

**LINK COMMUNITY CHARTER SCHOOL  
BOARD OF TRUSTEES MEETING  
May 08, 2023, 6:30 PM  
In-Person AND Via Zoom  
Link Community Charter School  
23 Pennsylvania Avenue, Newark, New Jersey 07114**

**Draft Minutes**

**LINK COMMUNITY CHARTER SCHOOL MISSION**

Link Community Charter School will provide an outstanding elementary and 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 enduring commitment to Core Values; this will allow them to be successful in competitive high schools and become responsible and resourceful citizens who give back to others.

**CALL TO ORDER**

The regular meeting of the Link Community Charter School Board of Trustees was called to order by Shawna Ebanks, board vice chair, at 6:36pm.

**FLAG SALUTE**

**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 Ledger* and *nj.com*, *Irvington Herald*, *East Orange Record*, *Orange Transcript*, and *Essex Daily News* on April 26, 2023; by email to the city clerks of, East Orange, Irvington, and Orange, and the county superintendent of education on April 26, 2023 and by mail on April 26, 2023 to the city clerk of Newark; by posting notice on the school website; and by communicating same to the Board of Trustees.

**ROLL CALL**

<b>Member</b>	<b>Present</b>	<b>Absent</b>
Barkley, Ms.	√	
Barnett, Ms.		√
Clarke-Avignant, Mrs.		√
Daughtry, Ms.	√	
Ebanks, Ms.	√	
Fox, Ms.	√	
Key, Mr.	√	
Marshall, Mr.	√	
Naar, Mr.		√

**IN ATTENDANCE: NON-VOTING STAFF/BOARD ATTORNEY**

Maria Pilar Paradiso, Head of School  
Debbie Paczkowski, Board Recording Secretary  
Bima Baje, School Business Administrator  
Leslie Baynes, Chief Operating Officer  
Arian Rouzbehnia and Christine Martinez, Esq., Board Attorneys

Sharon Machrone, Director of Communications

### **APPROVAL OF MINUTES**

**Resolution #050823-01:** Be it Resolved that the Board of Trustees accepts and approves the minutes of the board meeting held on April 24, 2023.

Moved by Ms. Daughtry

Second by Mr. Key

Discussion: None

Vote: Voice; passed unanimously

### **APPROVAL OF AGENDA**

**Resolution #050823-02:** Be it Resolved that the Board of Trustees accepts and approves the agenda for the board meeting on May 08, 2023.

Moved by Ms. Daughtry

Second by Mr. Key

Discussion: None

Vote: Voice; passed unanimously

### **PRESENTATION**

- Strategic Planning, Mrs. Maria Pilar Paradiso

### **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**

Emily Aikens, 776 N. 6<sup>th</sup> St, #2, Newark, NJ 07107, School Culture

Serena Livingston, 63 Ross St, East Orange, NJ 07018, School Culture

Deborah Salters, 263 Ridge St, Newark, NJ 07107, School Culture

Seeing there were no more members of the public wishing to speak, Mr. Marshall closed public comments.

### **ACKNOWLEDGMENT OF CORRESPONDENCE**

None.

### **HEAD OF SCHOOL**

- **Monthly School Update**  
See attached.

**Approval of after school activity**

**Resolution #050823-03:** Be it Resolved that the Board of Trustees approves the following after school activity as follows, as recommended by the head of school.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

Grade	Activity	Date/Time	Location	Funded by	Transportation	Teacher
Selected Students of 5-8 <sup>th</sup> Grade	Science Extravaganza	Friday, May 05, 2023 Friday, May 19, 2023 Friday, June 02, 2023 12:45pm-3pm ½ day Fridays	Link Community Charter School	N/A	N/A	Boyle, Kutch, Valentine & Bryant

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

**Approval of new hire**

**Resolution #050823-04:** Be it Resolved that the Board of Trustees approves the following new hire to the Personnel List for the 2023-2024 school year, as recommended by the head of school.

Name	Position	Duration	FT/PT	2023-2024 Salary Annualized
Alison Harmon	Elementary School Teacher, ELA	10 Months	FT	\$63,000.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

**Approval to accept grant funds**

**Resolution #050823-05:** Be it Resolved that the Board of Trustees accepts the updated Pre School & Charter Grant issued in the 2020-2021 school year in the amount of \$20,000, as recommended by the Head of School.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

**Approval of summer employment**

**Resolution #050823-06:** Be it Resolved that the Board of Trustees approves the hiring of the following for summer employment for the following dates, all staff set up 06/28-06/29, and 07/05/23-07/28/23, for the Rising 1<sup>st</sup> and 2<sup>nd</sup> Grade Intervention Program as recommended by the Head of School.

Name	Position	Stipend	# of days	Projected Salary
Ms. Batemon	Teacher	\$250.00	13	\$3,250
Ms. Bloom	Teacher	\$250.00	15	\$3,750
Ms. Davis	Teacher	\$250.00	15	\$3,750
Ms. Davis-Brown	Teacher	\$250.00	15	\$3,750
Mrs. Rios	Teacher	\$250.00	20	\$5,000
Mrs, Ryan, Special Education	Teacher	\$250.00	20	\$5,000
Ms. Valentin	Teacher	\$250.00	10	\$2,500

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **Education Committee**

- **Committee Report**  
None.

#### **Governance Committee**

- **Committee Report**  
See attached.

#### **Community Engagement Committee**

- **Committee Report**  
None.

#### **Finance Committee**

- **Committee Report**  
See attached.

#### **Approval of Form 990**

**Resolution #050823-07:** Be it Resolved that the Board of Trustees approves the submission of Form 990, as recommended by the school business administrator.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **Approval of Corrective Action Plan**

**Resolution #050823-08:** Be it Resolved that the Board of Trustees approves the attached Corrective Action Plan, as recommended by the school business administrator.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **Approval of financial reports**

**Resolution #050823-09:** Be it Resolved that the Board of Trustees accepts and approves the Board Secretary Report and the Treasurer's Report for the month ending April 30, 2023, as recommended by the school business administrator.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **Approval of bills for payment**

**Resolution #050823-10:** 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 attached Bill List, as recommended by the school business administrator.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **Approval of budget transfer**

**Resolution #050823-11:** Be it Resolved that the Board of Trustees approves the attached budget transfer, as recommended by the school business administrator.

Moved by Ms. Daughtry

Second by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

#### **EXECUTIVE SESSION (Resolution#050823-12)**

**WHEREAS**, the LCCS Board of Trustees from time to time must convene into Executive Session to discuss confidential matters including but not limited to personnel issues, litigation, matters of attorney/client privilege, and/or student matters.

**NOW THEREFORE BE IT RESOLVED**, the LCCS Board of Trustees shall move into Executive Session to discuss a staff matter.

**BE IT FURTHER RESOLVED**, the LCCS Board of Trustees may take action on this matter when the LCCS Board of Trustees later returns to public session.

**BE IT FURTHER RESOLVED**, that the minutes of the executive session will be released to the public in an appropriately redacted form within a reasonable period of time providing as much information as possible without violating any applicable privilege or confidentiality.

**BE IT FURTHER RESOLVED**, that the redacted portion of the executive session minutes will not be released until such time as the privilege or confidentiality is no longer applicable.

Moved by Ms. Daughtry  
Second by Ms. Barkley  
Discussion: None  
Vote: Voice; passed unanimously

The board moved to Executive Session at 7:23pm.

The board returned from Executive Session 8:04pm

### **OLD BUSINESS**

None.

### **NEW BUSINESS**

None.

### **ANNOUNCEMENTS**

The next regular meeting will be held on Monday, June 12, 2023. This is also the annual meeting so expect the meeting to be 2 ½-3 hours long.

### **MOTION TO ADJOURN**

Moved by Ms. Barkley  
Seconded by Ms. Ebanks  
Vote: Voice; passed unanimously  
The meeting was adjourned at 8:09 pm.

These minutes represent a record of 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,

A handwritten signature in black ink, appearing to read "Debra Paczkowski", with a long horizontal line extending to the right.

Debra Paczkowski, Board Recording Secretary

Date: May 10, 2023

Approved by the Link Community Charter School Board of Trustees: **Date**

## Head of School Report May, 2023

### Link Enrollment:

Grade Level	Approved Enrollment for 2022-23	Enrolled for 2022-23	23/24 New Applications Received	23/24 Registered Students
K	50	36	77	13
1	50	36	13	3
2	50	N/A	16	6
5	50	48	60 accepted and invited to register + 12 72 total	19
6	50	53	13 new + 27 on waitlist	
7	80	84	13 new + 53 on waitlist	
8	80	78	9 new + 10 on waitlist	
Total	360	335		

### Student Recruitment and Enrollment:

- Postcard dropping this week
- Attending My Schools Recruitment Fair on 5/20 at NJPAC
- Registration Day held on Friday, May 5<sup>th</sup>
- Ongoing registration is being held in the main office

### Staffing:

- Making progress with some hires and some new offers made
- Attending another virtual job fair on 5/17/23

### Current Openings:

- Special Education Teachers, 6, 7, maybe 8 grades (2-3)
- English Teachers, 5, 6, 7 grades (3)
- Math Teacher, 7/8 grades (1)
- Assistant Teachers, 5<sup>th</sup> grade (2)
- Social Studies/Science, 5<sup>th</sup> and 6<sup>th</sup> grades (1)
- Kindergarten Teacher (1)
- Elementary School Teacher, grade 2 (1)
- Art Teacher (1)

**HIB (CLOSED SESSION)**

- 1<sup>st</sup> report to the board, 2022-2023 -008

**Health and Safety Update:**

- No updates

**Curriculum:**

- No updates

**NJSLA**

- Finishing up math this week and will begin ELA next week

**Instructional Coaching**

- No updates

**Special Programming**

- 3 day science club/extravaganza

**Summer Programming**

- Holding a meeting for Kindergarten/1<sup>st</sup> grade families invited to attend the program on Wednesday evening.
- Continuing to plan for 5<sup>th</sup> grade program

**High School Placement:**

- No updates

**Strategic Planning Updates: Provided in the Presentation**

- No additional updates

**Special Education**

- No updates

**CSP**

- No updates

**Renewal and Expansion**

- No updates



Link Community Charter School  
Board of Trustees  
Governance Committee Report  
May 2, 2023

Attendees: M. Paradiso, D. Paczkowski, S. Machrone, K. Barkley, S. Ebanks

- ❖ Strategic Plan
  - To date, Maria has only received feedback from three board members. She needs more responses from the Board.
- ❖ Term of Board Members
  - Two board members have agreed to renew their appointment.
  - One member is undecided and will provide decision at a later date.
  - One member will not be renewing their appointment.
  - Sharon will reach out to LPA to provide a new parent representative for the Board.
  - At the July meeting, there will be an election for new appointees, chair, and vice chair.
- ❖ Board Self Evaluation
  - There are still outstanding evaluations that need to be completed by the Board. Debbie will reach out to those individuals with a new deadline.
- ❖ Head of School Evaluation
  - Maria will be submitting her evaluation after May 6<sup>th</sup>.
- ❖ Board Disclosure and Mandated Training
  - Three board members need to complete their mandated training.
  - One board member must complete the financial disclosure.

