentage Yield Earned | 0.00% |
| | | Days in Period | 31 |

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.comBank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

Page: 2 of 2

1. Your ending balance shown on this statement is:

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.

3. Subtotal by adding lines 1 and 2.

4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.

5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

- You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-1373918
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|------------------------------|----------------------------|----------------------------|
| BALANCE BEG. OF MONTH | \$ 23,536.87 | \$ 23,536.87 |
| RECEIPTS | | |
| | 0.00 | 0.00 |
| Total Receipts | <u>0.00</u> | <u>0.00</u> |
| DISBURSEMENTS | | |
| Disbursements | 0.00 | 0.00 |
| Total Disbursements | <u>0.00</u> | <u>0.00</u> |
| BALANCE END OF MONTH | <u>\$ 23,536.87</u> | <u>\$ 23,536.87</u> |
| FUND 10 transfer | | |
| Outstanding Check | - | |
| BALANCE PER BOOKS | <u>\$ 23,536.87</u> | <u>\$ 23,536.87</u> |

**Bank**

America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
FOOD SERVICE FUND ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 2
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373918-717-E-###
Primary Account #: 430-1373918

TD Business Convenience Plus

LINK COMMUNITY CHARTER SCHOOL INC
FOOD SERVICE FUND ACCOUNT

Account # 430-1373918

ACCOUNT SUMMARY

| | | | |
|-------------------|-----------|--------------------------------|-----------|
| Beginning Balance | 23,536.87 | Average Collected Balance | 23,536.87 |
| | | Interest Earned This Period | 0.00 |
| Ending Balance | 23,536.87 | Interest Paid Year-to-Date | 0.00 |
| | | Annual Percentage Yield Earned | 0.00% |
| | | Days in Period | 31 |

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.comBank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

Page: 2 of 2

1. Your ending balance shown on this statement is:

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.

3. Subtotal by adding lines 1 and 2.

4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.

5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

- You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-1373900
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|-------------------------------|------------------------|------------------------|
| BALANCE BEG. OF MONTH | <u>\$ 25.00</u> | <u>\$ 25.00</u> |
| RECEIPTS | | |
| | 0.00 | 0.00 |
| Total Receipts | <u>0.00</u> | <u>0.00</u> |
| DISBURSEMENTS | | |
| Disbursements | 0.00 | 0.00 |
| Total Disbursements | <u>0.00</u> | <u>0.00</u> |
| ADJUSTED BALANCE END OF MONTH | <u><u>\$ 25.00</u></u> | <u><u>\$ 25.00</u></u> |



America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
UNEMPLOYMENT TRUST ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 2
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373900-717-E-***
Primary Account #: 430-1373900

TD Business Convenience Plus

LINK COMMUNITY CHARTER SCHOOL INC
UNEMPLOYMENT TRUST ACCOUNT

Account # 430-1373900

ACCOUNT SUMMARY

| | | | |
|-------------------|-------|--------------------------------|-------|
| Beginning Balance | 25.00 | Average Collected Balance | 25.00 |
| | | Interest Earned This Period | 0.00 |
| Ending Balance | 25.00 | Interest Paid Year-to-Date | 0.00 |
| | | Annual Percentage Yield Earned | 0.00% |
| | | Days in Period | 31 |

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Page: 2 of 2

1. Your ending balance shown on this statement is:

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.

3. Subtotal by adding lines 1 and 2.

4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.

5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| | | |
|---|-------------------|-------|
| 1 | Ending Balance | 25.00 |
| 2 | Total Deposits | + |
| 3 | Sub Total | |
| 4 | Total Withdrawals | - |
| 5 | Adjusted Balance | |

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
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| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

LINK COMMUNITY CHARTER SCHOOL
TD Bank
PAYROLL ACCOUNT -430-1373885
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|--------------------------------------|----------------------------|----------------------------|
| BALANCE BEG. OF MONTH | \$ 46,336.69 | \$ 41,117.62 |
| RECEIPTS | | |
| Deposits | 227,746.69 | 227,746.69 |
| Total Receipts | <u>227,746.69</u> | <u>227,746.69</u> |
| Disbursements | 228,738.67 | 227,905.64 |
| Total Disbursements | <u>228,738.67</u> | <u>227,905.64</u> |
| Balance at End of Month | 45,344.71 | 40,958.67 |
| | | 0.00 |
| Less: Outstanding Checks | <u>4,386.04</u> | <u>-</u> |
| ADJUSTED BALANCE END OF MONTH | <u>\$ 40,958.67</u> | <u>\$ 40,958.67</u> |

Schedule of Outstanding Checks:

| Employee Name | Date | Check # | Amount |
|----------------------|-------------|----------------|-----------------|
| Crawford, Jessica | 12/31/20 | 1076 | 400.00 |
| Paradiso, Maria | 01/15/21 | 1082 | 2,010.77 |
| Baynes, Leslie | 01/15/21 | 1083 | 1,975.27 |
| | | | <u>4,386.04</u> |



America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
 PAYROLL ACCOUNT
 23 PENNSYLVANIA AVE
 NEWARK NJ 07114

Page: 1 of 3
 Statement Period: Mar 01 2021-Mar 31 2021
 Cust Ref #: 4301373885-717-E-###
 Primary Account #: 430-1373885

TD Business Convenience Plus

LINK COMMUNITY CHARTER SCHOOL INC
 PAYROLL ACCOUNT

Account # 430-1373885

ACCOUNT SUMMARY

| | | | |
|---------------------|------------|--------------------------------|-----------|
| Beginning Balance | 46,336.69 | Average Collected Balance | 56,711.49 |
| Electronic Deposits | 227,746.69 | Interest Earned This Period | 0.00 |
| | | Interest Paid Year-to-Date | 0.00 |
| Checks Paid | 833.03 | Annual Percentage Yield Earned | 0.00% |
| Electronic Payments | 227,905.64 | Days in Period | 31 |
| Ending Balance | 45,344.71 | | |

DAILY ACCOUNT ACTIVITY

Electronic Deposits

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|--|------------|
| 03/12 | eTransfer Credit, Online Xfer Transfer from CK 4302520237 | 114,559.29 |
| 03/31 | eTransfer Credit, Online Xfer Transfer from CK 4302520237 | 113,187.40 |
| Subtotal: | | 227,746.69 |

Checks Paid

No. Checks: 1

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

| DATE | SERIAL NO. | AMOUNT |
|-----------|------------|--------|
| 03/08 | 1069 | 833.03 |
| Subtotal: | | 833.03 |

Electronic Payments

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|---|------------|
| 03/15 | CCD DEBIT, N7728 LINK COMMU DIR DEP N7728 | 78,294.96 |
| 03/15 | CCD DEBIT, PAYLOCITY CORPOR TAX COL | 35,590.22 |
| 03/15 | CCD DEBIT, N7728 LINK COMMU AGENCY N7728 | 357.50 |
| 03/15 | CCD DEBIT, N7728 LINK COMMU BILLING N7728 | 316.61 |
| 03/19 | CCD DEBIT, PAYLOCITY CORPOR TAX COL | 158.95 |
| 03/31 | CCD DEBIT, N7728 LINK COMMU DIR DEP N7728 | 77,201.35 |
| 03/31 | CCD DEBIT, PAYLOCITY CORPOR TAX COL | 35,193.92 |
| 03/31 | CCD DEBIT, N7728 LINK COMMU BILLING N7728 | 434.63 |
| 03/31 | CCD DEBIT, N7728 LINK COMMU AGENCY N7728 | 357.50 |
| Subtotal: | | 227,905.64 |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| | | |
|---|-------------------|-----------|
| 1 | Ending Balance | 45,344.71 |
| 2 | Total Deposits | + |
| 3 | Sub Total | |
| 4 | Total Withdrawals | - |
| 5 | Adjusted Balance | |

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

**Bank**

America's Most Convenient Bank®

STATEMENT OF ACCOUNTLINK COMMUNITY CHARTER SCHOOL INC
PAYROLL ACCOUNT

Page: 3 of 3
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373885-717-E-###
Primary Account #: 430-1373885

