

**LINK COMMUNITY CHARTER SCHOOL
BOARD OF TRUSTEES MEETING
May 09, 2022, 6:30 PM
In-Person and Via Zoom
Link Community Charter School
23 Pennsylvania Avenue, Newark, New Jersey 07114**

Approved 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 at 6:37pm by Mrs. Brenda Daughtry, Board Chair.

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 20, 2022; by email to the *city clerks* of the four districts of residence and the county superintendent of education on April 20, 2022; by posting notice on the school website; and by communicating same to the Board of Trustees.

ROLL CALL

Member	Present	Absent
Barkley, Ms.	√	
Clarke-Avignant, Mrs.	√	
Daughtry, Mrs.	√	
Ebanks, Ms.	√	
Holguin-Veras, Mrs.	√	
Marshall, Mr.	√	
Naar, Mr.	√	
Petrillo, Mr.	√	
Smith, Mrs.	√	

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
Christine Martinez, Esq., Board Attorney

APPROVAL OF MINUTES

Resolution #050922-01: Be it Resolved that the Board of Trustees accepts and approves the minutes of the regular board meeting held on April 18, 2022.

Moved by Mrs. Smith

Seconded by Mr. Petrillo

Discussion: None

Vote: Voice; passed unanimously

APPROVAL OF AGENDA

Resolution #050922-02: Be it Resolved that the Board of Trustees accepts and approves the agenda for the regular board meeting on May 09, 2022.

Moved by Mrs. Smith

Seconded by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

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. 6th St, Newark, NJ, introduced herself to the board as a parent of a Link scholar with two concerns, homework and relationships.

Seeing there were no other comments from members of the public, Mrs. Daughtry closed the public comment portion of this meeting.

ACKNOWLEDGMENT OF CORRESPONDENCE

None

HEAD OF SCHOOL

- **Monthly School Update**

Approval of 2022-2023 Personnel List

Resolution #050922-03: Be it Resolved that the Board of Trustees approves the attached personnel list, as recommended by the head of school.

Moved by Ms. Ebanks

Seconded by Mrs. Smith

Discussion: None

Vote: Voice; passed unanimously

Approval of field trip

Resolution #050922-04: Be it Resolved that the Board of Trustees approves the following field trip, as recommended by the head of school.

Grade	Trip	Date/Time	Location	Funded by
Kindergarten 5 th & 6 th	Walk to Lincoln Park For National Police Week	May 13, 2022 9am-12pm	Broad St. Side Newark, NJ	N/A

Moved by Mrs. Smith

Seconded by Ms. Ebanks

Discussion: None

Vote: Voice; passed unanimously

Approval of new hires

Resolution #050922-05: Be it Resolved that the Board of Trustees approves the following new hires to the Personnel List for the 2022-2023 school year, as recommended by the head of school.

Name	Position	Duration	FT/PT	2022-2023 Salary Annualized
Monique Chantry	Kindergarten Teacher	10 Months	FT	\$55,000
Roseadra Davis Brown	1 st Grade Teacher	10 Months	FT	\$80,000
Maija Ploof	Teacher	10 Months	FT	\$62,000
Krista Miller	Art Teacher	10 Months	FT	\$75,130

Moved by Mrs. Smith

Seconded by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

Approval of extension of employment contract

Resolution #050922-06: Be it Resolved that the Board of Trustees approves the following contract extension for the 2021-2022 school year, as recommended by the head of school.

Name	Position	Duration	Full-time/ Part-time	Start Date	SY2021-22 Salary Annualized	SY2021-22 Actual Salary for April – June, 2022
Sharon Machrone	Director of Communications	3 Month Renewable	F/T	06/01/22	\$36,876.06	\$9,219.00

Moved by Mrs. Smith

Seconded by Ms. Barkley
Discussion: None
Vote: Voice; passed unanimously

Approval to amend Resolution #050922-06

Resolution #050922-06A: Be it Resolved that the Board of Trustees approves amending Resolution 050922-06, as recommended by the head of school.

Name	Position	Duration	Full-time/ Part-time	Start Date	SY2021-22 Salary Annualized	SY2021-22 Actual Salary for April – June, 2022
Sharon Machrone	Director of Communications	1 Month Renewable	F/T	06/01/22	\$36,876.06	\$3073.00

Moved by Mrs. Smith
Seconded by Ms. Ebanks
Discussion: Mrs. Paradiso explained contract is for one month not three
Vote: Roll Call; passed unanimously

Education Committee

None

Governance Committee

- **Committee Report**

Approval to abolish a policy

Resolution #050922-07: Be it Resolved that the Board of Trustees approves abolishing Policy1648.14 Safety Plan for Healthcare Settings in School Buildings - COVID 19, as recommended by the Governance Committee.

Moved by Mrs. Smith
Seconded by Mrs. Covington
Discussion: None
Vote: Voice; passed unanimously

Approval of the first reading of a new policy

Resolution #050922-08: Be it Resolved that the Board of Trustees approves the first reading of Policy1648.15 Recordkeeping for Healthcare Settings in School Buildings - COVID 19, as recommended by the Governance Committee.