EXTENDED TO MAY 15, 2023

Form **990**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)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****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 \$**8,150,201.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>LINK COMMUNITY CHARTER SCHOOL IS A CHALLENGING AND SUPPORTIVE ENVIRONMENT THAT NURTURES THE WHOLE</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>10</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>57</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>10</b>
		<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>2,845,995.</b> <b>2,769,487.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>5,127,617.</b> <b>5,371,045.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>0.</b> <b>0.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>78,808.</b> <b>9,669.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>8,052,420.</b> <b>8,150,201.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>5,811,867.</b> <b>5,870,473.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,826,973.</b> <b>2,604,122.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>7,638,840.</b> <b>8,474,595.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>413,580.</b> <b>-324,394.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>3,977,449.</b> <b>4,733,248.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>4,116,351.</b> <b>5,193,302.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>-138,902.</b> <b>-460,054.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>BIMA BAJE, SCHOOL BUSINESS ADMINISTRATOR</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>LEONORA GALLEROS</b>	Preparer's signature	Date <b>05/05/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00181670</b>
	Firm's name ▶ <b>GALLEROS ROBINSON CPAS, LLP</b>	Firm's EIN ▶ <b>27-3263553</b>	Phone no. <b>732.925.2608</b>		
	Firm's address ▶ <b>115 DAVIS STATION ROAD CREAM RIDGE, NJ 08514</b>				

May the IRS discuss this return with the preparer shown above? See instructions ..... ☐ Yes ☐ No

132001 12-09-21

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

Form **990** (2021)**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 ☒**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 \$ 5,298,524. including grants of \$ ) (Revenue \$ 5,380,714. )

THE LINK COMMUNITY CHARTER SCHOOL (CHARTER SCHOOL) PROVIDES A FULL RANGE OF EDUCATIONAL SERVICES APPROPRIATE TO KINDERGARTEN, GRADES 5, 6, 7 AND 8. THESE SERVICES INCLUDE REGULAR, AS WELL AS SPECIAL EDUCATION AND BASIC SKILLS INSTRUCTION. THE CHARTER SCHOOL COMPLETED THE 2021-2022 SCHOOL YEAR WITH AN ENROLLMENT OF 321 STUDENTS. NEXT YEAR WE WILL REACH OUR MAXIMUM CAPACITY. BY EVERY INDICATOR, THE CHARTER SCHOOL IS A SUCCESSFUL YOUNG CHARTER SCHOOL WITH GREAT PROMISE FOR THE FUTURE. WITH A FOCUS ON LEADERSHIP, CIVICS, COMMUNITY SERVICE AND ACADEMICS, THE CHARTER SCHOOL MAINTAINS A LARGE WAITING LIST FOR ENTRANCE AND IS ARMED WITH A STRONG BOARD, EXPERIENCED STAFF, SIGNIFICANT SEED FUNDING, A WELL-DEVELOPED MISSION AND ACCOMPANYING CORE VALUES.

**4b** (Code: ) (Expenses \$ 1,094,184. including grants of \$ ) (Revenue \$ )

THE CHARTER SCHOOL IMPLEMENTED THE EVERY STUDENT SUCCEEDS ACT (ESSA) AND THE IDEA PROGRAMS. THESE PROGRAMS WERE ENACTED BY CONGRESS TO PREAUTHORIZE THE ELEMENTARY AND SECONDARY EDUCATION ACT WITH MAJOR FOCUS ON PROVIDING ALL CHILDREN WITH FAIR, EQUAL AND SIGNIFICANT OPPORTUNITY TO HAVE A HIGH QUALITY EDUCATION THROUGH ENRICHMENT ACTIVITIES. IN ADDITION, THE CHARTER SCHOOL ALSO IMPLEMENTED REQUIREMENTS OF THE ESSER, ARP AND OTHER COVID-19 RELATED ACTIVITIES TO RETAIN AND MAINTAIN SCHOOL OPERATIONS DURING THE COVID-19 PANDEMIC.

**4c** (Code: ) (Expenses \$ 227,362. including grants of \$ ) (Revenue \$ )

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.

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

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

**4e** Total program service expenses **6,620,070.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b>	X

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	17
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	57
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> 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.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA PILAR PARADISO HEAD OF SCHOOL	30.00 10.00			X				153,680.	57,500.	58,037.
(2) LESLIE BAYNES COO	30.00 10.00			X				117,491.	60,493.	39,318.
(3) KATHLEEN HESTER PRINCIPAL	40.00			X				139,871.	0.	28,491.
(4) JOSEPHINE ARIZMENDI TEACHER	40.00					X		102,162.	0.	14,835.
(5) BIMA BAJE SCHOOL BUSINESS ADMINISTRATOR	4.00			X				40,625.	0.	16,530.
(6) BRENDA DAUGHTRY CHAIRPERSON	1.00	X						0.	0.	0.
(7) DENISE O'DONAGHUE-SMITH VICE CHAIRPERSON	1.00	X						0.	0.	0.
(8) SUSAN HOLGUIN-VERAS MEMBER	1.00	X						0.	0.	0.
(9) REGINA COVINGTON MEMBER	1.00	X						0.	0.	0.
(10) RICHARD MASHALL MEMBER	1.00	X		X				0.	0.	0.
(11) REVELLE CLARK-AVIGNANT MEMBER	1.00	X						0.	0.	0.
(12) SHAWNA EBANKS MEMBER	1.00	X						0.	0.	0.
(13) JOHN PETRILLO MEMBER	1.00	X						0.	0.	0.
(14) KAITLIN BARKLEY MEMBER	1.00	X		X				0.	0.	0.
(15) GARTH NAAR MEMBER (BEGINNING 7/1/2021)	1.00	X						0.	0.	0.
(16) DEBBIE PACZKOWSKI BOARD RECORDING SECRETARY	1.00			X				0.	0.	0.



## Part VII

<b>1b Subtotal</b>	553,829.	117,993.	157,211.
<b>c Total from continuation sheets to Part VII, Section A</b>	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>	553,829.	117,993.	157,211.

4

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	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
THE GOODKIND GROUP, LLC, 33 WOOD AVENUE SOUTH SUITE 658, ISELIN, NJ 08830	PROFESSIONAL SERVICES	345,530.
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 Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,769,487.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> PER CAPITA AID .....	<b>Business Code</b>	611110	5,371,045.	5,371,045.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			<b>5,371,045.</b>			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses ...							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS .....	<b>Business Code</b>	900099	9,669.	9,669.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			<b>9,669.</b>			
	<b>12 Total revenue.</b> See instructions .....			<b>8,150,201.5,380,714.0.0.</b>			

**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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	544,851.		544,851.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,181,784.	2,758,204.	423,580.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,427,051.	1,104,033.	323,018.	
<b>9</b> Other employee benefits .....	436,875.	373,103.	63,772.	
<b>10</b> Payroll taxes .....	279,912.	212,058.	67,854.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	31,713.		31,713.	
<b>c</b> Accounting .....	25,000.		25,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,236,737.	962,324.	274,413.	
<b>12</b> Advertising and promotion .....	10,016.		10,016.	
<b>13</b> Office expenses .....	378,096.	291,984.	86,112.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	245,400.	245,400.		
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	330,496.	330,496.		
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> <b>FOOD SUPPLIES AND MATER</b> .....	226,311.	226,311.		
<b>b</b> <b>MISCELLANEOUS</b> .....	83,313.	79,117.	4,196.	
<b>c</b> <b>NONINSTRUCTIONAL EQUIPM</b> .....	25,000.	25,000.		
<b>d</b> <b>INSTRUCTIONAL EQUIPMENT</b> .....	12,040.	12,040.	0.	
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	8,474,595.	6,620,070.	1,854,525.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,748,489.	<b>1</b>	1,510,272.
	<b>2</b> Savings and temporary cash investments .....	97,378.	<b>2</b>	110,965.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	727,951.	<b>4</b>	1,116,625.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,124.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,495.	5,120.	<b>10c</b> 2,629.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,398,511.	<b>15</b>	1,992,757.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,977,449.	<b>16</b>	4,733,248.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	396,277.	<b>17</b>	493,999.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	63,480.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,656,594.	<b>25</b>	4,699,303.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,116,351.	<b>26</b>	5,193,302.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		-151,605.	<b>27</b>	-472,757.
<b>28</b> Net assets with donor restrictions .....		12,703.	<b>28</b>	12,703.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		-138,902.	<b>32</b>	-460,054.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		3,977,449.	<b>33</b>	4,733,248.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,150,201.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,474,595.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-324,394.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	-138,902.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	3,242.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-460,054.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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? _____	<b>X</b>	
<b>b</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 _____	<b>X</b>	

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number	
--------------------------------	--

46-5614487

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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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).)
- 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 on 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).

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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
<input type="checkbox"/>		

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 foundation

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

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

**General Rule**

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	\$ 2,506,166.	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	\$ 263,321.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

46-5614487

## Part II

[illegible]



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

OMB No. 1545-0047

**2021****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.	22,495.	2,629.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,629.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	4,550.
(2) DEFERRED OUTFLOW OF RESOURCES	583,909.
(3) RIGHT-OF-USE ASSETS, NET	1,404,298.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,992,757.

**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	254,694.
(3) NET PENSION LIABILITIES	1,272,406.
(4) DEFERRED INFLOW OF RESOURCES	1,643,715.
(5) LEASE LIABILITIES	1,528,488.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,699,303.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	8,150,201.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,150,201.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	8,150,201.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	8,474,595.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	8,474,595.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	8,474,595.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE 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 CHARTER SCHOOL HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE CHARTER SCHOOL IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX PERIODS PRIOR TO 2019.

**SCHEDULE E**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

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

► **Attach to Form 990 or Form 990-EZ.**

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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 on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during 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
<b>1</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>3</b>		<b>X</b>
<b>4a</b>	<b>X</b>	
<b>4b</b>	<b>X</b>	
<b>4c</b>	<b>X</b>	
<b>4d</b>	<b>X</b>	
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>5c</b>		<b>X</b>
<b>5d</b>		<b>X</b>
<b>5e</b>		<b>X</b>
<b>5f</b>		<b>X</b>
<b>5g</b>		<b>X</b>
<b>5h</b>		<b>X</b>
<b>6a</b>	<b>X</b>	
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	

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

**Schedule E (Form 990) 2021**

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2021



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA PILAR PARADISO HEAD OF SCHOOL	(i)	153,680.	0.	0.	10,408.	11,757.	175,845.	0.
	(ii)	57,500.	0.	0.	5,792.	30,080.	93,372.	0.
(2) LESLIE BAYNES COO	(i)	117,491.	0.	0.	8,224.	8,895.	134,610.	0.
	(ii)	60,493.	0.	0.	4,839.	17,360.	82,692.	0.
(3) KATHLEEN HESTER PRINCIPAL	(i)	139,871.	0.	0.	9,791.	18,700.	168,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DRAFT

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 AND ONLINE AT WWW.GUIDESTAR.ORG. AND AT WWW.IRS.GOV.

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:

PROFESSIONAL EDUCATIONAL SERVICES:

PROGRAM SERVICE EXPENSES	912,843.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	912,843.

PURCHASED TECHNICAL SERVICES:

PROGRAM SERVICE EXPENSES	20,546.
MANAGEMENT AND GENERAL EXPENSES	125,483.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,029.

CLEANING AND WASTE MANAGEMENT SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	59,617.
FUNDRAISING EXPENSES	0.

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

TOTAL EXPENSES 59,617.

## SECURITY SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 81,649.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 81,649.

## RECRUITMENT AND HIRING SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,674.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,674.

## OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 28,935.

MANAGEMENT AND GENERAL EXPENSES 1,990.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 30,925.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,236,737.