DAILY BALANCE SUMMARY

| DATE | BALANCE | DATE | BALANCE |
|-------------|----------------|-------------|----------------|
| 02/28 | 46,336.69 | 03/15 | 45,503.66 |
| 03/08 | 45,503.66 | 03/19 | 45,344.71 |
| 03/12 | 160,062.95 | | |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.comBank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

LINK COMMUNITY CHARTER SCHOOL
Provident
PPP ACCOUNT -1001171279
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|--------------------------------------|---------------------------|---------------------------|
| BALANCE BEG. OF MONTH | <u>\$ (20.00)</u> | <u>\$ (20.00)</u> |
| RECEIPTS | | |
| Deposits | 20.00 | 20.00 |
| Total Receipts | <u>20.00</u> | <u>20.00</u> |
| Disbursements | 0.00 | 0.00 |
| Total Disbursements | <u>0.00</u> | <u>0.00</u> |
| Balance at End of Month | 0.00 | 0.00 |
| | | 0.00 |
| Less: Outstanding Checks | <u>0.00</u> | <u>-</u> |
| ADJUSTED BALANCE END OF MONTH | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> |

P.O. Box 1001
 Iselin, NJ 08830-1001

Address Service Requested

00000349 MPBR8901080 01 000000000 9
 LINK COMMUNITY CHARTER SCHOOL INC
 SBA PPP
 23 PENNSYLVANIA AVE
 NEWARK NJ 07114-2007

FINAL STATEMENT

| | |
|-----------------------|------------|
| Account Number | 1001171279 |
| Statement Date | 03/31/2021 |
| Statement Thru Date | 03/31/2021 |
| Checks/Items Enclosed | 0 |
| Page | 1 |

Customer Support



Contact us by Phone
 800.448.7768



Visit Us Online
www.Provident.Bank

IMPORTANT MESSAGE(S)

Your account has been closed due to your actions and/or negative balance.

RELATIONSHIP SUMMARY AND CURRENT STATEMENT ACTIVITY

| Account Type | Account Number | Interest Paid In 2020 | Balance |
|------------------------|----------------|--------------------------|---------|
| BUSINESSADVANTAGE CKNG | 1001171279 | \$0.00 | \$0.00 |

BUSINESSADVANTAGE CKNG

Account Number: 1001171279

Account Owner(s): LINK COMMUNITY CHARTER SCHOOL INC

Balance Summary

| | |
|------------------------------------|----------|
| Beginning Balance as of 03/01/2021 | -\$20.00 |
| + Deposits and Credits (1) | \$20.00 |
| - Withdrawals and Debits (0) | \$0.00 |
| Ending Balance as of 03/31/2021 | \$0.00 |
| Service Charges for Period | \$0.00 |
| Average Balance for Period | -\$18.00 |

Transaction Detail

| Date | Description | Deposits | Withdrawals | Balance |
|--------|--------------------------------|----------|-------------|----------|
| Mar 01 | BEGINNING BALANCE | | | -\$20.00 |
| Mar 10 | REFUND BALANCE REQUIREMENT FEE | 20.00 | | 0.00 |
| Mar 31 | ENDING BALANCE | | | \$0.00 |

RECEIVED
 03/31/2021
 1001171279
 BUSINESSADVANTAGE CKNG



163 Madison Avenue, Suite 600, Morristown, NJ 07960
beacontrust.com | 866-377-8090



- INVESTMENT MANAGEMENT
- FINANCIAL & RETIREMENT PLANNING
- TAX ADVISORY & PREPARATION
- PRIVATE BANKING
- TRUST & ESTATE ADMINISTRATION

LINK COMMUNITY CHARTER SCHOOL
TD Bank
Acct# 430-1373893
FOR THE MONTH ENDING MARCH 31, 2021

| | <u>BANK</u> | <u>BOOKS</u> |
|---|------------------------------|---------------------------------|
| <u>BALANCE BEG. OF MONTH</u> | <u>\$ 45,342.04</u> | <u>\$ 45,342.04</u> |
| <u>RECEIPTS</u> | | |
| Deposits /Interests | 182,506.47 | 182,506.47 |
| Total Receipts | <u>182,506.47</u> | <u>182,506.47</u> |
| - | | |
| Cash Disbursements | 36,783.94 | 36,783.94 |
| Balance at End of Month | 191,064.57 | 191,064.57 |
| Outstanding Checks | 0.00 | |
| <u>ADJUSTED BALANCE END OF MONTH</u> | <u>191,064.57</u> | <u>\$ 191,064.57</u> |



America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
PAYROLL AGENCY ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 3
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373893-713-E-###
Primary Account #: 430-1373893

TD Business Simple Checking

LINK COMMUNITY CHARTER SCHOOL INC
PAYROLL AGENCY ACCOUNT

Account # 430-1373893

ACCOUNT SUMMARY

| | | | |
|---------------------|------------|--------------------------------|-----------|
| Beginning Balance | 45,342.04 | Average Collected Balance | 37,175.89 |
| Electronic Deposits | 182,506.47 | Interest Earned This Period | 0.00 |
| | | Interest Paid Year-to-Date | 0.00 |
| Checks Paid | 4,579.70 | Annual Percentage Yield Earned | 0.00% |
| Electronic Payments | 32,204.24 | Days in Period | 31 |
| Ending Balance | 191,064.57 | | |

DAILY ACCOUNT ACTIVITY

Electronic Deposits

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|--|------------|
| 03/12 | eTransfer Credit, Online Xfer Transfer from CK 4302520237 | 17,056.41 |
| 03/31 | eTransfer Credit, Online Xfer Transfer from CK 4302520237 | 149,429.00 |
| 03/31 | eTransfer Credit, Online Xfer Transfer from CK 4302520237 | 16,021.06 |
| Subtotal: | | 182,506.47 |

Checks Paid

No. Checks: 2

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

| DATE | SERIAL NO. | AMOUNT |
|-------|------------|----------|
| 03/18 | 1165 | 2,409.70 |
| 03/18 | 1166 | 2,170.00 |

Subtotal: 4,579.70

Electronic Payments

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|---|-----------|
| 03/08 | CCD DEBIT, DIV OF PENS&BENE TEPS TPAF 000000006343745 | 15,216.74 |
| 03/08 | CCD DEBIT, DIV OF PENS&BENE TEPS PERS 000000006343746 | 8,986.72 |
| 03/11 | CCD DEBIT, BENEFLEX INC BT0310 000000132788732 | 108.70 |
| 03/15 | CCD DEBIT, BENEFLEX INC FUNDING BENLINK | 4,789.48 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

2 of 3

| | | |
|---|-------------------|------------|
| 1 | Ending Balance | 191,064.57 |
| 2 | Total Deposits | + |
| 3 | Sub Total | |
| 4 | Total Withdrawals | - |
| 5 | Adjusted Balance | |

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

**Bank**

America's Most Convenient Bank®

STATEMENT OF ACCOUNTLINK COMMUNITY CHARTER SCHOOL INC
PAYROLL AGENCY ACCOUNT

Page: 3 of 3
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373893-713-E-###
Primary Account #: 430-1373893

DAILY ACCOUNT ACTIVITY**Electronic Payments (continued)**

| POSTING DATE | DESCRIPTION | AMOUNT |
|--------------|--|-----------|
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| 03/22 | CCD DEBIT, RETIREMENT GROUP DEBIT 316149054500 | 310.26 |
| | Subtotal: | 32,204.24 |

DAILY BALANCE SUMMARY

| DATE | BALANCE | DATE | BALANCE |
|-------|-----------|-------|------------|
| 02/28 | 45,342.04 | 03/15 | 33,296.81 |
| 03/08 | 21,138.58 | 03/18 | 28,717.11 |
| 03/11 | 21,029.88 | 03/22 | 25,614.51 |
| 03/12 | 38,086.29 | 03/31 | 191,064.57 |