Moved by Mrs. Smith
Seconded by Ms. Barkley
Discussion: None
Vote: Voice; passed unanimously

Approval of revision to 2022-2023 school calendar

Resolution #050922-09: Be it Resolved that the Board of Trustees approves the attached revised 2022-23 School Calendar, initially approved on February 14, 2022, as recommended by the Governance Committee.

Moved by Ms. Barkley

Seconded by Mr. Marshall

Discussion: None

Vote: Voice; passed unanimously

Approval for a special meeting

Resolution #050922-10: Be it Resolved that the Board of Trustees approves the addition of a special board meeting on Monday, May 23, 2022, at 6:30 pm, virtual and in-person, for the Board Self Evaluation and other business, as recommended by the Governance Committee.

Moved by Mrs. Smith

Seconded by Ms. Barkley

Discussion: None

Vote: Voice; passed unanimously

Finance Committee

- **Committee Report**

Approval of Form 990

Resolution #050922-11: Be it Resolved that the Board of Trustees approves the submission of Form 990, as recommended by the school business administrator.

Moved by Mrs. Smith

Seconded by Ms. Ebanks

Discussion: None

Vote: Voice; passed unanimously

Approval of Corrective Action Plan

Resolution #050922-12: Be it Resolved that the Board of Trustees approves the attached Corrective Action Plan, as recommended by the school business administrator.

Moved by Mrs. Smith

Seconded by Ms. Ebanks

Discussion: None

Vote: Voice; passed unanimously

Approval of application

Resolution #050922-13: Be it Resolved that the Board of Trustees approves the application to apply for The Summer Food Service Program, as recommended by the school business administrator.

Mrs. Paradiso removed this motion from the agenda.

Approval of financial reports

Resolution #050922-14: 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, 2022, as recommended by the school business administrator.

Moved by Ms. Barkley

Seconded by Mr. Petrillo

Discussion: None

Vote: Voice; one abstention

Approval of bills for payment

Resolution #050922-15: 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 Mrs. Smith

Seconded by Ms. Barkley

Discussion: None

Vote: Voice; one abstention

Approval of budget transfer

Resolution #050922-16: Be it Resolved that the Board of Trustees approves the attached budget transfer, as recommended by the school business administrator.

Moved by Mrs. Smith

Seconded by Mr. Marshall

Discussion: None

Vote: Voice; one abstention

OLD BUSINESS

None

NEW BUSINESS

ANNOUNCEMENTS

Mrs. Daughtry announced Mr. Garth Naar was added to the finance committee.

Mrs. Paradiso thanked to board for the approval of the special meeting.

A special board meeting will be held on Monday, May 23, 2022.

The next regular meeting will be held on Monday, June 13, 2022. This is also the annual meeting so expect the meeting to be 2 ½-3 hours long.

MOTION TO ADJOURN

Moved by Ms. Ebanks

Seconded by Mr. Marshall

Vote: Voice; passed unanimously

The meeting was adjourned at 7:34 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 flourish extending to the right.

Debra Paczkowski, Board Recording Secretary

Date: May 09, 2022

Approved by the Link Community Charter School Board of Trustees: May 23, 2022

Head of School Report
April 18, 2022

Link Enrollment:

Grade Level	Approved Enrollment	21/22 Enrolled & Attending	Enrollment in process	22/23 Enrollment Update
K	50	27	0	Class of 2031: 61 new, 22 registered to date
1	50	0	0	Class of 2030: 27 moving up; 19 new with 4 registered to date
5	50	51	0	Class of 2026: 72 new with 22 registered to date
6	80	79	0	Class of 2025: 51 moving up; 40 waitlist 30 declined in 21/22
7	80	83	0	Class of 2024: 79 moving up; 21 waitlist 21 declined in 21/22
8	80	79	0	Class of 2023: 83 moving up; 48 waitlist 9 declined in 21/22
Total	340 (100 K-5 span) (240 6-8 span)	319 (78 K-5 span) (241 6-8 span)		

Staffing:

- With hiring for 2022-23, we are moving along nicely with 4 new hires being recommended this evening. Remaining needs exist in middle school math and special education, as well as possibly in 5th and Kindergarten. We anticipate some maternity leaves next year so we are planning to hire some “leave replacement” staff.

Student Recruitment and Enrollment:

- We are seeing healthy increases in applications for Kindergarten and 1st grade; good numbers in grade 5.
- Recruitment efforts are all in process. There is still much work to do with 1st grade.
- Registration Day was held on Friday, May 6th, from 2 to 7 pm; we saw good participation and quite a few families made appointments for the week of May 9th during the school day.

COVID Update:

- We continue to see a few positive cases each week as NJ seems to be going through a surge. The positive cases are both on the staff side and in the student body.
- There is talk in NJ of bringing back masking mandates but nothing tangible has been sent out for schools. We anticipate next fall may bring back masking requirements too.