## FORM 990, PART XII, LINE 2C:

THE PROCESS DID NOT CHANGE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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) 2021

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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 CHARTER SCHOOL	K	352,000.	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



## **CORRECTIVE ACTION PLAN IN RESPONSE TO AUDIT FINDINGS FISCAL YEAR ENDED JUNE 30, 2022**

### **Finding 2022-001 Grant Expense Reconciliation**

We noted the following in during our audit.

1. Charter School grant expenses amounting to \$192,517 were recorded as General Fund expense instead of as a revenue and expense in the Special Revenue Fund. Of which \$70,240 were recorded as General Fund expense instead of as a revenue and expense in the Special Revenue Fund. A prior period adjustment was required to reimburse the General Fund for the grant expense.
2. Charter School grant expenses incurred and claimed during the fiscal year ended June 30, 2022 amounting to \$212,619 were recorded in the General Fund and not in the Special Revenue Fund.

Various journal entries were recorded and trial balance revisions were made to correct recorded expenses in the Special Revenue Fund, including a prior period adjustment of \$70,240 to increase net position of the General Fund net position at July 1, 2021.

The Charter School should ensure that there is a smooth coordination between the reimbursement and recording functions. The Charter School should also ensure timely reconciliation of reimbursement reports and records.

### ***Corrective Action***

*Purchase order will be prepared with the correct accounting code to reflect expenditures in the right budget line items.*

### ***Person(s) Responsible***

Finance Coordinator, Chief Finance Office, School Business Administrator

### ***Planned Completion Date***

*As of July 2022, corrective action has been implemented.*

Bima Baje  
School Business Administrator

Maria Paradiso  
Head of School

**Interim Balance Sheet**

**ASSETS AND RESOURCES**

<b>ASSETS</b>		
101 Cash in checking account	\$ 1,461,990.66	
102-106 Other cash equivalents	\$ 75,025.00	
Total cash		\$ 1,537,015.66
108 Investment - Federal Impact Aid reserve account (General)		\$ 32,077.27
109 Investment - Federal Impact Aid reserve account (Capital)		\$ 78,887.59
111 Investments		\$ 0.00
114 Investment interest receivable		\$ 0.00
121 Tax levy receivable		\$ 2,969,567.24
Accounts receivable		
132 Interfund	\$ 155,381.84	
141 Intergovernmental - state	\$ (1,267,644.77)	
142 Intergovernmental - federal	\$ 0.00	
143 Intergovernmental - other	\$ 0.00	
153 Other Accounts Receivable	\$ 0.00	
		\$ (1,112,262.93)
Loans receivable		
131 Interfund	\$ 0.00	
151 Other Loans Receivable	\$ 0.00	
		\$ 0.00
199 Other current assets		\$ 4,550.00
<b>RESOURCES</b>		
301 Estimated revenues (from adjusted budget)	\$ 6,311,314.00	
302 Less: revenues collected or accrued	\$ (6,273,775.37)	
		\$ 37,538.63
<b>TOTAL ASSETS AND RESOURCES</b>		<b>\$ 3,547,373.46</b>

**LIABILITIES AND FUND EQUITY**

<b>LIABILITIES</b>		
401 Interfund loans payable	\$ 0.00	
402 Interfund accounts payable	\$ 0.00	
411 Intergovernmental accounts payable - state	\$ 0.00	
412 Intergovernmental accounts payable - federal	\$ 142,154.45	
413 Intergovernmental accounts payable - other	\$ 0.00	
421 Accounts payable	\$ 26,207.36	
422 Judgments payable	\$ 0.00	
430 Compensated absences payable	\$ 0.00	
431 Contracts payable	\$ 0.00	
451 Loans payable	\$ 0.00	
461 Accrued Salaries and Benefits	\$ 12,504.80	
471 Payroll deductions and withholdings	\$ 740.06	
481 Deferred revenues	\$ 0.00	
491 Deposits payable	\$ 4,448.24	
499 Other current liabilities	\$ 0.00	
Total liabilities		<b>\$ 186,054.91</b>

**FUND EQUITY**

Appropriated:

753 Reserve for encumbrances - current year				\$	1,226,888.18	
754 Reserve for encumbrances - prior year				\$	0.00	
756 Reserved fund balance Impact Aid (General) - July 1, 2022			\$	0.00		
611 Add: Increase in Federal Impact Aid Reserve (General)			\$	0.00		
318 Less: Budgeted withdrawal from Federal Impact Aid Reserve (General)			\$	0.00		
Subtotal - Impact Aid reserve (General)				\$	0.00	
757 Reserved fund balance Impact Aid (Capital) - July 1, 2022			\$	0.00		
612 Add: Increase in Federal Impact Aid Reserve (Capital)			\$	0.00		
319 Less: Budgeted withdrawal from Federal Impact Aid Reserve (Capital)			\$	0.00		
Subtotal - Impact Aid reserve (Capital)				\$	0.00	
760 Other reserves				\$	0.00	
771 Designated Fund Balance				\$	0.00	
772 Designated Fund Balance - ARRA/SEMI				\$	0.00	
601 Appropriations			\$	6,314,249.16		
602 Less: expenditures	\$	4,796,091.08				
603 Less: encumbrances	\$	1,226,888.18	\$	(6,022,979.26)	\$	291,269.90
Appropriations less expenditures						\$ 1,518,158.08
Unappropriated:						
770 Fund Balance, July 1, 2022				\$	1,821,400.73	
303 Less: budgeted fund balance				\$	(2,935.16)	
Unappropriated fund balance						\$ 1,818,465.57
Total fund equity						\$ 3,336,623.65

**TOTAL LIABILITIES AND FUND EQUITY**

\$ 3,522,678.56

**RECAPITULATION OF FUND BALANCE - CURRENT YEAR ACTIVITY**

	Budgeted	Actual	Variance
Appropriations	\$ 6,314,249.16	\$ 6,022,979.26	\$ 291,269.90
Less: Revenues	\$ (6,311,314.00)	\$ (6,273,775.37)	\$ (37,538.63)
Subtotal	\$ 2,935.16	\$ (250,796.11)	\$ 253,731.27
Change in Impact Aid reserve (general)			
Plus - Increase in reserve	\$ 0.00	\$ 0.00	\$ 0.00
Less - Withdrawal from reserve	\$ 0.00	\$ 0.00	\$ 0.00
Change in Impact Aid reserve (capital)			
Plus - Increase in reserve	\$ 0.00	\$ 0.00	\$ 0.00
Less - Withdrawal from reserve	\$ 0.00	\$ 0.00	\$ 0.00
Less: adjustment to appropriations for Prior Year Encumbrances	\$ 0.00	\$ 0.00	\$ 0.00
Total current year budgeted fund balance	\$ 2,935.16	\$ (250,796.11)	\$ 253,731.27
Add: Unappropriated fund balance			\$ 1,818,465.57
Total of budgeted and unappropriated fund balance			<u>\$ 2,072,196.84</u>

**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	(45,064.84)	48,000.00	2,935.16	(250,796.11)	253,731.27
318	Bgtd wdrwl Impact Aid Rsv (Gen)	0.00	0.00	0.00	0.00	0.00
319	Bgtd wdrwl Impact Aid Rsv (Cap)	0.00	0.00	0.00	0.00	0.00
52xx	From Transfers	0.00	0.00	0.00	0.00	0.00
1xxx	From Local Sources	5,432,284.00	0.00	5,432,284.00	5,456,006.59	(23,722.59)
2xxx	From Intermediate Sources	0.00	0.00	0.00	0.00	0.00
3xxx	From State Sources	879,030.00	0.00	879,030.00	817,768.78	61,261.22
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		6,266,249.16	48,000.00	6,314,249.16	6,022,979.26	291,269.90

**Fund 11 (Current Expense Fund)**

Account Group	Group Title	Original Bgt	New App/Tmsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Instructional Expense		2,948,576.33	(231,000.00)	2,717,576.33	1,928,202.91	633,507.25	155,866.17	0.00
Administrative		2,126,354.19	153,000.00	2,279,354.19	1,732,482.99	454,842.42	92,028.78	0.00
Support Services		1,143,818.64	126,000.00	1,269,818.64	1,097,124.18	138,368.51	34,325.95	0.00
611	Incr in Impact Aid (Gen) Rsv	0.00	0.00	0.00	0.00	0.00	0.00	0.00
612	Incr in Impact Aid (Cap) Rsv	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals for fund 11:		6,218,749.16	48,000.00	6,266,749.16	4,757,810.08	1,226,718.18	282,220.90	0.00

**Fund 12 (Capital Outlay Fund)**

Account Group	Group Title	Original Bgt	New App/Tmsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Capital Outlay		47,500.00	0.00	47,500.00	38,281.00	170.00	9,049.00	0.00
Grand Totals for fund 12:		47,500.00	0.00	47,500.00	38,281.00	170.00	9,049.00	0.00
Grand Totals for all Subfunds of Fund 10:		6,266,249.16	48,000.00	6,314,249.16	4,796,091.08	1,226,888.18	291,269.90	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	(45,064.84)	48,000.00	2,935.16	(250,796.11)	253,731.27
318	Bgtd wdrwl Impact Aid Rsv (Gen)	0.00	0.00	0.00	0.00	0.00
319	Bgtd wdrwl Impact Aid Rsv (Cap)	0.00	0.00	0.00	0.00	0.00
10-1200-000-011	Equalization/Lcl Lvy Aid-Local	805,712.00	0.00	805,712.00	805,712.00	0.00
10-1200-000-012	Equalization/Lcl Lvy Aid-State	4,566,572.00	0.00	4,566,572.00	4,566,572.00	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	60,000.00	0.00	60,000.00	60,000.00	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	23,722.59	(23,722.59)
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	268,905.00	0.00	268,905.00	268,905.00	0.00
10-3177-000-016	Categorical Security Aid	172,996.00	0.00	172,996.00	172,996.00	0.00
10-3190-000-021	Other Unrestricted State Aid	283,320.00	0.00	283,320.00	283,320.00	0.00
10-3195-000-021	Consolidated Aid	0.00	0.00	0.00	0.00	0.00
10-3902-000-000	FICA/TPAF Reimbursement	153,809.00	0.00	153,809.00	92,547.78	61,261.22
10-4210-000-023	Federal Charter School Grant	0.00	0.00	0.00	0.00	0.00
Grand Totals		6,266,249.16	48,000.00	6,314,249.16	6,022,979.26	291,269.90