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender

**LINK COMMUNITY CHARTER SCHOOL
TD Bank
STUDENT ACTIVITY FUND - 430-1373926
FOR THE MONTH ENDING MARCH 31, 2021**

| | <u>BANK</u> | <u>BOOKS</u> |
|---------------------------------|---------------------------------|---------------------------------|
| BALANCE BEG. OF MONTH | \$ 12,952.60 | \$ 12,952.60 |
| Receipts | <hr/> | <hr/> |
| Deposits | 0.00 | 0.00 |
| Total | <hr/> 0.00 <hr/> | <hr/> 0.00 <hr/> |
| Disbursements | | |
| Disbursements | - | - |
| Total | <hr/> - <hr/> | <hr/> - <hr/> |
| Bank Balance | 12,952.60 | 12,952.60 |
| Less: Outstanding checks | | - |
| BALANCE END OF MONTH | <hr/> \$ 12,952.60 <hr/> | <hr/> \$ 12,952.60 <hr/> |

**Bank**

America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC
STUDENT ACTIVITY ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 2
Statement Period: Mar 01 2021-Mar 31 2021
Cust Ref #: 4301373926-713-E-###
Primary Account #: 430-1373926

TD Business Simple Checking

LINK COMMUNITY CHARTER SCHOOL INC
STUDENT ACTIVITY ACCOUNT

Account # 430-1373926

ACCOUNT SUMMARY

| | | | |
|-------------------|-----------|--------------------------------|-----------|
| Beginning Balance | 12,952.60 | Average Collected Balance | 12,952.60 |
| | | Interest Earned This Period | 0.00 |
| Ending Balance | 12,952.60 | Interest Paid Year-to-Date | 0.00 |
| | | Annual Percentage Yield Earned | 0.00% |
| | | Days in Period | 31 |

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.comBank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender 

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

| | | |
|---|-------------------|-----------|
| 1 | Ending Balance | 12,952.60 |
| 2 | Total Deposits | + |
| 3 | Sub Total | |
| 4 | Total Withdrawals | - |
| 5 | Adjusted Balance | |

| 2 DEPOSITS NOT ON STATEMENT | DOLLARS | CENTS |
|-----------------------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Deposits | | 2 |

[illegible]

| WITHDRAWALS NOT ON STATEMENT | DOLLARS | CENTS |
|---------------------------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Withdrawals | | 4 |