Summer Program

- During the week of June 27th, we will bring in Kindergarten and 1st grade teachers for training and prep, as well as the 5th grade teachers to prepare for a one week summer orientation
- From July 5 to 8th, Kindergarten scholars are invited by appointment (focus on assessment of readiness for Kindergarten, meeting teachers and seeing the classroom space); 5th grade for 4 days of programming (focus on assessment, Link culture and socialization).
- We expect to return to our standard 4-week summer learning program in July, 2023
- We are also partnering with summer program providers to share opportunities with our rising 6, 7, and 8th graders.

Extracurricular Activities being Planned

- Field trips are being run as approved by the board

Standardized Testing

- Finishing up NJSLA this week and then will start with NWEA MAP testing

Staff Appreciation Week, 2022

- Administrative team shared fun notes and treats during the week
- Leadership provided breakfast bags and a luncheon on two separate days.
- Link Education Partners (LEP) provided \$50 Amazon cards to all staff
- Both LEP and LCCS board members supported Staff Appreciation Week with handwritten notes to individual staff members

Mind Body Spirit Breakfast was held by Link Education Partners on Friday, April 29th

- About 12 young female scholars and family members were in attendance
- There were over 80 in total in attendance for breakfast and 3 engaging workshops/presentations

Employee	Full/Part-Time	10/12 Month	Postion	2022-23 Salary
Alston, Asha	Full Time	10 Month	Teacher, Middle School English	57,379.31
Araromi, Victoria	Full Time	10 Month	Teacher 5th Grade	68,958.50
Bloom, Jessica	Full Time	10 Month	Teacher 1st Grade	70,000.00
Boyle Susanne	Full Time	10 Month	Teacher 5th Grade	58,765.62
Chacon, Lia Rose	Full Time	10 Month	Teacher Kindergarten	51,000.00
Clauberg, James	Full Time	10 Month	Teacher, Middle School Math	57,959.33
Gunther, Anna	Full Time	10 Month	Teacher 1st Grade	60,528.59
Hayward, Shaynie	Full Time	10 Month	Teacher, Middle School English	58,765.62
Hinds, Brianna	Full Time	10 Month	Teacher Kindergarten	64,890.00
Kennedy, Christopher	Full Time	10 Month	Teacher, Health and Physical Education	55,512.65
Kutch, Jennifer	Full Time	10 Month	Teacher, Middle School Science	64,483.62
LaGuerre, Errol	Full Time	10 Month	Teacher, Middle School Science	88,824.50
Lelinho, Diana	Full Time	10 Month	Teacher, Middle School English	82,494.52
Lewis, Shantaya	Full Time	10 Month	Teacher Kindergarten	72,100.00
Locklear, Jeffery	Full Time	10 Month	Teacher 5th Grade	60,528.59
Martinez, Rosa	Full Time	10 Month	Teacher Middle School Math	86,524.88
Meliado, Isabella	Full Time	10 Month	Aide Kindergarten	40,000.00
Perrotta, Danielle	Full Time	10 Month	Instructional Coach & Math Specialist	88,580.00
Portuese, Karen	Full Time	10 Month	Teacher, Health and Physical Education	91,147.22
Rios, Jeannette	Full Time	10 Month	Teacher, ESL	85,490.00
Schuster, Katherine	Full Time	10 Month	Teacher, Middle School Social Studies	56,650.00
Seegers, Jasmine	Full Time	10 Month	Teacher, Middle School English	68,808.91
Snyder, Claire	Full Time	10 Month	Teacher, Middle School English	79,208.92
Start, Kelly	Full Time	10 Month	Teacher, Middle School Social Studies	54,105.90
Valentin, Natasha	Full Time	10 Month	Teacher Social Studies/Science	88,516.14
Lynskey, Christine	Full Time	10 Month	Sped Teacher 8th Grade	100,318.70
Ryan, Amanda	Full Time	10 Month	Sped Teacher Kindergarten	57,838.15
Arizmendi, Josie	Full Time	10 Month	Sped Teacher 5th Grade	100,141.53
Baje, Bima	Full Time	10 Month	School Business Administrator	45,016.11
Mitchell Baynes, Leslie	Full Time	10 Month	Chief Operating Officer	119,760.16
Denuilly, Detra	Full Time	10 Month	Elementary School Dean	89,852.60
Hester, Kathleen	Full Time	10 Month	Principal	150,604.38
Kennedy, Hannah	Full Time	10 Month	Vice Principal	94,760.00
Schiano, Gina	Full Time	12 Month	Supervisor of Curriculum and Instruction, Grades	123,600.00
Silver, Gregory	Full Time	10 Month	Director of Admissions & HSP	77,020.28
Brooks, Monique	Full Time	12 Month	Main Office Secretary	54,006.35
Freeman, Joven	Full Time	12 Month	Finance and Operations Coordinator	63,040.95
Ortiz, Edward	Full Time	12 Month	Instructional Operations Manager	84,717.50
Paczkowski, Debra	Full Time	12 Month	Confidential Secretary	71,070.00
Acevedo, Yris	Full Time	10 Month	School Social Worker	65,450.36
Carrasco, Vidal	Full Time	12 Month	Facilities Manager	55,188.02
Dandie, Suzanne	Full Time	10 Month	School Social Worker	81,951.34
Hannah, Karen	Full Time	10 Month	Nurse	72,014.95
Merwede, Nancy	Part Time	10 Month	School Nurse, Supervisor	15,913.50