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

Expend. Account #	Account Title	Original Bgt	New App/Tmsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
11-110-100-101	Kindergarten - Sal of Teachers	442,999.40	(291,000.00)	151,999.40	93,153.20	43,836.80	15,009.40	0.00
11-120-100-101	Grade 5 Teacher	304,561.02	(60,000.00)	244,561.02	0.00	244,561.02	0.00	0.00
11-130-100-101	Grade 7-8 Teacher	1,502,206.75	(100,000.00)	1,402,206.75	1,150,992.15	251,214.60	0.00	0.00
11-190-100-106	Oth Sal for Inst	0.00	0.00	0.00	0.00	0.11	(0.11)	0.00
11-190-100-320	Purch Prof Svcs	281,750.16	120,000.00	401,750.16	281,025.18	39,112.91	81,612.07	0.00
11-190-100-610	General Supplies	63,390.00	0.00	63,390.00	37,905.03	21,291.86	4,193.11	0.00
11-190-100-640	Textbooks	47,450.00	0.00	47,450.00	21,469.18	16,345.50	9,635.32	0.00
11-190-100-890	Miscellaneous Expense	54,000.00	0.00	54,000.00	20,861.00	5,349.50	27,789.50	0.00
11-200-100-101	Special Education Teacher	212,219.00	0.00	212,219.00	200,424.05	11,794.95	0.00	0.00
11-421-100-105	Stipends	40,000.00	100,000.00	140,000.00	122,373.12	0.00	17,626.88	0.00
<b>Instructional Expense</b>		<b>2,948,576.33</b>	<b>(231,000.00)</b>	<b>2,717,576.33</b>	<b>1,928,202.91</b>	<b>633,507.25</b>	<b>155,866.17</b>	<b>0.00</b>
11-000-230-100	Salaries	1,079,286.05	(60,000.00)	1,019,286.05	762,476.26	249,734.84	7,074.95	0.00
11-000-230-300	Purch Prof/Tech Svc	70,490.00	60,000.00	130,490.00	93,654.88	24,835.12	12,000.00	0.00
11-000-230-331	Judgements Against Charters	35,000.00	0.00	35,000.00	20,671.94	7,063.06	7,265.00	0.00
11-000-230-332	Audit Fees	20,000.00	0.00	20,000.00	0.00	0.00	20,000.00	0.00
11-000-230-530	Communications/Telephone	34,585.00	500.00	35,085.00	24,253.12	10,831.88	0.00	0.00
11-000-230-590	Other Purchased Services (400-500 Series)	68,800.00	0.00	68,800.00	42,223.09	19,126.78	7,450.13	0.00
11-000-230-610	Supplies & Materials	7,000.00	0.00	7,000.00	961.00	284.00	5,755.00	0.00
11-000-230-890	Miscellaneous Expense	2,400.00	5,000.00	7,400.00	3,869.57	1,662.00	1,868.43	0.00
11-000-291-230	Benefits - SS & Medicare	278,531.39	0.00	278,531.39	201,231.84	61,968.80	15,330.75	0.00
11-000-291-232	Benefits - NJ State Pension	124,816.00	15,753.00	140,569.00	140,569.00	0.00	0.00	0.00
11-000-291-250	State Unemployment Ins	55,502.00	(15,753.00)	39,749.00	5,259.51	19,740.49	14,749.00	0.00
11-000-291-260	Benefits - Workman's Comp	32,300.00	0.00	32,300.00	28,621.00	3,679.00	0.00	0.00
11-000-291-270	Benefits - Health Insurance	314,343.75	75,000.00	389,343.75	334,776.92	54,031.31	535.52	0.00
11-000-291-290	Benefits - FlexSpending Fees	3,300.00	72,500.00	75,800.00	73,914.86	1,885.14	0.00	0.00
<b>Administrative</b>		<b>2,126,354.19</b>	<b>153,000.00</b>	<b>2,279,354.19</b>	<b>1,732,482.99</b>	<b>454,842.42</b>	<b>92,028.78</b>	<b>0.00</b>
11-000-216-300	Purch Prof/Tech Svc	71,000.00	(2,500.00)	68,500.00	28,193.00	18,032.00	22,275.00	0.00
11-000-240-110	Supp Svcs - Salaries	322,388.64	0.00	322,388.64	304,977.41	17,411.23	0.00	0.00
11-000-240-500	Other Purchased Services (400-500 Series)	201,820.00	63,000.00	264,820.00	222,784.88	34,419.94	7,615.18	0.00
11-000-262-441	Rental of Land & Bldgs	352,000.00	48,000.00	400,000.00	366,666.63	33,333.37	0.00	0.00
11-000-262-520	Insurance	81,260.00	15,000.00	96,260.00	81,581.81	14,678.19	0.00	0.00
11-000-262-610	Supplies & Materials	23,800.00	0.00	23,800.00	17,974.85	3,825.15	2,000.00	0.00
11-000-262-620	Energy Costs	86,550.00	0.00	86,550.00	70,029.25	16,520.75	0.00	0.00
11-000-262-890	Miscellaneous Expense	5,000.00	2,500.00	7,500.00	4,916.35	147.88	2,435.77	0.00
<b>Support Services</b>		<b>1,143,818.64</b>	<b>126,000.00</b>	<b>1,269,818.64</b>	<b>1,097,124.18</b>	<b>138,368.51</b>	<b>34,325.95</b>	<b>0.00</b>
611	Incr in Impact Aid (Gen) Rsv	0.00	0.00	0.00	0.00	0.00	0.00	0.00
612	Incr in Impact Aid (Cap) Rsv	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Grand Totals for fund 11:</b>		<b>6,218,749.16</b>	<b>48,000.00</b>	<b>6,266,749.16</b>	<b>4,757,810.08</b>	<b>1,226,718.18</b>	<b>282,220.90</b>	<b>0.00</b>

**Fund 12 (Capital Outlay Fund)**

Expend. Account #	Account Title	Original Bgt	New App/Tmsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
12-000-100-730	Instructional Equipment	47,500.00	0.00	47,500.00	38,281.00	170.00	9,049.00	0.00
<b>Capital Outlay</b>		<b>47,500.00</b>	<b>0.00</b>	<b>47,500.00</b>	<b>38,281.00</b>	<b>170.00</b>	<b>9,049.00</b>	<b>0.00</b>
<b>Grand Totals for fund 12:</b>		<b>47,500.00</b>	<b>0.00</b>	<b>47,500.00</b>	<b>38,281.00</b>	<b>170.00</b>	<b>9,049.00</b>	<b>0.00</b>
<b>Grand Totals for all Subfunds of Fund 10:</b>		<b>6,266,249.16</b>	<b>48,000.00</b>	<b>6,314,249.16</b>	<b>4,796,091.08</b>	<b>1,226,888.18</b>	<b>291,269.90</b>	<b>0.00</b>

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 Secy

Date

**Interim Balance Sheet****ASSETS AND RESOURCES**

ASSETS		
101 Cash in checking account	\$ (442,556.50)	
102-106 Other cash equivalents	\$ 12,952.60	
Total cash		\$ (429,603.90)
111 Investments		\$ 0.00
114 Investment interest receivable		\$ 0.00
121 Tax levy receivable		\$ 0.00
Accounts receivable		
132 Interfund	\$ (250.00)	
141 Intergovernmental - state	\$ (46,327.54)	
142 Intergovernmental - federal	\$ 126,147.97	
143 Intergovernmental - other	\$ 0.00	
153 Other Accounts Receivable	\$ 0.00	
		\$ 79,570.43
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)	\$ 0.00	
302 Less: revenues collected or accrued	\$ (254,647.13)	
		\$ (254,647.13)
TOTAL ASSETS AND RESOURCES		\$ (604,680.60)

**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	\$	20,335.72
422 Judgments payable	\$	0.00
430 Compensated absences payable	\$	0.00
431 Contracts payable	\$	0.00
451 Loans payable	\$	0.00
481 Deferred revenues	\$	150,140.73
499 Other current liabilities	\$	0.00
Total liabilities	\$	170,476.45



FUND EQUITY

Appropriated:

753 Reserve for encumbrances - current year				\$	166,067.63	
754 Reserve for encumbrances - prior year				\$	9,022.48	
760 Other reserves				\$	12,702.60	
771 Designated Fund Balance				\$	0.00	
601 Appropriations			\$	2,425,772.35		
602 Less: expenditures	\$	787,859.99				
603 Less: encumbrances	\$	175,090.11	\$	(962,950.10)	\$	1,462,822.25
Appropriations less expenditures						\$ 1,650,614.96
Unappropriated:						
770 Fund Balance, July 1, 2022				\$	(38,638.41)	
303 Less: budgeted fund balance				\$	(2,387,133.60)	
Unappropriated fund balance						\$ (2,425,772.01)
Total fund equity						\$ (775,157.05)
TOTAL LIABILITIES AND FUND EQUITY						\$ (604,680.60)

**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	2,387,133.60	38,638.75	2,425,772.35	708,302.97	1,717,469.38
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	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		2,387,133.60	38,638.75	2,425,772.35	962,950.10	1,462,822.25

**Fund 20 (Special Revenue Fund)**

Account Group	Group Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Title IA - Improving Basic Pgms		249,388.00	0.00	249,388.00	142,733.62	47,110.92	59,543.46	0.00
IDEA Part B		81,177.00	0.00	81,177.00	58,980.98	11,019.02	11,177.00	0.00
ESSER II		495,383.00	0.00	495,383.00	334,841.29	6,270.97	154,270.74	0.00
Mental Health		45,000.00	0.00	45,000.00	43,646.75	1,353.25	0.00	0.00
ARP ESSER		949,658.63	38,638.75	988,297.38	29,616.27	9,022.48	949,658.63	0.00
ARP ESSER-Accelerated Learning Coaching		50,000.00	0.00	50,000.00	6,039.00	43,961.00	0.00	0.00
ARP-ESSER Evidence Based Summer		40,000.00	0.00	40,000.00	38,853.00	1,147.00	0.00	0.00
Emergent Grants		16,708.50	0.00	16,708.50	0.00	0.00	16,708.50	0.00
Charter Grant		459,818.47	0.00	459,818.47	133,149.08	55,205.47	271,463.92	0.00
Grand Totals for fund 20:		2,387,133.60	38,638.75	2,425,772.35	787,859.99	175,090.11	1,462,822.25	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	2,387,133.60	38,638.75	2,425,772.35	708,302.97	1,717,469.38
20-3257-000-000	SDA Emerg. Needs & Cap. Maint.	0.00	0.00	0.00	0.00	0.00
20-4411-231-032	Title I	0.00	0.00	0.00	0.00	0.00
20-4413-234-032	Title I C/O	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00	0.00
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
20-4530-000-000	CARES Act	0.00	0.00	0.00	0.00	0.00
20-4531-000-000	Digital Divide	0.00	0.00	0.00	0.00	0.00
20-4534-000-000	CRRSA Act - ESSER II	0.00	0.00	0.00	0.00	0.00
20-4535-000-000	CRRSA Act - ESSER II	0.00	0.00	0.00	0.00	0.00
20-4536-000-000	CRRSA - Mental Health Grant	0.00	0.00	0.00	0.00	0.00
20-4537-000-000	ACSERS Program	0.00	0.00	0.00	0.00	0.00
20-4540-000-000	ARP-ESSER	0.00	0.00	0.00	0.00	0.00
20-4541-000-000	ESSER-Accel Lrn Coach&Ed Sup	0.00	0.00	0.00	0.00	0.00
20-4542-000-000	ESSER Summer Learn&Enrich Ac	0.00	0.00	0.00	0.00	0.00
20-4543-000-000	ESSER-Cmpr Beyond Sch Day Ac	0.00	0.00	0.00	0.00	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
20-6000-000-000	Charter School Grant	0.00	0.00	0.00	254,647.13	(254,647.13)
Grand Totals		2,387,133.60	38,638.75	2,425,772.35	962,950.10	1,462,822.25