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|--------------------------------|-----------------|--------------|--------------|--------------|
| 10-101 | CASH-CHECKING | 1,455,501.13 | 3,728,427.38 | 3,851,077.75 | 1,332,850.76 |
| 10-103 | PETTY CASH | 2,500.00 | 1,000.00 | 0.00 | 3,500.00 |
| 10-105 | Cash with Fiscal Agents | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-106 | Charter Escrow | 75,000.00 | 0.00 | 0.00 | 75,000.00 |
| 10-108 | Impact Aid Rsv (General) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-109 | Impact Aid Rsv (Capital) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-116 | CAPITAL RSV ACT | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-117 | Maintenance Reserve | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-118 | Emergency Reserve | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-121 | TAX LEVY RECVBL | 130,649.47 | 4,493,358.00 | 2,717,681.91 | 1,906,325.56 |
| 10-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-132 | INTERFUND | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-133 | Enterprise | (69,881.71) | 125,372.43 | 91,471.40 | (35,980.68) |
| 10-134 | Interfund Payroll | 495,144.45 | (444,740.62) | 18,021.62 | 32,382.21 |
| 10-135 | Interfund-Payroll Agency | 41,660.63 | 7,253.76 | 7,895.03 | 41,019.36 |
| 10-137 | Student Activity | (802.80) | 802.80 | 0.00 | 0.00 |
| 10-141 | STATE A/R | 0.00 | 751,827.00 | 573,758.00 | 178,069.00 |
| 10-142 | FEDERAL A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-143 | OTHER A/R | 55,707.52 | 0.00 | 110,226.63 | (54,519.11) |
| 10-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-153 | OTHER ACC RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-199 | OTH CURR ASSETS | 4,550.00 | 0.00 | 0.00 | 4,550.00 |
| 10-301 | EST REVENUES | 5,417,751.13 | 14,736.00 | 199,532.00 | 5,232,955.13 |
| 10-302 | REVENUES | 0.00 | 199,532.00 | 5,398,417.82 | 5,198,885.82 |
| 10-303 | BGTD FUND BAL | 141,408.76 | 199,532.00 | 14,736.00 | 326,204.76 |
| 10-307 | BG WD FR CAPRSV | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-308 | Bud With Sale/Leaseback Res | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-309 | Bud With Cap Res Excess Costs | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-310 | Bud With Maint Res | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-311 | Bud With Tuition Res | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-312 | Bud With Emer. Res | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-314 | Bud With Waiver Offset Res | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-315 | Bud With Bus Ad Rsv for Fuel C | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-317 | Bud With Cap Res xFer to D.S. | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-318 | Bud With Impact Aid Rsv (Gen) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-319 | Bud With Impact Aid Rsv (Cap) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-401 | Interfund Loans Payables | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-402 | INTERFUND A/P | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-412 | I/G A/P-FEDERAL | 0.00 | 10,656.00 | 0.00 | (10,656.00) |
| 10-421 | ACCTS PAYABLE | 303,488.41 | 354,418.20 | 0.00 | (50,929.79) |
| 10-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|--------------------------------|-----------------|---------------|---------------|--------------|
| 10-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-451 | LOANS PAYABLE | 777,846.00 | 0.00 | 0.00 | 777,846.00 |
| 10-461 | Health Insurance Emp share | 0.00 | (8,164.54) | 0.00 | 8,164.54 |
| 10-462 | FSA | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-463 | Accrued Salaries | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-481 | DEFRRD REVENUES | 0.00 | 0.00 | 5,000.00 | 5,000.00 |
| 10-499 | OTHER CURR LIAB | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-601 | APPROPRIATIONS | 5,559,159.89 | 0.00 | 0.00 | 5,559,159.89 |
| 10-602 | EXPENDITURES | 0.00 | 3,629,381.13 | 75,573.38 | 3,553,807.75 |
| 10-603 | ENCUMBRANCES | 0.00 | 5,271,199.56 | 3,590,681.13 | 1,680,518.43 |
| 10-604 | INCR IN CAP RES | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-605 | Incr. Sale/Leaseback Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-606 | Incr. Maintenance Reserve | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-607 | Incr. Emergency Reserve | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-609 | Incr. Waiver Offset Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-610 | Incr. Bus Ad Reserve for Fuel | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-611 | Incr. Impact Aid Rsv (General) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-612 | Incr. Impact Aid Rsv (Capital) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-753 | RSV ENC CURR YR | 0.00 | 3,590,681.13 | 5,271,199.56 | 1,680,518.43 |
| 10-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-755 | Res Fund Bal Bus Ad Rsv Fuel | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-756 | Res Fund Impact Aid Rsv (Gen) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-757 | Res Fund Impact Aid Rsv (Cap) | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-761 | RES FB-CA RS AC | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-763 | Res Fund Bal S/L Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-764 | Res Fund Bal Maint Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-765 | Res Fund Bal Tuition Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-766 | Res Fund Bal Emer. Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-768 | Res Fund Bal Waiver Offset Rsv | 0.00 | 0.00 | 0.00 | 0.00 |
| 10-770 | CE SURPLUS | 1,108,694.28 | 0.00 | 0.00 | 1,108,694.28 |
| 10-772 | Res Fund Bal ARRA/SEMI | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | <hr/> | <hr/> | |
| | | | 21,925,272.23 | 21,925,272.23 | |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|-------------------|-----------------|--------------|--------------|--------------|
| 20-101 | CASH-CHECKING | (187,573.71) | 304,845.00 | 388,583.09 | (271,311.80) |
| 20-102 | Cash on Hand | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-116 | CAPITAL RSV ACC | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-121 | TAX LEVY RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-132 | INTERFUND A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-141 | STATE A/R | 0.46 | 0.00 | 0.00 | 0.46 |
| 20-142 | FEDERAL A/R | 203,515.00 | 0.00 | 203,515.00 | 0.00 |
| 20-143 | OTHER A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-153 | OTHER ACC RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-199 | OTH CURR | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-301 | EST REVENUES | 330,826.00 | 0.00 | 0.00 | 330,826.00 |
| 20-302 | REVENUES | 0.00 | 0.00 | 62,630.00 | 62,630.00 |
| 20-303 | BGTD FUND BAL | 116,132.00 | 0.00 | 0.00 | 116,132.00 |
| 20-307 | BGT WD FROM CR | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-402 | I/F ACCTS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-412 | I/G A/P-FEDERAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-421 | ACCTS PAYABLE | 15,379.22 | 3,254.22 | 0.00 | 12,125.00 |
| 20-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-451 | LOANS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-481 | DEFRRD REVENUES | 562.53 | 0.00 | 0.00 | 562.53 |
| 20-499 | OTHER CURR LIAB | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-601 | APPROPRIATIONS | 446,958.00 | 0.00 | 0.00 | 446,958.00 |
| 20-602 | EXPENDITURES | 0.00 | 385,328.87 | 38,700.00 | 346,628.87 |
| 20-603 | ENCUMBRANCES | 0.00 | 372,863.45 | 355,530.56 | 17,332.89 |
| 20-604 | INCR IN CAP RSV | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-753 | RSV ENC CURR YR | 0.00 | 355,530.56 | 372,863.45 | 17,332.89 |
| 20-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-761 | RSV FD BAL CR | 0.00 | 0.00 | 0.00 | 0.00 |
| 20-770 | CE SURPLUS | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | <hr/> | <hr/> | |
| | | | 1,421,822.10 | 1,421,822.10 | |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|----------------------------|-----------------|------------|------------|------------|
| 60-101 | CASH-CHECKING | 23,536.87 | 198,170.26 | 198,170.26 | 23,536.87 |
| 60-102 | Cash on Hand | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-121 | TAX LEVY RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-133 | Interfund-Fund 10 | 69,881.71 | 91,471.40 | 125,372.43 | 35,980.68 |
| 60-135 | Interfund-Student Activity | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-141 | STATE A/R | 24.48 | 0.00 | 1,034.63 | (1,010.15) |
| 60-142 | FEDERAL A/R | 2,536.50 | 0.00 | 2,041.56 | 494.94 |
| 60-143 | OTHER A/R | 0.00 | 0.00 | 758.77 | (758.77) |
| 60-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-153 | Other Receivable | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-199 | OTH CURR ASSETS | 0.00 | 0.00 | 55.00 | (55.00) |
| 60-301 | EST REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-302 | REVENUES | 0.00 | 0.00 | 68,907.87 | 68,907.87 |
| 60-303 | BGTD FUND BAL | 236,000.00 | 0.00 | 0.00 | 236,000.00 |
| 60-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-412 | I/G A/P-FEDERAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-421 | ACCTS PAYABLE | 11,546.17 | 11,546.17 | 0.00 | 0.00 |
| 60-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-451 | LOANS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-481 | DEFRRD REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-499 | OTHER CURR LIAB | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-601 | APPROPRIATIONS | 236,000.00 | 0.00 | 0.00 | 236,000.00 |
| 60-602 | EXPENDITURES | 0.00 | 95,152.69 | 0.00 | 95,152.69 |
| 60-603 | ENCUMBRANCES | 0.00 | 157,000.00 | 95,152.69 | 61,847.31 |
| 60-753 | RSV ENC CURR YR | 0.00 | 95,152.69 | 157,000.00 | 61,847.31 |
| 60-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 60-770 | CE SURPLUS | 84,433.39 | 0.00 | 0.00 | 84,433.39 |
| | | | <hr/> | <hr/> | |
| | | | 648,493.21 | 648,493.21 | |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|-------------------------------|-----------------|--------------|--------------|-----------|
| 90-101 | CASH-CHECKING | 247,365.56 | 1,572,135.21 | 1,778,542.10 | 40,958.67 |
| 90-102 | Payroll Agency | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-103 | Unemployment | 25.00 | 0.00 | 0.00 | 25.00 |
| 90-104 | PPP Account | 286,809.33 | 20.00 | 286,829.33 | 0.00 |
| 90-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-121 | TAX LEVY RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-132 | Interfund Accounts Receivable | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-133 | Interfund | (38,753.88) | 38,753.88 | 0.00 | 0.00 |
| 90-141 | STATE A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-142 | FEDERAL A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-143 | OTHER A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-153 | OTHER ACC RECBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-199 | OTH CURR ASSETS | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-301 | EST REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-302 | REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-303 | BGTD FUND BAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-402 | Interfund Accounts Payable | 495,144.45 | 2,026,617.55 | 1,572,155.21 | 40,682.11 |
| 90-403 | Interfund Payable | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-412 | I/G A/P-FEDERAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-421 | ACCTS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-451 | LOANS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-471 | SUI | 14.21 | 0.00 | 0.00 | 14.21 |
| 90-472 | AXA | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-481 | DEFRRD REVENUES | 287.36 | 0.00 | 0.00 | 287.36 |
| 90-482 | Withholding-FSA | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-483 | Withholding-TSA | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-484 | vision | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-485 | Dental | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-486 | Dependent Care | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-487 | Garnishment | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-488 | TPAF Payable | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-489 | PERS Payable | (0.01) | 0.00 | 0.00 | (0.01) |
| 90-490 | UNPDT | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-491 | DCRP | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-499 | OTHER CURR LIAB | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-601 | APPROPRIATIONS | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-602 | EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-603 | ENCUMBRANCES | 0.00 | 0.00 | 0.00 | 0.00 |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|-----------------|-----------------|--------------|--------------|---------|
| 90-753 | RSV ENC CURR YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 90-770 | CE SURPLUS | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | <hr/> | <hr/> | |
| | | | 3,637,526.64 | 3,637,526.64 | |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|-------------------------------|-----------------|------------|------------|-------------|
| 91-101 | CASH-CHECKING | 29,908.47 | 439,382.24 | 278,226.14 | 191,064.57 |
| 91-102 | Payroll Agency | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-103 | Unemployment | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-121 | TAX LEVY RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-132 | Interfund Accounts Receivable | (41,660.63) | 7,895.03 | 7,253.76 | (41,019.36) |
| 91-133 | Interdund | 38,753.88 | 0.00 | 38,753.88 | 0.00 |
| 91-141 | STATE A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-142 | FEDERAL A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-143 | OTHER A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-153 | OTHER ACC RECBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-199 | OTH CURR ASSETS | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-301 | EST REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-302 | REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-303 | BGTD FUND BAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-402 | Interfund Accounts Payable | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-403 | Interfund Payable | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-412 | I/G A/P-FEDERAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-421 | ACCTS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-451 | LOANS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-471 | SUI | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-472 | AXA | 131.00 | 20,135.00 | 16,850.00 | (3,154.00) |
| 91-473 | AFLAC | 380.27 | 4,844.78 | 5,522.86 | 1,058.35 |
| 91-474 | AFLAC- Post Tax | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-481 | DEFRRD REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-482 | Withholding-FSA | 356.40 | 1,640.00 | 12,661.35 | 11,377.75 |
| 91-483 | Withholding-TSA | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-484 | vision | 1,564.77 | 10,741.53 | 1,529.07 | (7,647.69) |
| 91-485 | Dental | (2,255.42) | 28,405.14 | 17,818.52 | (12,842.04) |
| 91-486 | Dependent Care | 9,100.50 | 4,605.29 | 3,421.08 | 7,916.29 |
| 91-487 | Garnishment | 5,062.51 | 0.00 | 560.13 | 5,622.64 |
| 91-488 | TPAF Payable | 7,624.15 | 116,582.31 | 109,088.68 | 130.52 |
| 91-489 | PERS Payable | 3,996.16 | 69,297.58 | 222,121.23 | 156,819.81 |
| 91-490 | UNPDT | (0.31) | 0.00 | 0.00 | (0.31) |
| 91-491 | DCRP | 715.02 | 6,825.72 | 3,801.68 | (2,309.02) |
| 91-499 | OTHER CURR LIAB | 326.67 | 7,253.76 | 0.00 | (6,927.09) |
| 91-601 | APPROPRIATIONS | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-602 | EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|-----------------|-----------------|------------|------------|---------|
| 91-603 | ENCUMBRANCES | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-753 | RSV ENC CURR YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 91-770 | CE SURPLUS | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | <hr/> | <hr/> | |
| | | | 717,608.38 | 717,608.38 | |