Link Community Charter School
Board of Trustees
Governance Committee Report
May 4, 2022

Attendees: B. Daughtry, M. Paradiso, D. Paczkowski, D. Smith

- ❖ Mrs. Paradiso explained the school calendar change for November to support professional development and collaboration with Link Education Partners on their annual event
- ❖ Mrs. Paradiso mentioned a policy to abolish and a new policy to approve due to the ongoing nature of COVID-19 guidance from the NJDOE
- ❖ Mrs. Paradiso gave an update on the personnel list for the 2022-2023 school year as well as the hiring of new faculty
- ❖ Mrs. Paradiso discussed adding Garth Naar to the financial committee
- ❖ Mrs. Paradiso asked for a special board meeting to be added on Monday, May 23 if needed to allow for time to hire more faculty and compile results of the board self-evaluation

POLICY GUIDE

ADMINISTRATION

1648.15/page 1 of 2

Recordkeeping for Healthcare Settings
in School Buildings – COVID-19

Apr 22

M

[See **POLICY ALERT No. 227**]

1648.15 RECORDKEEPING FOR HEALTHCARE SETTINGS IN SCHOOL BUILDINGS – COVID-19

The Board of Trustees is committed to providing a safe and healthy workplace for all employees. The school district shall maintain its records in accordance with Occupational Safety and Health Act of 1970 (OSHA) COVID-19 Emergency Temporary Standard (ETS) published on June 21, 2021 as adopted by the Public Employees Occupational Safety and Health (PEOSH), the agency with jurisdiction over public employers in New Jersey. The provisions of the ETS have expired and are no longer in effect for school districts except for the provisions addressing recordkeeping, outlined in 29 CFR §1910.502(q). The ETS and this Policy are only applicable for employees working in the school nurse's office and any adjoining clinical areas in the school building.

For the purpose of this Policy, "employee" means any district employee or contracted service provider working in a healthcare setting where people with suspected or confirmed COVID-19 are reasonably expected to be present. Therefore, the provisions of the ETS and this Policy only apply to employees or contracted service providers working in a nurse's office or any adjoining clinical areas.

For the purpose of this Policy, "healthcare setting" means all settings in the school district where any employee or contracted service provider provides healthcare services or healthcare support services. Where a healthcare setting is embedded within a non-healthcare setting (i.e. school nurse's office and any adjoining clinical areas in a school building), the ETS and this Policy only apply to the embedded healthcare setting and not to the remainder of a school building.

The school district will retain all versions of Policy 1648.14 – Safety Plan for Healthcare Settings in School Buildings, to comply with the ETS while the ETS remains in effect, even after Policy 1648.14 has been abolished.



POLICY GUIDE

ADMINISTRATION

1648.15/page 2 of 2

Recordkeeping for Healthcare Settings in School Buildings – COVID-19

The school district will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day in the healthcare setting, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

The school district will record the information in the COVID-19 log within twenty-four hours of learning the employee is COVID-19 positive. The school district will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by the ETS or other Federal law. The school district will maintain and preserve the COVID-19 log while the ETS remains in effect.

By the end of the next business day after a request, the school district will provide for examination and copying: all versions of Policy 1648.14; the individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee; and a version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was in the healthcare setting before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all employees.

29 CFR §1910.502(q)

Adopted:



Link Community Charter School

Proposed 2022-2023 School Calendar

School Year Begins on Tues., September 6, 2022 and Ends on Weds., June 21, 2023

Student Days: 183 Staff Days: * 194 *does not include Summer Academy

Students: 0							Staff: 6							Students: 19							Staff: 21													
July '22							August '22							September '22																				
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S														
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3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6*	7*	8*	9	10														
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17														
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24														
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30															
31																																		
Students: 20							Students: 18							Staff: 19							Students: 16							Staff: 16						
October '22							November '22							December '22																				
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S														
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30	31																																	
Students: 20							Students: 18							Staff: 18							Students: 22							Staff: 23						
January '23							February '23							March '23																				
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S														
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4														
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11														
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22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25														
29	30	31					26	27	28					26	27	28	29	30	31															
Students: 14							Students: 22							Staff: 22							Students: 14							Staff: 14						
April '23							May '23							June '23																				
Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	Th	F	S														
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23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30															
30																																		

	Holidays: No School
	Link Summer Academy
	Building Closed (School & District) to All
	Teacher Boot Camp
	No School; building open for 12 month employees

	Teacher PD Day (no school for students)
	Early Dismissal for students, 12:45 pm; Staff PDF, 1:15-4:30 pm; Graduation, June 16, (all staff must attend.)
	Early Dismissal for all, 12 pm
	Incoming 5 th Grade Program
**	Early Dismissal Days for Kindergarten students only; regular school day for other grades



Finance & Facilities Committee Report

May 18, 2022

Attendance:

- ☐ Leslie Baynes
- ☐ Bima Baje

I. Financial Review

a. Treasurer's Report:

- i. As of April 30, 2022, total operating cash on hand \$1,882,512 net \$40,625.18 in unprocessed vendor payments.