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

Expend. Account #	Account Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
20-231-100-300	Purchased Services	200,000.00	0.00	200,000.00	112,403.00	47,044.30	40,552.70	0.00
20-231-100-600	Supplies	49,288.00	0.00	49,288.00	30,330.62	66.62	18,890.76	0.00
20-231-100-800	Other Objects-Instruction	100.00	0.00	100.00	0.00	0.00	100.00	0.00
Title IA - Improving Basic Pgms		249,388.00	0.00	249,388.00	142,733.62	47,110.92	59,543.46	0.00
20-250-200-300	Professional Services	81,177.00	0.00	81,177.00	58,980.98	11,019.02	11,177.00	0.00
IDEA Part B		81,177.00	0.00	81,177.00	58,980.98	11,019.02	11,177.00	0.00
20-483-100-101	Instruction- Sal of Teacher	265,473.00	0.00	265,473.00	221,112.26	0.00	44,360.74	0.00
20-483-100-300	Purchased Services-Instruction	123,721.00	0.00	123,721.00	113,729.03	6,270.97	3,721.00	0.00
20-483-200-200	CRRSA - ESSER II Grant Program	106,189.00	0.00	106,189.00	0.00	0.00	106,189.00	0.00
ESSER II		495,383.00	0.00	495,383.00	334,841.29	6,270.97	154,270.74	0.00
20-485-200-300	CRRSA - Mental Health Grant	45,000.00	0.00	45,000.00	43,646.75	1,353.25	0.00	0.00
Mental Health		45,000.00	0.00	45,000.00	43,646.75	1,353.25	0.00	0.00
		0.00	38,638.75	38,638.75	29,616.27	9,022.48	0.00	0.00
20-487-100-101	Instruction- Sal of Teacher	390,000.00	0.00	390,000.00	0.00	0.00	390,000.00	0.00
20-487-100-600	Instructional Supplies	36,416.97	0.00	36,416.97	0.00	0.00	36,416.97	0.00
20-487-200-200	ARP-ESSER Grant Program	83,724.72	0.00	83,724.72	0.00	0.00	83,724.72	0.00
20-487-200-600	ARP-ESSER Grant Program	43,374.94	0.00	43,374.94	0.00	0.00	43,374.94	0.00
20-487-400-720	ARP-ESSER Grant Program	396,142.00	0.00	396,142.00	0.00	0.00	396,142.00	0.00
ARP ESSER		949,658.63	38,638.75	988,297.38	29,616.27	9,022.48	949,658.63	0.00
20-488-100-300	Purchased Services-Instruction	50,000.00	0.00	50,000.00	6,039.00	43,961.00	0.00	0.00
ARP ESSER-Accelerated Learning Coaching		50,000.00	0.00	50,000.00	6,039.00	43,961.00	0.00	0.00
20-489-100-101	Salaries	40,000.00	0.00	40,000.00	38,853.00	1,147.00	0.00	0.00
ARP-ESSER Evidence Based Summer		40,000.00	0.00	40,000.00	38,853.00	1,147.00	0.00	0.00
20-492-200-400	SDA Emerg. Needs & Cap. Maint.	16,708.50	0.00	16,708.50	0.00	0.00	16,708.50	0.00
Emergent Grants		16,708.50	0.00	16,708.50	0.00	0.00	16,708.50	0.00
20-500-100-101	Salaries	150,000.00	0.00	150,000.00	42,219.30	0.00	107,780.70	0.00
20-500-100-600	Supplies	116,500.00	0.00	116,500.00	41,843.38	17,756.47	56,900.15	0.00
20-500-200-104	Salary	0.00	0.00	0.00	24,855.65	0.00	(24,855.65)	0.00
20-500-200-200	Benefits	15,752.00	0.00	15,752.00	15,330.75	0.00	421.25	0.00
20-500-200-300	Benefits	169,500.00	0.00	169,500.00	5,000.00	10,000.00	154,500.00	0.00
20-500-200-800	Other Objects	8,066.47	0.00	8,066.47	3,900.00	27,449.00	(23,282.53)	0.00
Charter Grant		459,818.47	0.00	459,818.47	133,149.08	55,205.47	271,463.92	0.00
Grand Totals for fund 20:		2,387,133.60	38,638.75	2,425,772.35	787,859.99	175,090.11	1,462,822.25	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 Secy

Date

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

**FOR THE MONTH ENDING APRIL 30, 2023**

		<b>CASH REPORT</b>			
<b>FUNDS</b>		(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	\$ 1,208,157.33	\$ 941,477.82	\$ 687,644.49	\$ 1,461,990.66
2	Charter Escrow	75,000.00	-	-	\$ 75,000.00
2	Special Revenue Fund - Fund 20	(249,226.18)	46,238.00	239,568.32	(442,556.50)
3	Total governmental funds (Lines 1 thru 2)	1,033,931.15	987,715.82	927,212.81	1,094,434.16
	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	54,262.35	443,726.57	315,407.18	182,581.74
6	Payroll Agency	29,611.46	75,162.04	57,644.42	47,129.08
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)	96,851.41	518,888.61	373,051.60	242,688.42
10	Total All Funds (Lines 3, 4 and 9)	\$ 1,154,319.43	\$ 1,506,604.43	\$ 1,300,264.41	\$ 1,360,659.45

Prepared and Submitted By:

\_\_\_\_\_  
Leslie Baynes  
Chief Operating Officer

05/08/23

\_\_\_\_\_  
Date

**LINK COMMUNITY CHARTER SCHOOL  
RECONCILIATION OF BOARD SECRETARY'S REPORT (A-148)  
AND TREASURER'S REPORT (A-149)  
FOR THE MONTH ENDING APRIL 30, 2023**

<b><u>Fund</u></b>		
10.101	General fund - Regular Account	\$ 1,461,990.66
10.106	Charter Escrow	75,000.00
20.101	Special Revenue Fund	(442,556.50)
60.101	Enterprise Fund	23,536.87
90.101	Payroll Account	182,581.74
90.103	Unemployment	25.00
91.101	Agency Account	47,129.08
95.101	Student Activity Account	12,952.60
		<hr/>
<b>Total Board Secretary's Records - A-148</b>		1,360,659.45
Total Funds per Treasurer's Report		<hr/>
		1,360,659.45
Difference		<hr/> <hr/>
		\$ -

LINK COMMUNITY CHARTER SCHOOL  
TD Bank  
OPERATING ACCOUNT - 430-2520237  
FOR THE MONTH ENDING APRIL 30, 2023

	<u>BANK</u>	<u>BOOKS</u> <u>G/FUND</u>	<u>BOOKS</u> <u>S/REVENUE</u>	<u>BOOKS</u> <u>TOTAL</u>
<b>BALANCE BEG. OF MONTH</b>	<b>\$ 1,040,181.90</b>	<b>\$ 1,208,157.33</b>	<b>\$ (249,226.18)</b>	<b>\$ 958,931.15</b>
<b><u>Additions</u></b>				
Deposits	987,715.82	941,477.82	46,238.00	987,715.82
<b>Total Receipts</b>	<b>987,715.82</b>	<b>941,477.82</b>	<b>46,238.00</b>	<b>987,715.82</b>
<b><u>Deductions</u></b>				
Cash Disbursements	734,060.96	687,644.49	239,568.32	927,212.81
<b>Total Disbursements</b>	<b>734,060.96</b>	<b>687,644.49</b>	<b>239,568.32</b>	<b>927,212.81</b>
<b><u>BALANCE END OF MONTH</u></b>	<b>1,293,836.76</b>			
<b><u>RECONCILIATION</u></b>				
Less--Outstanding checks	274,402.60			
Deposit in transit				
<b>ADJUSTED BALANCE END OF MONTH</b>	<b>\$ 1,019,434.16</b>	<b>\$ 1,461,990.66</b>	<b>\$ (442,556.50)</b>	<b>\$ 1,019,434.16</b>

The following checks are outstanding after this statement period:

<u>Date</u>	<u>Check #</u>	<u>Vendor</u>	<u>Amount</u>	<u>Comment</u>
09/11/2020	03779	RESOURCES FOR EDUCATORS	\$0.00	Prior Year Check
01/07/2021	03897	City of Newark Division of Water	\$560.65	Prior Year Check
03/04/2021	03968	Gordon & Rees	\$1,537.00	Prior Year Check
05/10/2021	04061	Window Repair Systems, Inc.	\$8,610.00	Prior Year Check
02/23/2022	04472	E.A. Services Corporation	\$0.00	Prior Year Check
08/06/2021	04144	AT&T Mobility	\$7,992.97	Prior Year Check
03/14/2022	04470	La Hermosa Church	\$500.00	Prior Year Check
06/08/2022	04555	AT&T Mobility	\$7,682.19	Prior Year Check
08/16/2022	04660	Worrall Communications Newspapers, Inc.	\$53.84	
01/09/2023	04880	Jessica Bloom	\$2,219.07	
02/06/2023	04917	New Jersey Manufacturers Insurance Compai	\$3,169.00	
04/23/2023	05005	Kendall Hunt Publishing Company	\$5,000.00	
04/23/2023	05006	Horizon BCBS	\$34,964.01	
04/24/2023	05008	NJSchoolJobs.com	\$500.00	
04/24/2023	05009	Outfront Media, LLC	\$1,000.00	
04/24/2023	05010	Delta-T Group North Jersey, Inc.	\$36,880.80	
04/24/2023	05011	The Goodkind Group, LLC	\$53,036.96	
04/24/2023	05013	Western Pest Services	\$1,000.00	
04/24/2023	05015	Kyocera Document Solutions New York Met	\$287.41	
04/24/2023	05017	New Jersey Manufacturers Insurance Compai	\$2,828.00	
04/24/2023	05018	Educational Service Commission of New Jer	\$24,659.00	
04/24/2023	05019	Net2Phone Global Services	\$254.20	
04/24/2023	05020	For The Love of Literacy	\$8,800.00	
04/26/2023	05021	Avaya Inc.	\$128.49	
04/26/2023	05022	PSE&G	\$222.04	
04/26/2023	05023	PSE&G	\$4,307.61	
04/26/2023	05024	Western Pest Services	\$500.00	
03/22/2023	04977	CIT	\$5,898.32	
03/29/2023	04980	Educational Service Commission of New Jer	\$3,653.00	
03/29/2023	04982	Protective Measures	\$146.40	
03/29/2023	04983	AT & T	\$955.68	
03/29/2023	04985	Intersection Media LLC	\$3,400.00	
03/29/2023	04986	AT&T Teleconference Services	\$104.26	
03/29/2023	04987	Delta-T Group North Jersey, Inc.	\$24,354.70	
03/29/2023	04988	Didax Incorporated	\$541.50	
04/03/2023	04989	Delta-T Group North Jersey, Inc.	\$2,151.50	
04/04/2023	04993	Amazon Capital Services	\$3,743.05	
04/05/2023	04997	Charles Nechtem Associates, Inc.	\$291.66	
04/11/2023	04998	Jump Ahead Pediatrics	\$326.25	
04/11/2023	04999	Youth Development Clinic	\$12,429.00	
04/11/2023	05000	INVO HEALTHCARE ASSOCIATES	\$5,888.46	
04/18/2023	05001	MACHADO LAW GROUP	\$1,040.00	
04/19/2023	05002	Great Minds	\$2,500.00	
04/20/2023	05003	Quadient Finance USA, Inc.	\$285.58	

The total of all checks outstanding this period: \$274,402.60

No Journal Entries remain outstanding after this period.