| Acct # | Account Title | Opening Balance | Debits | Credits | Balance |
|--------|----------------------|-----------------|--------|---------|-----------|
| 95-101 | CASH-CHECKING | 12,149.80 | 802.80 | 0.00 | 12,952.60 |
| 95-111 | INVESTMENTS | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-114 | INTEREST ON INV | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-121 | TAX LEVY RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-131 | I/F LOANS REC | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-132 | Interfund Receivable | 552.80 | 0.00 | 802.80 | (250.00) |
| 95-133 | Interfund-Enterprise | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-141 | STATE A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-142 | FEDERAL A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-143 | OTHER A/R | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-151 | LOANS RECEIVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-153 | OTHER ACC RECVBL | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-199 | OTH CURR ASSETS | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-301 | EST REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-302 | REVENUES | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-303 | BGTD FUND BAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-411 | I/G A/P - STATE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-412 | I/G A/P-FEDERAL | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-421 | ACCTS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-422 | JUDGMENTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-423 | A/P PRIOR YEAR | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-430 | COMP ABS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-431 | CONTRACTS PBLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-451 | LOANS PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-481 | DEFRRD REVENUES | 2,909.00 | 0.00 | 0.00 | 2,909.00 |
| 95-499 | OTHER CURR LIAB | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-601 | APPROPRIATIONS | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-602 | EXPENDITURES | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-603 | ENCUMBRANCES | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-753 | RSV ENC CURR YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-754 | RSV ENC PRI YR | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-760 | OTHER RESERVES | 0.00 | 0.00 | 0.00 | 0.00 |
| 95-770 | CE SURPLUS | 9,793.60 | 0.00 | 0.00 | 9,793.60 |
| | | | <hr/> | <hr/> | |
| | | | 802.80 | 802.80 | |

All Bank Accounts Included

| <u>Check#</u> | <u>Date</u> | <u>Vendor (Payee)/Check Line Comments</u> | <u>Amount</u> | <u>PO or Bal Sht</u> | <u>Exp. Acct. or Balance Sheet Title</u> |
|---------------|-------------|---|---------------|----------------------|--|
| A:N0334 | 3/28/21 | Link Community Charter School- Payroll | | | |
| | | | (4,079.46) | 10 - 461 | Health Insurance Emp share |
| | | Sal - Teachers 6-8 | 77,303.17 | P202199999 | 11-130-100-101-000-043 |
| | | Special Education Teacher | 5,963.12 | P202199999 | 11-200-100-101-000-043 |
| | | Stipends | 1,156.72 | P202199999 | 11-421-100-105-000-044 |
| | | Sal - Administration | 22,001.67 | P202199999 | 11-000-230-100-000-052 |
| | | Finance & Operation Coord | 6,088.77 | P202199999 | 11-000-230-104-001-053 |
| | | Payroll Fees | 434.63 | P202199999 | 11-000-230-330-000-056 |
| | | Supp Svs - Salaries | 11,048.67 | P202199999 | 11-000-240-110-000-066 |
| | | | 8,944.80 | P202199999 | 11-000-291-230-220-054 |
| | | | 294.53 | P202199999 | 11-000-291-250-000-054 |
| | | | 51.84 | P202199999 | 11-000-291-290-000-054 |
| | | Total Check Amount: | 129,208.46 | | |
| A:N0335 | 3/28/21 | State of New Jersey Divisions of Pensions | | | |
| | | Annual PERS bill | 149,429.00 | P202100130 | 11-000-291-232-000-054 |
| A:3985 | 3/29/21 | ALLIED UNIVERSAL SECURITY SERVICES | | | |
| | | 2/26-3/4 Security Services | 890.89 | P202100085 | 11-000-240-500-000-068 |
| | | 3/12-3/18 Security Services | 806.99 | P202100085 | 11-000-240-500-000-068 |
| | | 3/5-3/11/21 Security Services | 878.90 | P202100085 | 11-000-240-500-000-068 |
| | | 2/19-2/25/21 Security Services | 643.20 | P202100085 | 11-000-240-500-000-068 |
| | | 2/12-2/18/21 Security Services | 431.46 | P202100085 | 11-000-240-500-000-068 |
| | | Total Check Amount: | 3,651.44 | | |
| A:3986 | 3/29/21 | AT&T Mobility | | | |
| | | 2020-2021 Mobile Service | 6,277.36 | P202100115 | 11-190-100-320-000-045 |
| | | 2020-2021 Mobile Service | 6,274.81 | P202100115 | 11-190-100-320-000-045 |
| | | Total Check Amount: | 12,552.17 | | |
| A:3987 | 3/29/21 | Avaya Inc. | | | |
| | | Mar 2021 Phone/Voicemail Service | 130.50 | P202100024 | 11-000-230-530-000-057 |
| | | Apr 2021 Phone/Voicemail Service | 130.50 | P202100024 | 11-000-230-530-000-057 |
| | | Total Check Amount: | 261.00 | | |
| A:3988 | 3/29/21 | Blick Art Materials | | | |
| | | 2020-2021 Art Supplies | 30.27 | P202100073 | 11-190-100-610-000-047 |
| A:3989 | 3/29/21 | Delta-T Group North Jersey, Inc. | | | |
| | | 3/8-3/12 Paraprofessionals | 1,890.36 | P202100114 | 11-190-100-320-000-045 |
| | | 2/22-2/26 Paraprofessionals | 1,897.44 | P202100114 | 11-190-100-320-000-045 |
| | | 3/1-3/5 Paraprofessionals | 1,715.72 | P202100114 | 11-190-100-320-000-045 |
| | | 3/15-3/19 Paraprofessionals | 1,912.19 | P202100114 | 11-190-100-320-000-045 |
| | | 3/22-3/26 Paraprofessionals | 1,661.44 | P202100114 | 11-190-100-320-000-045 |
| | | Total Check Amount: | 9,077.15 | | |
| A:3990 | 3/31/21 | AT & T | | | |
| | | 2020-2021 Long Distance | 120.00 | P202100023 | 11-000-230-530-000-057 |
| A:3991 | 3/31/21 | Heinemann Publishing | | | |
| | | Teaching the Qualities of Writing (Qty5) | 528.00 | P202100133 | 11-190-100-640-000-048 |