Bank Accounts

- General Fund \$1,705,199.58
All school operations expenses paid from General Fund & Special Revenue fund; rent, utilities, salaries, employee benefits, insurance, supplies & Title 1
- Charter Escrow \$75,000
State mandated security account
- Enterprise Fund \$23,536.87
Food services expenses, includes payroll labor & food purchases. Funding includes NSLP subsidies
- Payroll \$48,759.62
All salary expenses
- Payroll Agency \$57,662.84
Employee contributions to benefit premiums; Pension, vision, dental & health insurances and flexible spending account
- Student Activities \$12,952.60
Student activities, aftercare
- Unemployment \$25.00

ii. Charter School Grant

The third round reimbursement, totaled \$78,340.15 and covered Kindergarten physical education equipment and supplies, recruiting and marketing expenses and salaries & benefits.

Including this reimbursement request, to date we have received \$453,661 from the Charter School Program grant.

b. Secretary's Report:

i. As of April 30, 2022

- \$5,296,122 in expenses have been paid
- \$2,280,619 in encumbrances are pending request for payment
- \$1,591,308 remains unencumbered; Restricted ESSER funds are included in this total .



c. Operations

Facilities

- Request for Custodial and Security proposals posting this month
- District Office at 972 Broad
 - Work has resumed, we will likely be moved in by the end of the month.
- Upgrades and renovations in progress
 - Replacement of broken window screens
 - Security system upgrade
 - Restroom renovation planning is in progress.
 - Replacement of main entry and gymnasium doors

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

CLIENT'S COPY

DRAFT

EXTENDED TO MAY 16, 2022

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 for instructions and the latest information.

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****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 \$**8,052,420.****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	1	Briefly describe the organization's mission or most significant activities: LINK COMMUNITY CHARTER SCHOOL IS A CHALLENGING AND SUPPORTIVE ENVIRONMENT THAT NURTURES THE WHOLE
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 54
	6	Total number of volunteers (estimate if necessary) 6 9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,517,259. 2,845,995.
	9	Program service revenue (Part VIII, line 2g) 5,088,088. 5,127,617.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 91,233. 78,808.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,696,580. 8,052,420.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,450,508. 5,811,867.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,610,002. 1,826,973.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,060,510. 7,638,840.
19	Revenue less expenses. Subtract line 18 from line 12 -363,930. 413,580.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 4,546,716. 3,977,449.
	21	Total liabilities (Part X, line 26) 5,111,901. 4,116,351.
	22	Net assets or fund balances. Subtract line 21 from line 20 -565,185. -138,902.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BIMA BAJE, SCHOOL BUSINESS ADMINISTRATOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LEONORA GALLEROS	Preparer's signature	Date 05/09/22	Check <input type="checkbox"/> if self-employed	PTIN P00181670
	Firm's name ▶ GALLEROS ROBINSON CPAS, LLP	Firm's EIN ▶ 27-3263553	Phone no. 732.925.2608		
Firm's address ▶ 115 DAVIS STATION ROAD CREAM RIDGE, NJ 08514					

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

032001 12-23-20

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

Form **990** (2020)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 4,977,108. including grants of \$) (Revenue \$ 5,206,371.)

THE LINK COMMUNITY CHARTER SCHOOL (CHARTER SCHOOL) PROVIDES A FULL RANGE OF EDUCATIONAL SERVICES APPROPRIATE TO GRADES 5, 6, 7 AND 8. THESE SERVICES INCLUDE REGULAR, AS WELL AS SPECIAL EDUCATION AND BASIC SKILLS INSTRUCTION. THE CHARTER SCHOOL COMPLETED THE 2020- 2021 SCHOOL YEAR WITH AN ENROLLMENT OF 305 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 \$ 258,946. including grants of \$) (Revenue \$ 0.)

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.

4c (Code:) (Expenses \$ 145,378. including grants of \$) (Revenue \$ 54.)

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 5,381,432.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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

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

☒ X

Section A. Governing Body and Management

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

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

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

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

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

Form **990** (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								440,787.	142,507.	129,020.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								440,787.	142,507.	129,020.

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

3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE GOODKIND GROUP, LLC, 33 WOOD AVENUE SOUTH SUITE 658, ISELIN, NJ 08830	PROFESSIONAL SERVICES	196,946.