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 5  
Statement Period: Apr 01 2023-Apr 30 2023  
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	580,213.23	Average Collected Balance	887,718.51
Deposits	897,966.06	Interest Earned This Period	0.00
Electronic Deposits	89,749.76	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Checks Paid	178,877.72	Days in Period	30
Electronic Payments	555,183.24		
Ending Balance	833,868.09		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/03	DEPOSIT	541,199.50
04/27	DEPOSIT	232,276.00
04/27	DEPOSIT	124,490.56
Subtotal:		897,966.06

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	10,535.90
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	9,791.36
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	3,130.92
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	442.10
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	437.28
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	354.00
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	346.42
04/19	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	226.80
04/20	eTransfer Credit, Online Xfer Transfer from CK 4301373893	18,156.98
04/24	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	46,328.00
Subtotal:		89,749.76

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

# How to Balance your Account

**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	833,868.09
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Deposits</b>		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

**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**

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**STATEMENT OF ACCOUNT**

LINK COMMUNITY CHARTER SCHOOL INC

Page: 3 of 5  
 Statement Period: Apr 01 2023-Apr 30 2023  
 Cust Ref #: 4302520237-719-E-\*\*\*  
 Primary Account #: 430-2520237

**DAILY ACCOUNT ACTIVITY****Checks Paid**

No. Checks: 16

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

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
04/27	4951	1,800.00	04/28	4994*	7,654.40
04/11	4957*	106.71	04/28	4995	6,337.75
04/05	4971*	780.36	04/28	4996	53.12
04/28	4978*	128.49	04/25	5004*	33,333.33
04/27	4979	6,850.13	04/28	5007*	66,994.05
04/28	4981*	62.48	04/28	5012*	34,631.20
04/28	4984*	144.00	04/26	5014*	3,328.17
04/28	4991*	14,985.22	04/28	5016*	1,688.31
Subtotal:					178,877.72

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
04/11	CCD DEBIT, BCBSNJ PRIMARY 1 ONLINE 000001524993243	44,215.40
04/12	eTransfer Debit, Online Xfer Transfer to CK 4301373885	146,596.37
04/12	eTransfer Debit, Online Xfer Transfer to CK 4301373893	18,131.06
04/18	eTransfer Debit, Online Xfer Transfer to CK 4301373885	148,733.86
04/18	eTransfer Debit, Online Xfer Transfer to CK 4301373893	19,437.07
04/20	ELECTRONIC PMT-WEB, SELECTIVE INS SELECTIVE 000001527303321	5,313.00
04/21	ELECTRONIC PMT-TEL, WASTE MANAGEMENT INTERNET 043000093498678	4,923.21
04/28	eTransfer Debit, Online Xfer Transfer to CK 4301373885	148,396.34
04/28	eTransfer Debit, Online Xfer Transfer to CK 4301373893	19,436.93
Subtotal:		555,183.24

**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
03/31	580,213.23	04/20	781,520.66
04/03	1,121,412.73	04/21	776,597.45
04/05	1,120,632.37	04/24	822,925.45
04/11	1,076,310.26	04/25	789,592.12
04/12	911,582.83	04/26	786,263.95
04/18	743,411.90	04/27	1,134,380.38
04/19	768,676.68	04/28	833,868.09

**Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)**

LINK COMMUNITY CHARTER SCHOOL  
TD Bank  
ACCOUNT #430-6745089  
FOR THE MONTH ENDING APRIL 30, 2023

	<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
<b>Total Receipts</b>	<u>0.00</u>	<u>0.00</u>
DISBURSEMENTS		
Disbursements	0.00	0.00
<b>Total Disbursements</b>	<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>



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STATEMENT OF ACCOUNT



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

Page: 1 of 2  
Statement Period: Apr 01 2023-Apr 30 2023  
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	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**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](http://www.tdbank.com)

## Page: 2 of 2

1. Your ending balance shown on this statement is:

- 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.

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	75,000.00
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Deposits</b>		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

## 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.

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- 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  
ACCOUNT #430-1373918  
FOR THE MONTH ENDING APRIL 30, 2023

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



America's Most Convenient Bank®

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STATEMENT OF ACCOUNT



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

Page: 1 of 2  
Statement Period: Apr 01 2023-Apr 30 2023  
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	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**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](http://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	23,536.87
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Deposits</b>		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

**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:**

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- 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.

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LINK COMMUNITY CHARTER SCHOOL  
TD Bank  
ACCOUNT #430-1373900  
FOR THE MONTH ENDING APRIL 30, 2023

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



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STATEMENT OF ACCOUNT



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

Page: 1 of 2  
Statement Period: Apr 01 2023-Apr 30 2023  
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	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**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](http://www.tdbank.com)

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

**Begin by adjusting your account register as follows:**

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- 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.
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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
<b>Total Deposits</b>		<b>2</b>

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

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Maine 04243-1377**

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- A description of the error or transaction you are unsure about.
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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

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## FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

**In case of Errors or Questions About Your Bill:**

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- 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.

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**LINK COMMUNITY CHARTER SCHOOL**  
**TD Bank**  
**PAYROLL ACCOUNT -430-1373885**  
**FOR THE MONTH ENDING APRIL 30, 2023**

	<u><b>BANK</b></u>	<u><b>BOOKS</b></u>
<b>BALANCE BEG. OF MONTH</b>	<b>\$ 57,094.85</b>	<b>\$ 54,262.35</b>
<b>RECEIPTS</b>		
Deposits	443,726.57	443,726.57
<b>Total Receipts</b>	<u>443,726.57</u>	<u>443,726.57</u>
Disbursements	315,907.18	315,407.18
<b>Total Disbursements</b>	<u>315,907.18</u>	<u>315,407.18</u>
<b>Balance at End of Month</b>	184,914.24	182,581.74
		0.00
<b>Less: Outstanding Checks</b>	<u>2,332.50</u>	<u>-</u>
<b>ADJUSTED BALANCE END OF MONTH</b>	<u><b>\$ 182,581.74</b></u>	<u><b>\$ 182,581.74</b></u>

Schedule of Outstanding Checks:

<u>Employee Name</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>
		1179	100.00
		10527	500.00
		10528	1,732.50
			<u>2,332.50</u>



America's Most Convenient Bank®

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STATEMENT OF ACCOUNT



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

Page: 1 of 3  
Statement Period: Apr 01 2023-Apr 30 2023  
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	57,094.85	Average Collected Balance	108,161.38
Electronic Deposits	443,726.57	Interest Earned This Period	0.00
Checks Paid	500.00	Interest Paid Year-to-Date	0.00
Electronic Payments	19,139.95	Annual Percentage Yield Earned	0.00%
Other Withdrawals	296,267.23	Days in Period	30
Ending Balance	184,914.24		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/12	eTransfer Credit, Online Xfer Transfer from CK 4302520237	146,596.37
04/18	eTransfer Credit, Online Xfer Transfer from CK 4302520237	148,733.86
04/28	eTransfer Credit, Online Xfer Transfer from CK 4302520237	148,396.34
Subtotal:		443,726.57

Checks Paid

No. Checks: 1

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

DATE	SERIAL NO.	AMOUNT
04/05	10529	500.00

Subtotal: 500.00

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/14	CCD DEBIT, N7728 LINK COMMU BILLING N7728	588.29
04/20	eTransfer Debit, Online Xfer Transfer to CK 4301373893	18,156.98
04/28	CCD DEBIT, N7728 LINK COMMU BILLING N7728	394.68
Subtotal:		19,139.95

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)



## 2 of 3

<b>Ending Balance</b>	<b>184,914.24</b>
-----------------------	-------------------

- 2** Total Deposits +

- 3 Sub Total** \_\_\_\_\_

- 4** Total Withdrawals -

- 5 Adjusted Balance** \_\_\_\_\_

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

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  
PAYROLL ACCOUNT

Page: 3 of 3  
Statement Period: Apr 01 2023-Apr 30 2023  
Cust Ref #: 4301373885-717-E-###  
Primary Account #: 430-1373885

**DAILY ACCOUNT ACTIVITY****Other Withdrawals**

POSTING DATE	DESCRIPTION	AMOUNT
04/12	WIRE TRANSFER OUTGOING, Paylocity Corporation	104,242.71
04/12	WIRE TRANSFER OUTGOING, Paylocity Corporation	43,902.86
04/12	WIRE TRANSFER FEE	30.00
04/12	WIRE TRANSFER FEE	30.00
04/27	WIRE TRANSFER OUTGOING, Paylocity Corporation	104,271.49
04/27	WIRE TRANSFER OUTGOING, Paylocity Corporation	43,730.17
04/27	WIRE TRANSFER FEE	30.00
04/27	WIRE TRANSFER FEE	30.00
Subtotal:		296,267.23

**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
03/31	57,094.85	04/18	203,131.22
04/05	56,594.85	04/20	184,974.24
04/12	54,985.65	04/27	36,912.58
04/14	54,397.36	04/28	184,914.24

**Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)**



**LINK COMMUNITY CHARTER SCHOOL**  
**TD Bank**  
**Acct# 430-1373893**  
**FOR THE MONTH ENDING APRIL 30, 2023**

	<u><b>BANK</b></u>	<u><b>BOOKS</b></u>
<b><u>BALANCE BEG. OF MONTH</u></b>	<b>\$ 42,035.99</b>	<b>\$ 29,611.46</b>
<b><u>RECEIPTS</u></b>		
Deposits /Interests	75,162.04	75,162.04
<b>Total Receipts</b>	<u>75,162.04</u>	<u>75,162.04</u>
-		
Cash Disbursements	55,229.03	57,644.42
<b>Balance at End of Month</b>	<b>61,969.00</b>	<b>47,129.08</b>
Outstanding Checks	14,839.92	
<b><u>ADJUSTED BALANCE END OF MONTH</u></b>	<b><u>47,129.08</u></b>	<b><u>\$ 47,129.08</u></b>

<u>Employee Name</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>
AXA		1230	200.00
AXA		1233	3,240.00
Horizon		1234	5,482.03
AXA		1236	5,280.00
AFLAC		1237	637.89
			<u>14,839.92</u>



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E

STATEMENT OF ACCOUNT



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

Page: 1 of 3  
Statement Period: Apr 01 2023-Apr 30 2023  
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	42,035.99	Average Collected Balance	39,439.37
Electronic Deposits	75,162.04	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	55,229.03	Annual Percentage Yield Earned	0.00%
Ending Balance	61,969.00	Days in Period	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/12	eTransfer Credit, Online Xfer Transfer from CK 4302520237	18,131.06
04/18	eTransfer Credit, Online Xfer Transfer from CK 4302520237	19,437.07
04/20	eTransfer Credit, Online Xfer Transfer from CK 4301373885	18,156.98
04/28	eTransfer Credit, Online Xfer Transfer from CK 4302520237	19,436.93
Subtotal:		75,162.04

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/03	CCD DEBIT, BENEFLEX INC FUNDING BENLINK	2,168.70
04/06	CCD DEBIT, BENEFLEX INC BT0405 000000216437449	105.83
04/11	CCD DEBIT, DIV OF PENS&BENE TEPS TPAF 000000010002149	19,226.92
04/11	CCD DEBIT, DIV OF PENS&BENE TEPS PERS 000000010002196	12,688.56
04/20	eTransfer Debit, Online Xfer Transfer to CK 4302520237	18,156.98
04/20	CCD DEBIT, BENEFLEX INC FUNDING BENLINK	2,882.04
Subtotal:		55,229.03

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)



# How to Balance your Account

**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	61,969.00
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DOLLARS	CENTS
DEPOSITS NOT ON STATEMENT		
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

**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 ACCOUNT**LINK COMMUNITY CHARTER SCHOOL INC  
PAYROLL AGENCY ACCOUNT

Page: 3 of 3  
Statement Period: Apr 01 2023-Apr 30 2023  
Cust Ref #: 4301373893-713-E-###  
Primary Account #: 430-1373893

**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
03/31	42,035.99	04/12	25,977.04
04/03	39,867.29	04/18	45,414.11
04/06	39,761.46	04/20	42,532.07
04/11	7,845.98	04/28	61,969.00

**Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://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 APRIL 30, 2023**

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



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: Apr 01 2023-Apr 30 2023  
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	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$0.00	\$0.00

**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](http://www.tdbank.com)

**Begin by adjusting your account register as follows:**

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- 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.
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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
<b>Total Deposits</b>		<b>2</b>

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
<b>Total Withdrawals</b>		<b>4</b>

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

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## FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

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- 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.