All Bank Accounts Included

| <u>Check#</u> | <u>Date</u> | <u>Vendor (Payee)/Check Line Comments</u> | <u>Amount</u> | <u>PO or Bal Sht</u> | <u>Exp. Acct. or Balance Sheet Title</u> |
|---------------------|-------------|--|---------------|----------------------|--|
| A:3992 | 3/31/21 | INVO HEALTHCARE ASSOCIATES SLP/BCBA FEB 2021 | 5,612.00 | P202100091 | 20-250-200-300-000-097 |
| A:3993 | 3/31/21 | MACHADO LAW GROUP FEB 2021 Legal Services | 1,200.00 | P202100075 | 11-000-230-331-000-055 |
| A:3994 | 3/31/21 | Maria Paradiso Supply purchases | 951.60 | P202100067 | 11-190-100-610-000-047 |
| A:3995 | 3/31/21 | Maschio's Food Service Inc. FEB 2021 Food Service Expenses | 10,014.66 | P202100049 | 60-910-310-600-000-000 |
| A:3996 | 3/31/21 | EMS LINQ INC Meals Plus 2020-2021 | 350.00 | P202100045 | 11-000-240-500-000-068 |
| A:3997 | 3/31/21 | PowerSchool Group LLC ProfessionalServices Consult (4hrs) | 840.00 | P202100131 | 11-000-230-330-000-056 |
| A:3998 | 3/31/21 | Success Communications Group 3/12/21 Advertisement/Public Notice | 286.50 | P202100031 | 11-000-240-500-000-068 |
| A:3999 | 3/31/21 | Waste Management of New Jersey, Inc. Waste Management Apr 2021 | 641.09 | P202100009 | 11-000-240-500-000-068 |
| A:4000 | 3/31/21 | Worrall Communications Newspapers, Inc. 3/18/21 Advertisement/Public Notice | 52.40 | P202100032 | 11-190-100-890-000-049 |
| A:4001 | 4/2/21 | CIT 2020-2021 Copier | 2,701.30 | P202100062 | 11-000-240-500-000-068 |
| | | 2020-2021 Copier | 2,701.30 | P202100062 | 11-000-240-500-000-068 |
| Total Check Amount: | | | 5,402.60 | | |
| A:4002 | 4/2/21 | Staples Advantage 2020-2021 School Supplies | 219.90 | P202100017 | 11-190-100-610-000-047 |
| | | 2020-2021 School Supplies | 38.99 | P202100017 | 11-190-100-610-000-047 |
| | | 2020-2021 School Supplies | 45.39 | P202100017 | 11-190-100-610-000-047 |
| | | 2020-2021 School Supplies | 170.09 | P202100017 | 11-190-100-610-000-047 |
| | | 2020-2021 School Supplies | 110.85 | P202100017 | 11-190-100-610-000-047 |
| Total Check Amount: | | | 585.22 | | |
| A:4003 | 4/2/21 | Verizon Fios Fios Gig Connection 20-21 | 314.00 | P202100080 | 20-477-200-600-000-000 |
| A:4004 | 4/2/21 | City of Newark Division of Water March 2021 Water Expenses | 922.18 | P202100027 | 11-000-262-620-000-074 |
| A:4005 | 4/2/21 | Optimum Internet Service 2020-2021 | 292.52 | P202100007 | 11-000-230-530-000-057 |

All Bank Accounts Included

| <u>Check#</u> | <u>Date</u> | <u>Vendor (Payee)/Check Line Comments</u> | <u>Amount</u> | <u>PO or Bal Sht</u> | <u>Exp. Acct. or Balance Sheet Title</u> |
|---------------|-------------|---|---------------|----------------------|--|
| A:4006 | 4/2/21 | Link High Technologies Inc. | | | |
| | | April 2021 Datto Monthly Service | 561.25 | P202100033 | 11-190-100-320-000-045 |
| | | April 2021 Monthly Tech Service | 4,000.00 | P202100033 | 11-190-100-320-000-045 |
| | | April 2021 Monthly Antivirus | 700.00 | P202100033 | 11-190-100-320-000-045 |
| | | April 2021 Linkassure Back Up | 132.50 | P202100135 | 11-190-100-320-000-045 |
| | | March 2021 Linkassure Back Up | 132.50 | P202100135 | 11-190-100-320-000-045 |
| | | Total Check Amount: | 5,526.25 | | |
| A:4007 | 4/2/21 | New Jersey Manufacturers Insurance Company | | | |
| | | 2020-2021 Insurance | 2,968.00 | P202100060 | 11-000-291-260-000-054 |
| A:4008 | 4/2/21 | LINK EDUCATION PARTNERS, INC | | | |
| | | May 2021 Rent Expenses | 27,333.33 | P202100018 | 11-000-262-441-000-069 |
| A:4009 | 4/2/21 | Charles Nechtem Associates, Inc. | | | |
| | | EAP Services April 2021 | 291.66 | P202100119 | 11-000-230-331-000-055 |
| A:4010 | 4/2/21 | LESLIE BAYNES | | | |
| | | Supplies-Home Depot | 219.98 | P202100064 | 11-190-100-610-000-047 |
| | | Supplies- Cables (Amazon) | 74.98 | P202100064 | 11-190-100-610-000-047 |
| | | Supplies (Amazon) Cleaning Solution & Water l | 267.58 | P202100064 | 11-190-100-610-000-047 |
| | | Total Check Amount: | 562.54 | | |
| A:4011 | 4/2/21 | Horizon BCBS | | | |
| | | April 2021 Health Insurance | 32,305.65 | P202100001 | 11-000-291-270-000-054 |
| D:1167 | 4/2/21 | Horizon BCBS | | | |
| | | April 2021 Vision | 202.67 | 91 - 484 | vision |
| | | April 2021 Dental | 757.53 | 91 - 485 | Dental |
| | | Total Check Amount: | 960.20 | | |
| A:4012 | 4/8/21 | Great Minds | | | |
| | | Eureka Math 1 year Licenses & Subscription | 5,750.00 | P202100057 | 11-190-100-640-000-048 |
| | | Eureka Math 1 year Licenses & Subscription | 2,240.00 | P202100057 | 11-190-100-640-000-048 |
| | | Total Check Amount: | 7,990.00 | | |
| A:4013 | 4/8/21 | Zoom Video Communications | | | |
| | | Educational Annual-Proration Qty 42 | 23.92 | P202100122 | 11-000-240-500-000-068 |
| | | Webinar 500 Annual | 786.30 | P202100137 | 11-000-240-500-000-068 |
| | | Total Check Amount: | 810.22 | | |
| A:4014 | 4/8/21 | PSE&G | | | |
| | | 2020-2021 Energy Costs | 6,137.01 | P202100029 | 11-000-262-620-000-074 |
| D:1168 | 4/8/21 | AXA Equitable Equi-Vest | | | |
| | | March 2021 | 1,970.00 | 91 - 472 | AXA |
| D:1169 | 4/8/21 | AFLAC | | | |
| | | | 679.07 | 91 - 473 | AFLAC |

All Bank Accounts Included

| Check# | Date | Vendor (Payee)/Check Line Comments | Amount | PO or Bal Sht | Exp. Acct. or Balance Sheet Title |
|---|---------|---|------------|---------------|-----------------------------------|
| A:4015 | 4/12/21 | Success Communications Group 3/25 Advertisement/Public Notice | 290.30 | P202100031 | 11-000-240-500-000-068 |
| A:4016 | 4/12/21 | Gordon & Rees | | | |
| | | Legal services | 2,248.50 | P202100126 | 11-000-230-331-000-055 |
| | | Legal services | 660.00 | P202100126 | 11-000-230-331-000-055 |
| Total Check Amount: | | | 2,908.50 | | |
| A:4017 | 4/12/21 | Selective Insurance Company of America Property & Liability | 28.00 | P202100065 | 11-000-262-520-000-070 |
| A:4018 | 4/12/21 | National Association of Black Male Educators Job Fair Apr 29, 2021 | 1,000.00 | P202100138 | 11-190-100-890-000-049 |
| A:4019 | 4/12/21 | The Goodkind Group, LLC | | | |
| | | wk end 3/7/2021 NBJ | 1,755.25 | P202100127 | 11-190-100-320-000-045 |
| | | wk end 3/7/21 Paraprofessionals | 8,164.25 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 3/28/21 NBJ | 1,755.25 | P202100127 | 11-190-100-320-000-045 |
| | | wk end 3/28/21 Paraprofessionals | 5,895.36 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 3/14/21 NBJ | 1,755.25 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 3/14/21 Paraprofessionals | 8,314.67 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 3/21/21 NBJ | 1,755.25 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 3/21/21 Paraprofessionals | 7,488.29 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 4/4/21 NBJ | 1,032.50 | P202100139 | 11-190-100-320-000-045 |
| | | wk end 4/4/21 Paraprofessionals | 4,692.65 | P202100139 | 11-190-100-320-000-045 |
| Total Check Amount: | | | 42,608.72 | | |
| A:4020 | 4/12/21 | Digital Arts Banners + S&H | 603.00 | P202100136 | 11-000-240-500-000-068 |
| A:4021 | 4/12/21 | Maria Paradiso | | | |
| | | Kindergarten Professional Book | 173.19 | P202100103 | 11-190-100-610-000-047 |
| | | Kindergarten Professional Book | 158.10 | P202100054 | 11-190-100-610-000-047 |
| | | Kindergarten Professionals Book | 7.16 | P202100103 | 11-190-100-610-000-047 |
| | | Staff & Student Recruitment/Advertisement | 6,108.61 | P202100140 | 11-000-240-500-000-068 |
| Total Check Amount: | | | 6,447.06 | | |
| A:4022 | 4/12/21 | EDUCATION WEEK Booth in Virtual Job Fair 3/25 | 1,495.00 | P202100141 | 11-000-240-500-000-068 |
| A:4023 | 4/12/21 | Educational Service Commission of New Jersey Mar 2021 Child Study Team | 13,035.50 | P202100143 | 11-000-215-320-000-067 |
| The Grand Total of all Checks from Fund 10 is: | | | (4,079.46) | | |
| The Grand Total of all Checks from Fund 11 is: | | | 472,801.80 | | |
| The Grand Total of all Checks from Fund 20 is: | | | 5,926.00 | | |
| The Grand Total of all Checks from Fund 60 is: | | | 10,014.66 | | |
| The Grand Total of all Checks from Fund 91 is: | | | 3,609.27 | | |
| The Grand total of all checks for this period is: | | | 488,272.27 | | |