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

1

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,845,995.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PER CAPITA AID	Business Code	611110	5,127,563.	5,127,563.		
	b FOOD SERVICE		611110	54.	54.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,127,617.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	78,808.	78,808.		0.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			78,808.			
	12 Total revenue. See instructions			8,052,420.	5,206,425.	0.	0.

Part IX Statement of Functional Expenses

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

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

☒ 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	454,588.		454,588.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,718,288.	2,185,329.	532,959.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,080,483.	1,415,426.	665,057.	
9 Other employee benefits	558,508.	381,073.	177,435.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	38,711.		38,711.	
c Accounting	20,000.		20,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	785,665.	573,596.	212,069.	
12 Advertising and promotion				
13 Office expenses	269,749.	188,284.	81,465.	
14 Information technology				
15 Royalties				
16 Occupancy	461,795.	461,795.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,881.	2,881.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE EXPENSES	145,378.	145,378.		
b MISCELLANEOUS	102,794.	27,670.	75,124.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,638,840.	5,381,432.	2,257,408.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,368,964.	1	1,845,867.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	969,784.	4	727,951.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,124.		
	b Less: accumulated depreciation	10b 20,004.	9,329.	10c 5,120.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,198,639.	15	1,398,511.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,546,716.	16	3,977,449.	
Liabilities	17 Accounts payable and accrued expenses	330,413.	17	396,277.
	18 Grants payable		18	
	19 Deferred revenue	562.	19	63,480.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,780,926.	25	3,656,594.
	26 Total liabilities. Add lines 17 through 25	5,111,901.	26	4,116,351.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-565,185.	27	-151,605.
	28 Net assets with donor restrictions		28	12,703.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-565,185.	32	-138,902.
	33 Total liabilities and net assets/fund balances	4,546,716.	33	3,977,449.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,052,420.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,638,840.
3	Revenue less expenses. Subtract line 2 from line 1	3	413,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-565,185.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	12,703.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-138,902.

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

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI**Supplemental Information.**

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

DRAFT

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

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

OMB No. 1545-0047

2020

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
LINK COMMUNITY CHARTER SCHOOL	46-5614487

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N.J. STATE DEPARTMENT OF EDUCATION 100 RIVERVIEW EXECUTIVE PLAZA TRENTON, NJ 08625	\$ 1,956,764.	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	\$ 111,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US SMALL BUSINESS ADMINISTRATION 409 THIRD STREET, SW WASHINGTON D.C., WA 20024	\$ 777,846.	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.)

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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.	20,004.	5,120.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,120.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	4,575.
(2) DEFERRED OUTFLOW OF RESOURCES	1,393,936.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,398,511.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERGOVERNMENTAL PAYABLES - STATE	48,892.
(3) NET PENSION LIABILITIES	2,227,507.
(4) DEFERRED INFLOW OF RESOURCES	1,380,195.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,656,594.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,052,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,052,420.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,052,420.

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

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

1	Total expenses and losses per audited financial statements	1	7,638,840.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,638,840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,638,840.

Part XIII Supplemental Information.

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

PART X, LINE 2:

LINK COMMUNITY CHARTER SCHOOL RECOGNIZES THE EFFECT OF INCOME TAX

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

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

POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

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

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

OMB No. 1545-0047

2020

**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
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2020

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

THE CHARTER SCHOOL MAINTAINS A RACIALLY NONDISCRIMINATORY POLICY TOWARDS ALL STUDENTS, IN THAT THE CHARTER SCHOOL DOES NOT DISCRIMINATE AGAINST ANY STUDENT, OR EMPLOYEE FOR REASONS OF RACE, COLOR, CREED, AGE, SEX, RELIGION, ETHNIC ORIGIN, FAMILY AFFILIATION, DISABILITIES, SOCIAL OR ECONOMIC STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR BECAUSE OF LIABILITY FOR SERVICE IN THE UNITED STATES ARMED FORCES. THE RACIALLY NONDISCRIMINATORY POLICY IS CONTAINED IN THE SCHOOL BY-LAWS AND IS COMMUNICATED TO STUDENTS AND PARENTS. THE SCHOOL INTENDS TO PUBLISH THIS POLICY IN ITS BROCHURE AND ON ITS WEBSITE. IN ADDITION, LINK COMMUNITY CHARTER SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL COMMUNITIES, AND FURTHER, THE CHARTER SCHOOL ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE CHARTER SCHOOL RECEIVES PUBLIC ASSISTANCE BY WAY OF PERCENTAGE OF LOCAL TAX LEVY PURSUANT TO REGULATIONS PROMULGATED BY THE STATE OF NEW JERSEY, DEPARTMENT OF EDUCATION. IN ADDITION, THE CHARTER SCHOOL RECEIVES FEDERAL ASSISTANCE BY WAY OF GRANTS FROM NCLB/TITLE I AND IDEA PROGRAMS. OTTHER FINANCIAL ASSISTANCE FROM GOVERNMENTAL PROGRAMS IS ALSO AVAILABLE VIA APPLICATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

LINK COMMUNITY CHARTER SCHOOL

Employer identification number

46-5614487

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> 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 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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 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)	142,800.	0.	0.	9,996.	10,924.	163,720.	0.
	(ii)	85,990.	0.	0.	6,140.	34,040.	126,170.	0.
(2) LESLIE BAYNES COO	(i)	117,491.	0.	0.	8,224.	8,988.	134,703.	0.
	(ii)	56,517.	0.	0.	4,521.	13,995.	75,033.	0.
(3) KATHLEEN HESTER PRINCIPAL	(i)	139,871.	0.	0.	9,791.	18,074.	167,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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..