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## Link Community Charter School Trial Balance Sheet for Fund 10 (General Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 3:59:14AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
10-101	CASH-CHECKING	1,705,973.70	5,360,318.61	5,604,301.65	1,461,990.66
10-103	PETTY CASH	0.00	0.00	0.00	0.00
10-105	Cash with Fiscal Agents	25.00	0.00	0.00	25.00
10-106	Charter Escrow	75,000.00	0.00	0.00	75,000.00
10-108	Impact Aid Rsv (General)	32,077.27	0.00	0.00	32,077.27
10-109	Impact Aid Rsv (Capital)	78,887.59	0.00	0.00	78,887.59
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	0.00	5,814,185.00	2,844,617.76	2,969,567.24
10-131	I/F LOANS REC	0.00	0.00	0.00	0.00
10-132	INTERFUND	250.00	0.00	0.00	250.00
10-133	Enterprise	(46,095.95)	261,755.67	228,548.99	(12,889.27)
10-134	Interfund Payroll	0.00	169,994.12	18,156.98	151,837.14
10-135	Interfund-Payroll Agency	0.00	20,376.23	4,192.26	16,183.97
10-137	Student Activity	0.00	0.00	0.00	0.00
10-141	STATE A/R	537,567.48	283,320.00	2,088,532.25	(1,267,644.77)
10-142	FEDERAL A/R	0.00	0.00	0.00	0.00
10-143	OTHER A/R	0.00	0.00	0.00	0.00
10-151	LOANS RECEIVBL	0.00	0.00	0.00	0.00
10-153	OTHER ACC RECBL	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	6,311,314.00	0.00	0.00	6,311,314.00
10-302	REVENUES	0.00	0.00	6,273,775.37	6,273,775.37
10-303	BGTD FUND BAL	(45,064.84)	48,000.00	0.00	2,935.16
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	143,531.45	1,377.00	0.00	142,154.45
10-421	ACCTS PAYABLE	391,200.64	364,993.28	0.00	26,207.36
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
10-431	CONTRACTS PBLE	0.00	0.00	0.00	0.00



## Link Community Charter School Trial Balance Sheet for Fund 10 (General Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 3:59:14AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
10-451	LOANS PAYABLE	0.00	0.00	0.00	0.00
10-461	Health Insurance Emp share	0.00	(12,504.80)	0.00	12,504.80
10-462	FSA	0.00	0.00	0.00	0.00
10-463	Accrued Salaries	0.00	0.00	0.00	0.00
10-471	SUI	25.00	0.00	0.00	25.00
10-473	AFLAC	715.06	0.00	0.00	715.06
10-481	DEFRRD REVENUES	0.00	0.00	0.00	0.00
10-484	Vision	1,440.74	0.00	0.00	1,440.74
10-488	TPAF	17,653.58	2,219.07	0.00	15,434.51
10-489	PERS	7,819.65	0.00	0.00	7,819.65
10-491	DCRP	4,448.24	0.00	0.00	4,448.24
10-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
10-601	APPROPRIATIONS	6,266,249.16	0.00	48,000.00	6,314,249.16
10-602	EXPENDITURES	0.00	4,862,425.26	66,334.18	4,796,091.08
10-603	ENCUMBRANCES	0.00	6,171,719.14	4,944,830.96	1,226,888.18
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	4,944,830.96	6,171,719.14	1,226,888.18
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	1,821,400.73	0.00	0.00	1,821,400.73
10-772	Res Fund Bal ARRA/SEMI	0.00	0.00	0.00	0.00
			<hr/>	<hr/>	
			28,293,009.54	28,293,009.54	

## Link Community Charter School Trial Balance Sheet for Fund 20 (Special Revenue Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 4:00:04AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
20-101	CASH-CHECKING	(307,217.33)	702,878.43	838,217.60	(442,556.50)
20-102	Cash on Hand	12,952.60	0.00	0.00	12,952.60
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	(250.00)	0.00	0.00	(250.00)
20-141	STATE A/R	0.46	0.00	46,328.00	(46,327.54)
20-142	FEDERAL A/R	528,051.27	0.00	401,903.30	126,147.97
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 RECBL	0.00	0.00	0.00	0.00
20-199	OTH CURR	0.00	0.00	0.00	0.00
20-301	EST REVENUES	0.00	0.00	0.00	0.00
20-302	REVENUES	0.00	0.00	254,647.13	254,647.13
20-303	BGTD FUND BAL	2,387,133.60	0.00	0.00	2,387,133.60
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	70,693.33	50,357.61	0.00	20,335.72
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	150,140.73	0.00	0.00	150,140.73
20-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
20-601	APPROPRIATIONS	2,425,772.35	0.00	0.00	2,425,772.35
20-602	EXPENDITURES	0.00	787,859.99	0.00	787,859.99
20-603	ENCUMBRANCES	38,638.75	841,905.65	705,454.29	175,090.11
20-604	INCR IN CAP RSV	0.00	0.00	0.00	0.00
20-753	RSV ENC CURR YR	0.00	675,838.02	841,905.65	166,067.63
20-754	RSV ENC PRI YR	38,638.75	29,616.27	0.00	9,022.48
20-760	OTHER RESERVES	12,702.60	0.00	0.00	12,702.60
20-761	RSV FD BAL CR	0.00	0.00	0.00	0.00
20-770	CE SURPLUS	(38,638.41)	0.00	0.00	(38,638.41)
			<hr/>	<hr/>	
			3,088,455.97	3,088,455.97	

## Link Community Charter School Trial Balance Sheet for Fund 60 (Enterprise Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 4:00:30AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
60-101	CASH-CHECKING	23,536.87	490,304.66	490,304.66	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	46,095.95	228,548.99	260,385.22	14,259.72
60-135	Interfund-Student Activity	0.00	0.00	1,370.45	(1,370.45)
60-141	STATE A/R	299.88	0.00	299.88	0.00
60-142	FEDERAL A/R	18,899.59	0.00	18,899.59	0.00
60-143	OTHER A/R	0.00	0.00	0.00	0.00
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	0.00	0.00
60-200	Capital Assets.-Equipment	10,720.00	0.00	0.00	10,720.00
60-242	Accum. Deprec.- Machine&Equipt	(7,040.00)	0.00	0.00	(7,040.00)
60-301	EST REVENUES	0.00	0.00	0.00	0.00
60-302	REVENUES	0.00	0.00	209,349.52	209,349.52
60-303	BGTD FUND BAL	150,000.00	0.00	0.00	150,000.00
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	0.00	31,393.44	0.00	(31,393.44)
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	150,000.00	0.00	0.00	150,000.00
60-602	EXPENDITURES	0.00	230,362.23	0.00	230,362.23
60-603	ENCUMBRANCES	0.00	444,000.00	230,362.23	213,637.77
60-753	RSV ENC CURR YR	0.00	230,362.23	444,000.00	213,637.77
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	92,512.29	0.00	0.00	92,512.29
			<hr/>	<hr/>	
			1,654,971.55	1,654,971.55	

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
90-101	CASH-CHECKING	0.00	3,378,288.56	3,195,706.82	182,581.74
90-102	Payroll Agency	0.00	0.00	0.00	0.00
90-103	Unemployment	0.00	0.00	0.00	0.00
90-104	PPP Account	0.00	0.00	0.00	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	0.00	0.00	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 RECVBL	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	0.00	3,195,706.82	3,378,288.56	182,581.74
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	0.00	0.00	0.00	0.00
90-472	AXA	0.00	0.00	0.00	0.00
90-481	DEFRRD REVENUES	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00
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
90-753	RSV ENC CURR YR	0.00	0.00	0.00	0.00

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
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/>	
			6,573,995.38	6,573,995.38	

## Link Community Charter School Trial Balance Sheet for Fund 91 (Payroll Agency Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 4:04:02AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
91-101	CASH-CHECKING	0.00	571,226.13	524,097.05	47,129.08
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	0.00	3,300.75	20,376.23	(17,075.48)
91-133	Interfund	0.00	0.00	0.00	0.00
91-134	Interfund Payroll	0.00	0.00	0.00	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	75,385.09	75,385.09
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	0.00	30,825.00	34,427.50	3,602.50
91-473	AFLAC	0.00	6,407.63	6,380.16	(27.47)
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	0.00	0.00	12,677.59	12,677.59
91-483	Withholding-TSA	0.00	0.00	0.00	0.00
91-484	vision	0.00	225.82	1,847.61	1,621.79
91-485	Dental	0.00	86,156.65	23,926.40	(62,230.25)
91-486	Dependent Care	0.00	0.00	4,835.60	4,835.60
91-487	Garnishment	0.00	0.00	332.90	332.90
91-488	TPAF Payable	0.00	153,912.01	150,025.09	(3,886.92)
91-489	PERS Payable	0.00	239,411.96	237,582.62	(1,829.34)
91-490	UNPDT	0.00	0.00	0.00	0.00
91-491	DCRP	0.00	3,857.23	3,429.34	(427.89)
91-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
91-601	APPROPRIATIONS	0.00	0.00	0.00	0.00
91-602	EXPENDITURES	0.00	0.00	0.00	0.00

## Link Community Charter School Trial Balance Sheet for Fund 91 (Payroll Agency Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 4:04:02AM

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/>	
			1,095,323.18	1,095,323.18	

## Link Community Charter School Trial Balance Sheet for Fund 95 (Student Activity Fund)

FY2023 Data is Posted to 04/30/23

Printed: 5/8/2023, 4:04:42AM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
95-101	CASH-CHECKING	0.00	12,952.60	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	0.00	0.00	0.00	0.00
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 RECBL	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	0.00	0.00	0.00	0.00
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	12,952.60	12,952.60
95-770	CE SURPLUS	0.00	0.00	0.00	0.00
			<hr/>	<hr/>	
			12,952.60	12,952.60	



Link Community Charter School Budget Transfers printed on 5/8/2023  
Report Includes Effective Dates from Apr 01, 2023 to Jun 30, 2023

<u>Date</u>	<u>Source Account/Title</u>	<u>Target Account/Title</u>	<u>Comments</u>	<u>Amount</u>
04/30/23	11-100-100-101-000-000 Kindergarten - Sal of Teachers	11-000-230-530-000-057 Communications/Telephone	to cover shortage	500.00
04/30/23	11-100-100-101-000-000 Kindergarten - Sal of Teachers	11-000-262-520-000-070 Insurance	to cover shortage	15,000.00
04/30/23	11-100-100-101-000-000 Kindergarten - Sal of Teachers	11-000-240-500-000-068 Other Purchased Services	to cover shortage	45,000.00
04/30/23	11-100-100-101-000-000 Kindergarten - Sal of Teachers	11-000-291-270-000-054 Benefits - Health Insurance	to cover shortage	50,000.00
04/30/23	11-000-230-100-000-052 Sal - Administration	11-000-291-270-000-054 Benefits - Health Insurance	to cover shortage	25,000.00
The total of all transfers within fund 10 is:				<b>135,500.00</b>