All Bank Accounts Included

| <u>Check#</u> | <u>Date</u> | <u>Vendor (Payee)/Check Line Comments</u> | <u>Amount</u> | <u>PO or Bal Sht</u> | <u>Exp. Acct. or Balance Sheet Title</u> |
|---------------|-------------|---|---------------|----------------------|--|
|---------------|-------------|---|---------------|----------------------|--|

We the undersigned board members certify that we have approved the expenditures represented by the above list of checks.

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EXTENDED TO MAY 17, 2021

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:

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

C Name of organization

LINK COMMUNITY CHARTER SCHOOL

Doing business as

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

23 PENNSYLVANIA AVENUE

Room/suite

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

NEWARK, NJ 07114

F Name and address of principal officer: BIMA BAJE

SAME AS C ABOVE

D Employer identification number

46-5614487

E Telephone number

973.642.0529

G Gross receipts \$

6,696,580.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LINKSCHOOL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2014

M State of legal domicile: NJ

Part I Summary

| | | |
|-----------------------------|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: LINK COMMUNITY CHARTER SCHOOL IS A CHALLENGING AND SUPPORTIVE ENVIRONMENT THAT NURTURES THE WHOLE |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 8 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 8 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) 63 |
| | 6 | Total number of volunteers (estimate if necessary) 8 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 1,527,131. |
| | 9 | Program service revenue (Part VIII, line 2g) 4,849,952. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,405. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,391,488. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,696,580. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,604,947. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,466,658. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,071,605. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 -680,117. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 3,926,002. |
| | 21 | Total liabilities (Part X, line 26) 4,127,258. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 -201,256. |

Part II Signature Block

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

| | | | | | |
|------------------------|--|--------------------------|---|---|-------------------|
| Sign Here | Signature of officer | Date | | | |
| | BIMA BAJE, SCHOOL BUSINESS ADMINISTRATOR Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LEONORA GALLEROS | Preparer's signature | Date 04/12/21 | Check if self-employed <input type="checkbox"/> | PTIN P00181670 |
| | Firm's name GALLEROS ROBINSON CPAS, LLP | Firm's EIN 27-3263553 | Firm's address 115 DAVIS STATION ROAD CREAM RIDGE, NJ 08514 | Phone no. 732.925.2608 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

LINK COMMUNITY CHARTER SCHOOL (THE CHARTER SCHOOL) WILL PROVIDE AN OUTSTANDING MIDDLE SCHOOL EDUCATION FOR LEARNERS OF ALL ACADEMIC ABILITIES BY DEVELOPING THE MIND, BODY AND SPIRIT THROUGH A STRONG CURRICULUM, EXPERIENTIAL LEARNING, IMMERSION IN THE ARTS, AND AN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,679,849. including grants of \$) (Revenue \$ 5,136,904.)

WITH A 45-YEAR INDEPENDENT SCHOOL LEGACY, LINK COMMUNITY CHARTER SCHOOL IS A CONVERSION SCHOOL, APPROVED ON JULY 15, 2014, ONLY THE SECOND APPROVED CONVERSION IN THE STATE OF NEW JERSEY. GIVEN ITS LONGSTANDING HISTORY, THE SCHOOL IS UNIQUELY POSITIONED WITH A STRONG TRADITION OF ACADEMIC EXCELLENCE, HIGH SCHOOL PLACEMENT, AND SERVICE TO THE COMMUNITY.

4b (Code:) (Expenses \$ 167,276. including grants of \$) (Revenue \$ 42,417.)

THE CHARTER SCHOOL PROVIDED NUTRITIONALLY BALANCED, LOW COST OR FREE MEALS TO STUDENTS EACH SCHOOL DAY THROUGH ITS BREAKFAST AND LUNCH PROGRAMS. THE PROGRAMS ARE FEDERALLY AND STATE ASSISTED.

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

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

4e Total program service expenses **5,847,125.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 23 | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X |

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

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 21 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

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

| | Yes | No |
|--|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 63 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | X |
| If "Yes," complete Form 4720, Schedule O. | | |

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

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

☒ X

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 8 | | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 8 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | 6 | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | 7a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | | | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NJ**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**

BIMA BAJE - 973.642.0529
23 PENNSYLVANIA AVENUE, NEWARK, NJ 07114

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRENDA DAUGHTRY CHAIRPERSON | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) DENISE O'DONAGHUE-SMITH VICE CHAIRPERSON | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) SUSAN HOLGUIN-VERAS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) REGINA COVINGTON MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) RICHARD MASHALL MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) FRANCES PUREFOY MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) SHAWNA EBANKS MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) JOHN PETRILLO MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) MARIA PILAR PARADISO HEAD OF SCHOOL | 30.00 10.00 | | | X | | | | 143,770. | 0. | 19,437. |
| (10) BIMA BAJE SCHOOL BUSINESS ADMINISTOR | 4.00 | | | X | | | | 42,016. | 0. | 3,214. |
| (11) ISABEL MACHADO BOARD ATTORNEY | 1.00 | | | X | | | | 0. | 0. | 0. |
| (12) SHARON F. MACHRONE BOARD RECORDING SECRETARY | 1.00 | | | X | | | | 35,451. | 0. | 0. |
| (13) KATHLEEN HESTER PRINCIPAL | 40.00 | | | | | X | | 134,695. | 0. | 26,391. |
| (14) LESLIE BAYNES COO | 40.00 | | | | | X | | 103,084. | 0. | 7,886. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII

| | | | |
|--|----------|----|---------|
| 1b Subtotal | 459,016. | 0. | 56,928. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 459,016. | 0. | 56,928. |

3

| | | | | |
|---|---|---|---|---|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 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) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| DELTA-T GROUP NORTH JERSEY INC. PO BOX 884, BRYN MAWR, PA 19010 | PROFESSIONAL SERVICES | 107,382. |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 | | |

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|--|--|---------------------------|------------------------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,517,259. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | 2 a PER CAPITA AID | Business Code | 611110 | 5,045,671. | 5,045,671. | | |
| | b FOOD SERVICE | | 611110 | 42,417. | 42,417. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 5,088,088. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross rents | | 6a | (i) Real (ii) Personal | | | | |
| b Less: rental expenses ... | | 6b | | | | | |
| c Rental income or (loss) | | 6c | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | 7a | (i) Securities (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | 7b | | | | | |
| c Gain or (loss) | | 7c | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | | |
| b Less: direct expenses | | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | 900099 | 91,233. | 91,233. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 91,233. | | | |
| | 12 Total revenue. See instructions | | | 6,696,580. 5,179,321. 0. 0. | | | |

Part IX Statement of Functional Expenses

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

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

☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 480,872. | | 480,872. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,707,149. | 2,417,758. | 289,391. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,680,065. | 1,433,930. | 246,135. | |
| 9 Other employee benefits | 582,422. | 548,374. | 34,048. | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 731,095. | 594,641. | 136,454. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 193,058. | 191,143. | 1,915. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 458,361. | 458,361. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,881. | 2,881. | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a FOOD SERVICE EXPENSES | 167,276. | 167,276. | | |
| b MISCELLANEOUS | 34,687. | 32,761. | 1,926. | |
| c JUDGMENTS AGAINST CHART | 22,644. | | 22,644. | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 7,060,510. | 5,847,125. | 1,213,385. | 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)