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE CHARTER SCHOOL'S
BUSINESS OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 573,596.

MANAGEMENT AND GENERAL EXPENSES 212,069.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 785,665.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 785,665.

FORM 990, PART VI, SECTION C, LINE 18

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**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) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LINK COMMUNITY PARTNERS, INC.	K	328,000.	LEASE AGREEMENT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DRAFT

CORRECTIVE ACTION PLAN
For the Fiscal Year Ended June 30, 2021

SCHOOL DISTRICT/CHARTER/RENAISSANCE SCHOOL PROJECT

Link Community Charter School

County:

Essex

CONTACT PERSON Biima Baje

TYPE OF AUDIT

Annual

TELEPHONE

NUMBER 973-642-0529

DATE OF BOARD MEETING

5/9/2022

EMAIL bbaje@linkschool.org

Rec. No.	Corrective Action Approved by the Board	Method of Implementation	Person Responsible	Implementation Status & Completion Date
1	Reported CHE reported should be in accordance with the most recent student records for the school year.	Enrollment staff must verify the student records to ensure accurate CHE reporting.	Enrollment staff, Head of School	

Maria Pilar Paradiso

Head of School

Date

Bima Baje

School Business Administrator

Date

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

FOR THE MONTH ENDING APRIL 30, 2022

		CASH REPORT			
FUNDS		(1) Beginning Cash Balance	(2) Cash Receipts/Transfers This Month	(3) Cash Disbursements/Transfers This Month	(4) Ending Cash Balance (1) + (2) - (3)
	GOVERNMENTAL FUNDS				
1	General Fund - Fund 10 - Operating	\$ 1,336,126.59	\$ 556,804.58	\$ 506,639.45	\$ 1,386,291.72
2	Charter Escrow	75,000.00	-	-	\$ 75,000.00
2	Special Revenue Fund - Fund 20	166,182.25	199,419.00	87,317.90	278,283.35
3	Total governmental funds (Lines 1 thru 2)	1,577,308.84	756,223.58	593,957.35	1,739,575.07
	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	43,052.47	283,974.37	278,267.22	48,759.62
6	Payroll Agency	51,214.76	41,924.60	35,476.52	57,662.84
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)	107,244.83	325,898.97	313,743.74	119,400.06
10	Total All Funds (Lines 3, 4 and 9)	\$ 1,708,090.54	\$ 1,082,122.55	\$ 907,701.09	\$ 1,882,512.00

Prepared and Submitted By:

Leslie Baynes
Chief Operating Officer

05/06/22

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, 2022**

<u>Fund</u>		
10.101	General fund - Regular Account	\$ 1,386,291.72
10.106	Charter Escrow	75,000.00
20.101	Special Revenue Fund	278,283.35
60.101	Enterprise Fund	23,536.87
90.101	Payroll Account	48,759.62
90.103	Unemployment	25.00
91.101	Agency Account	57,662.84
95.101	Student Activity Account	12,952.60
		<hr/>
Total Board Secretary's Records - A-148		1,882,512.00
Total Funds per Treasurer's Report		<hr/> 1,882,512.00
Difference		<hr/> \$ - <hr/>

LINK COMMUNITY CHARTER SCHOOL
TD Bank
OPERATING ACCOUNT - 430-2520237
FOR THE MONTH ENDING APRIL 30, 2022

	<u>BANK</u>	<u>BOOKS G/FUND</u>	<u>BOOKS S/REVENUE</u>	<u>BOOKS TOTAL</u>
BALANCE BEG. OF MONTH	\$ 1,525,690.14	\$ 1,336,126.59	\$ 166,182.25	\$ 1,502,308.84
<u>Additions</u>				
Deposits	756,223.58	556,804.58	199,419.00	756,223.58
Total Receipts	756,223.58	556,804.58	199,419.00	756,223.58
<u>Deductions</u>				
Cash Disbursements	576,713.47	506,639.45	87,317.90	593,957.35
Total Disbursements	576,713.47	506,639.45	87,317.90	593,957.35
<u>BALANCE END OF MONTH</u>	1,705,200.25			
<u>RECONCILIATION</u>				
Less--Outstanding checks	40,625.18			
Deposit in transit				
ADJUSTED BALANCE END OF MONTH	\$ 1,664,575.07	\$ 1,386,291.72	\$ 278,283.35	\$ 1,664,575.07

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	
08/06/2021	04144	AT&T Mobility	\$7,992.97	
04/08/2022	04474	Youth Development Clinic	\$6,558.75	
04/15/2022	04514	LESLIE BAYNES	\$12,637.81	Copied from Check#: 04168
03/14/2022	04470	La Hermosa Church	\$500.00	
04/08/2022	04478	Association of American Educators	\$2,079.00	
04/08/2022	04484	Center for Education & Employment Law	\$149.00	

The total of all checks outstanding this period: \$40,625.18

No Journal Entries remain outstanding after this period.