Bank Account Code(s): A,B,D Only

Check#	Date	Vendor (Payee)/Check Line Comments	Amount	PO or Bal Sht	Exp. Acct. or Balance Sheet Title
A:04992	4/3/23	Blick Art Materials	Check voided on 4/25/2023		
		Burlap	(3.05)	10 - 421	ACCTS PAYABLE
A:05021	4/26/23	Avaya Inc.			
		Voice Message sys April	128.49	P202300028	11-000-230-530-000-057
A:05022	4/26/23	PSE&G			
		Gas & Electricity Expense	222.04	P202300004	11-000-262-620-000-074
A:05023	4/26/23	PSE&G			
		Gas & Electricity Expense	4,307.61	P202300004	11-000-262-620-000-074
A:05024	4/26/23	Western Pest Services			
		Pest Control 2022-23	500.00	P202300043	11-000-262-620-000-074
A:N0398	4/28/23	Link Community Charter School- Payroll			
			(6,252.40)	10 - 461	Health Insurance Emp share
		Kindergarten - Sal of Teachers	5,479.60	P202399999	11-110-100-101-000-000
		Sal - Teachers 6-8	58,855.51	P202399999	11-130-100-101-000-043
		Special Education Teacher	12,742.28	P202399999	11-200-100-101-000-043
			5,576.20	P202399999	11-421-100-105-000-044
			900.00	P202399999	11-421-100-105-000-044
		Sal - Administration	32,495.98	P202399999	11-000-230-100-000-052
		Finance & Operation Coord	13,930.82	P202399999	11-000-230-104-001-053
			394.68	P202399999	11-000-230-500-000-056
		Supp Svs - Salaries	18,103.60	P202399999	11-000-240-110-000-066
			11,386.19	P202399999	11-000-291-230-220-054
			508.96	P202399999	11-000-291-250-000-054
			51.84	P202399999	11-000-291-290-000-054
			13,660.01	P202399999	20-483-100-101-000-000
Total Check Amount:			167,833.27		
A:05025	5/2/23	For The Love of Literacy			
		Coaching & PD 5-8	3,200.00	P202300117	11-190-100-320-000-045
		Coaching & PD 5-8	4,400.00	P202300117	11-190-100-320-000-045
		K-1 Professional Dev	4,000.00	P202300125	20-231-100-300-000-096
		Professional Dev & Coaching K-2	5,600.00	P202300155	20-500-200-300-000-000
Total Check Amount:			17,200.00		
A:05026	5/2/23	Link High Technologies Inc.			
		Info Tech Serv 2022-23	4,700.00	P202300008	11-000-230-300-000-055
		Info Tech Serv 2022-23	561.25	P202300008	11-000-230-300-000-055
		Info Tech Serv 2022-23	139.00	P202300008	11-000-230-300-000-055
Total Check Amount:			5,400.25		
A:05027	5/2/23	Quadient Finance USA, Inc.			
		Postage	63.18	P202300019	11-190-100-890-000-049
A:05028	5/2/23	Success Communications Group			
		Board Meeting ADS	311.08	P202300026	11-000-230-530-000-057
		Staff Recruitment	284.39	P202300114	20-231-100-300-000-096
Total Check Amount:			595.47		

Bank Account Code(s): A,B,D Only

<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:05029	5/2/23	The Goodkind Group, LLC Substitutes & Paras	10,744.13	P202300064	20-231-100-300-000-096
A:05030	5/2/23	One Source Solutions Student Recruitment Postcards & Mailing	4,275.00	P202300168	20-500-100-600-000-000
A:05031	5/2/23	Intersection Media LLC Billboards for K-2 and 5-8	8,150.00	P202300145	20-500-200-800-000-000
		Billboards for K-2 and 5-8	5,050.00	P202300145	20-500-200-800-000-000
Total Check Amount:			13,200.00		
A:05032	5/2/23	Kyocera Document Solutions New York Metro In copy costs	728.56	P202300134	11-190-100-610-000-047
A:05033	5/2/23	AAA Facility Solutions Maintenance 2022-23	4,992.00	P202300080	11-000-240-500-000-068
A:05034	5/2/23	Motivated Security Services, Inc. Security Services 2022-23	4,006.24	P202300023	11-000-262-620-000-074
A:05035	5/2/23	Charles Nechtem Associates, Inc. Counseling Services 2022-23	291.66	P202300056	11-000-230-331-000-055
A:05036	5/2/23	Delta-T Group North Jersey, Inc. Substitutes & Paras 2022-23	936.00	P202300074	11-190-100-320-000-045
		Substitutes & Paras 2022-23	10,486.00	P202300074	11-190-100-320-000-045
		Paraprofessional & Substitutes	942.50	P202300154	11-190-100-320-000-045
		Paraprofessional & Substitutes	1,202.50	P202300154	11-190-100-320-000-045
Total Check Amount:			13,567.00		
A:05037	5/2/23	Staples Advantage Supplies	113.40	P202300092	11-000-262-610-000-071
D:01238	5/2/23	AFLAC	747.86	91 - 473	AFLAC
A:05038	5/3/23	Optimum Internet service	132.63	P202300007	11-000-230-530-000-057
A:05039	5/3/23	New Jersey Manufacturers Insurance Company Workmans Compensation	2,828.00	P202300006	11-000-291-260-000-054
A:05040	5/3/23	Omintech Solutions, LLC Web filter 2023-24	11,907.50	P202300165	11-000-230-500-000-056
A:05041	5/3/23	Verizon Fios	**VOIDED**	Check voided on 5/8/2023	
A:05042	5/4/23	Youth Development Clinic Student Mental & Behavioral Health Services	4,702.50	P202300063	20-488-100-300-000-000
		Student Mental & Behavioral Health Services	3,588.75	P202300063	20-488-100-300-000-000
Total Check Amount:			8,291.25		

Bank Account Code(s): A,B,D Only

<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:05043	5/4/23	Jump Ahead Pediatrics Student Occ/Speech Therapy	36.25	P202300146	11-000-216-300-001-067
A:05044	5/4/23	INVO HEALTHCARE ASSOCIATES SLP & OT STUDENT SERVICES 2022-23	3,894.36	P202300096	20-250-200-300-000-097
A:05045	5/5/23	LINK EDUCATION PARTNERS, INC Rent 23 Pennsylvania June Rent	27,333.37	P202300002	11-000-262-441-000-069
		Additional space Lower Level 23 Pennsylvania Ju	2,000.00	P202300002	11-000-262-441-000-069
		Parking 972 Broad	4,000.00	P202300002	11-000-262-441-000-069
		Total Check Amount:	33,333.37		
A:05046	5/7/23	Selective Insurance Company of America Liability Insurance	2,040.00	P202300148	11-000-230-500-000-056
		Liability Insurance	3,964.00	P202300148	11-000-262-520-000-070
		Total Check Amount:	6,004.00		
A:05047	5/8/23	CIT Copiers/Printers 2022-23	2,742.52	P202300024	11-000-240-500-000-068
A:05048	5/8/23	Jay-Hill Repairs Repair Traulsen Freezer	537.65	P202300175	11-000-230-500-000-056
A:05049	5/8/23	Lazog Electric LLC Repair/replace light fixtures	720.00	P202300172	11-000-230-500-000-056
A:05050	5/8/23	Amazon Capital Services Instructional supplies	3,413.09	P202300088	11-190-100-610-000-047
		Instructional supplies	383.98	P202300110	11-190-100-610-000-047
		Instructional supplies	767.64	P202300110	11-190-100-610-000-047
		promo discount	(10.73)	P202300110	11-190-100-610-000-047
		shipping & handling	(33.94)	P202300110	11-190-100-610-000-047
		Admin supplies & materials	79.67	P202300110	11-000-230-610-000-058
		Building/custodial supplies	971.55	P202300110	11-000-262-610-000-071
		SPED supplies	179.65	P202300051	20-231-100-600-000-096
		Testing supplies & incentives	1,486.15	P202300051	20-487-100-600-000-000
		Testing supplies & incentives	906.68	P202300051	20-487-100-600-000-000
		CSG 1st grade bulletin boards	1,499.20	P202300086	20-500-100-600-000-000
		CSG K-1 books	200.31	P202300086	20-500-100-600-000-000
		CSG 1st grade supplies	340.39	P202300086	20-500-100-600-000-000
		Total Check Amount:	10,183.64		
A:05051	5/8/23	AT & T Phone serv	668.22	P202300036	11-000-230-530-000-057
A:05052	5/8/23	Staples Advantage Supplies	289.02	P202300092	11-000-262-610-000-071
A:05053	5/8/23	Outfront Media, LLC Advertising CSG	1,000.00	P202300062	20-500-100-600-000-000

Bank Account Code(s): A,B,D Only

<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:05054	5/8/23	Outfront Media, LLC Advertising CSG	250.00	P202300062	20-500-100-600-000-000
A:05055	5/8/23	Horizon BCBS 5/1/23-6/1/23 Dental	2,827.18	91 - 485	Dental
A:05056	5/8/23	Maria Paradiso Phone & Auto Annual	1,200.00	P202300072	11-000-230-890-000-063
		Social Media Recruitment Ads	951.70	P202300162	20-500-100-600-000-000
		Total Check Amount:	2,151.70		
A:05057	5/8/23	Digital Arts Imaging Recruitment banners	616.00	P202300108	20-500-100-600-000-000
		Recruitment banner	237.00	P202300166	20-500-100-600-000-000
		Total Check Amount:	853.00		
A:05058	5/8/23	Horizon BCBS 2022-23 Health Ins Premiums June 2023	38,000.00	P202300075	11-000-291-270-000-054
		Health Insurance Premium June 2023	3,200.00	P202300075	11-000-291-270-000-054
		Total Check Amount:	41,200.00		
A:05059	5/8/23	Verizon Fios FIOS Internet Serv	294.00	P202300018	11-000-262-890-000-075
		FIOS Internet Serv	294.00	P202300018	11-000-262-890-000-075
		FIOS Internet Serv	295.30	P202300018	11-000-262-890-000-075
		FIOS Internet Serv	299.71	P202300018	11-000-262-890-000-075
		Total Check Amount:	1,183.01		
A:05060	5/8/23	US Postal Service Recruitment mailing bulk mail	2,500.00	P202300173	20-500-100-600-000-000
D:01239	5/8/23	AXA Equitable Equi-Vest May 403b Contributions	2,840.00	91 - 472	AXA
The Grand Total of all Checks from Fund 10 is:			(6,255.45)		
The Grand Total of all Checks from Fund 11 is:			311,010.60		
The Grand Total of all Checks from Fund 20 is:			74,116.22		
The Grand Total of all Checks from Fund 91 is:			6,415.04		
The Grand total of all checks for this period is:			385,286.41		

## Filing Instructions

**Prepared for:**

LINK COMMUNITY CHARTER SCHOOL  
23 PENNSYLVANIA AVENUE  
NEWARK, NJ 07114

**Prepared by:**

GALLEROS ROBINSON CPAS, LLP  
115 Davis Station Road  
Cream Ridge, NJ 08514

2021 FORM 990

**Electronic Filing:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**LINK COMMUNITY CHARTER SCHOOL**

EIN or SSN

**46-5614487**

Name and title of officer or person subject to tax

**BIMA BAJE****SCHOOL BUSINESS ADMINISTRATOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>8,150,201.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	▶ <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	▶ <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	▶ <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize GALLEROS ROBINSON CPAS, LLP to enter my PIN 07114  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22578208514**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ GALLEROS ROBINSON CPAS, LLPDate ▶ 05/05/23**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)