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|---|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 518,317. | 1 | 1,368,964. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 832,551. | 4 | 969,784. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 25,124. | | |
| | b Less: accumulated depreciation | 10b 15,795. | 13,303. | 10c 9,329. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 2,561,831. | 15 | 2,198,639. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,926,002. | 16 | 4,546,716. | |
| Liabilities | 17 Accounts payable and accrued expenses | 410,620. | 17 | 330,413. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 563. | 19 | 562. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,716,075. | 25 | 4,780,926. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,127,258. | 26 | 5,111,901. |
| | Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | |
| 27 Net assets without donor restrictions | | -201,256. | 27 | -565,185. |
| 28 Net assets with donor restrictions | | | 28 | |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | 30 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| 32 Total net assets or fund balances | | -201,256. | 32 | -565,185. |
| 33 Total liabilities and net assets/fund balances | | 3,926,002. | 33 | 4,546,716. |

Part XI Reconciliation of Net AssetsCheck 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 | 6,696,580. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,060,510. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -363,930. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -201,256. |
| 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 | -565,186. |

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

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
| <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in (a) above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in (2), 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. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) 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. | | | |
| 2a | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Part VI

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

DRAFT

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

LINK COMMUNITY CHARTER SCHOOL

46-5614487

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | N.J. STATE DEPARTMENT OF EDUCATION 100 RIVERVIEW EXECUTIVE PLAZA TRENTON, NJ 08625 | \$ 1,392,904. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N.J. STATE DEPARTMENT OF AGRICULTURE 33 W. STATE STREET TRENTON, NJ 08625 | \$ 124,355. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

LINK COMMUNITY CHARTER SCHOOL**46-5614487****Part III**

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

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 25,124. | 15,795. | 9,329. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 9,329. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSIT | 4,550. |
| (2) DEFERRED OUTFLOW OF RESOURCES | 2,194,089. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,198,639. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) INTERGOVERNMENTAL PAYABLES - STATE | 41,099. |
| (3) NET PENSION LIABILITIES | 3,675,514. |
| (4) DEFERRED INFLOW OF RESOURCES | 1,064,313. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,780,926. |

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

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 6,696,580. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 6,696,580. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 6,696,580. |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 7,060,509. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 7,060,509. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 7,060,509. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

LINK COMMUNITY CHARTER SCHOOL RECOGNIZES THE EFFECT OF INCOME TAX

POSITIONS ONLY OF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE SCHOOL HAD NO UNCERTAIN TAX

POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Part I

- 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?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.
If you need more space, use Part II
- SEE PART II**

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- 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?
- b** Has the organization's right to such aid ever been revoked or suspended?
- 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

| | YES | NO |
|-----------|----------|----------|
| 1 | X | |
| 2 | X | |
| 3 | X | |
| 4a | X | |
| 4b | X | |
| 4c | X | |
| 4d | X | |
| 5a | | X |
| 5b | | X |
| 5c | | X |
| 5d | | X |
| 5e | | X |
| 5f | | X |
| 5g | | X |
| 5h | | X |
| 6a | X | |
| 6b | | X |
| 7 | X | |

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

Schedule E (Form 990 or 990-EZ) 2019

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

THE CHARTER SCHOOL MAINTAINS A RACIALLY NONDISCRIMINATORY POLICY TOWARDS ALL STUDENTS, IN THAT THE CHARTER SCHOOL DOES NOT DISCRIMINATE AGAINST ANY STUDENT, OR EMPLOYEE FOR REASONS OF RACE, COLOR, CREED, AGE, SEX, RELIGION, ETHNIC ORIGIN, FAMILY AFFILIATION, DISABILITIES, SOCIAL OR ECONOMIC STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR BECAUSE OF LIABILITY FOR SERVICE IN THE UNITED STATES ARMED FORCES. THE RACIALLY NONDISCRIMINATORY POLICY IS CONTAINED IN THE SCHOOL BY-LAWS AND IS COMMUNICATED TO STUDENTS AND PARENTS. THE SCHOOL INTENDS TO PUBLISH THIS POLICY IN ITS BROCHURE AND ON ITS WEBSITE. IN ADDITION, LINK COMMUNITY CHARTER SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL COMMUNITIES, AND FURTHER, THE CHARTER SCHOOL ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE CHARTER SCHOOL RECEIVES PUBLIC ASSISTANCE BY WAY OF PERCENTAGE OF LOCAL TAX LEVY PURSUANT TO REGULATIONS PROMULGATED BY THE STATE OF NEW JERSEY, DEPARTMENT OF EDUCATION. IN ADDITION, THE CHARTER SCHOOL RECEIVES FEDERAL ASSISTANCE BY WAY OF GRANTS FROM NCLB/TITLE I AND IDEA PROGRAMS. OTTHER FINANCIAL ASSISTANCE FROM GOVERNMENTAL PROGRAMS IS ALSO AVAILABLE VIA APPLICATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

| | | |
|----|--|---|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| | | |
| 8 | | X |
| | | |
| 9 | | |

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

Schedule J (Form 990) 2019

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

0. 0. 0.

DRAFT

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.

DRAFT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

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

CHILD AND ENGENDERS A LOVE FOR LEARNING. STUDENTS WILL DEMONSTRATE
INTELLECTUAL COMPETENCE, SOCIAL RESPONSIBILITY AND COMMITMENT TO THEIR
COMMUNITY. LINK COMMUNITY CHARTER SCHOOL GRADUATES WILL MATRICULATE TO
COMPETITIVE HIGH SCHOOLS THAT BEST MATCH THEIR INDIVIDUAL NEEDS AND
GOALS. IMPLEMENTATION OF THE SCHOOL'S VISION IS ACHIEVED THOUGH THE
FOLLOWING KEY ELEMENTS: (1) OUTSTANDING MIDDLE SCHOOL EDUCATION; (2)
LIFELONG VALUES; (3) HIGH SCHOOL PLACEMENT AND (4) SOCIAL JUSTICE.

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

ENDURING COMMITMENT TO CORE VALUES; THIS WILL ALLOW STUDENTS TO BE
SUCCESSFUL IN COMPETITIVE HIGH SCHOOLS AND BECOME RESPONSIBLE AND
RESOURCEFUL CITIZENS WHO GIVE BACK TO OTHERS.

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

THE BOARD OF TRUSTEES AND DESIGNATED SCHOOL OFFICIALS REVIEW THE TAX FORM
990 RETURN PRIOR TO SUBMISSION AND FILING WITH THE IRS.

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

THE BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL
DISCLOSURE FORM INDICATING ANY CONFLICT OF INTEREST OR ARRANGEMENTS THAT
COULD GIVE RISE TO A CONFLICT.

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

THE BOARD REVIEWS AND APPROVES COMPENSATION INFORMATION FOR KEY AND ALL
OTHER EMPLOYEES OF THE CHARTER SCHOOL.

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST AT THE CHARTER
SCHOOL'S BUSINESS OFFICE.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE CHARTER SCHOOL'S
BUSINESS OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED PROFESSIONAL SERVICES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 264,589. |
| MANAGEMENT AND GENERAL EXPENSES | 26,000. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 290,589. |

OTHER PURCHASED SERVICES:

| | |
|--|----------|
| PROGRAM SERVICE EXPENSES | 330,052. |
| MANAGEMENT AND GENERAL EXPENSES | 110,454. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 440,506. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 731,095. |

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| LINK EDUCATION PARTNERS, INC. - 22-1896984 23 PENNSYLVANIA AVENUE NEWARK, NJ 07114 | SUPPORT LINK COMMUNITY CHARTER SCHOOL IN ITS MISSION | NEW JERSEY | 501(C) | PUBLIC CHARITY | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) LINK COMMUNITY PARTNERS, INC. | K | 328,000. | LEASE AGREEMENT |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DRAFT