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E

STATEMENT OF ACCOUNT



Go paperless.
Scan the QR code to
opt in to paperless
statements.

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

Page: 1 of 9
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4302520237-719-E-***
Primary Account #: 430-2520237

Overdraft Policy Change Effective April 8, 2022

The following change applies only to Commercial and Small Business Checking Accounts and Money Market Accounts with check access: TD is making changes to reduce Customer overdraft fees: Instead of charging an overdraft fee if you overdraw your account by greater than \$10, you may now overdraw your account by up to \$50 without TD charging you an overdraft fee.

For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

TD Business Premier Checking

LINK COMMUNITY CHARTER SCHOOL INC

Account # 430-2520237

ACCOUNT SUMMARY

Beginning Balance	1,065,721.47	Average Collected Balance	1,296,199.82
Deposits	359,422.00	Interest Earned This Period	0.00
Electronic Deposits	396,801.58	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Checks Paid	250,814.50	Days in Period	30
Electronic Payments	325,898.97		
Ending Balance	1,245,231.58		

DAILY ACCOUNT ACTIVITY**Deposits**

POSTING DATE	DESCRIPTION	AMOUNT
04/05	DEPOSIT	279,239.00
04/05	DEPOSIT	78,933.00
04/05	DEPOSIT	1,250.00
	Subtotal:	359,422.00

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/01	CCD DEPOSIT, PLAINFIELDBOE AP LINKCO	3,602.00
04/20	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	24,039.81
04/20	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	10,271.52
04/20	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	1,597.00
04/20	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	553.25
04/22	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	157,319.00
04/26	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	25,643.00
04/29	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	91,564.00
04/29	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	42,093.00

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

How to Balance your Account

Page:

2 of 9

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	1,245,231.58
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
Total Withdrawals		4

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

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

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

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

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

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

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

INTEREST NOTICE

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

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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

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

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

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

**Bank**

America's Most Convenient Bank®

STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC

Page: 3 of 9
 Statement Period: Apr 01 2022-Apr 30 2022
 Cust Ref #: 4302520237-719-E-***
 Primary Account #: 430-2520237

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

POSTING DATE	DESCRIPTION	AMOUNT
04/29	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	19,751.00
04/29	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	11,118.00
04/29	CCD DEPOSIT, ST OF NEW JERSEY EFT PAYMT 46561448700	9,250.00
Subtotal:		396,801.58

Checks Paid

No. Checks: 45

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

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
04/20	4381	29,333.33	04/25	4492	5,560.65
04/11	4426*	398.56	04/25	4493	2,500.00
04/25	4427	1,950.00	04/25	4494	740.00
04/14	4434*	1,200.00	04/29	4495	146.27
04/01	4445*	1,000.00	04/25	4496	5,513.20
04/04	4454*	1,200.00	04/22	4497	8,146.26
04/25	4471*	382.12	04/27	4498	174.87
04/25	4473*	1,570.39	04/25	4499	1,504.45
04/25	4475*	2,951.00	04/25	4500	572.00
04/26	4476	700.82	04/25	4501	767.60
04/29	4477	5,358.00	04/26	4502	237.00
04/26	4479*	2,705.47	04/25	4503	53.12
04/26	4480	1,407.72	04/25	4504	40,835.24
04/25	4481	128.49	04/28	4505	53,127.44
04/25	4482	36,857.64	04/26	4506	3,243.24
04/27	4483	583.32	04/25	4507	485.50
04/25	4485*	2,798.20	04/25	4508	188.43
04/25	4486	447.00	04/29	4509	2,400.00
04/26	4487	12,428.48	04/25	4510	251.15
04/27	4488	1,925.00	04/27	4511	4,015.00
04/25	4489	2,857.66	04/26	4512	1,000.00
04/25	4490	599.00	04/29	4513	6,300.00
04/27	4491	4,270.88			
Subtotal:				250,814.50	

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**Bank**

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STATEMENT OF ACCOUNT

LINK COMMUNITY CHARTER SCHOOL INC

Page: 4 of 9
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4302520237-719-E-***
Primary Account #: 430-2520237

DAILY ACCOUNT ACTIVITY**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
04/15	eTransfer Debit, Online Xfer Transfer to CK 4301373885	145,532.07
04/15	eTransfer Debit, Online Xfer Transfer to CK 4301373893	21,795.05
04/29	eTransfer Debit, Online Xfer Transfer to CK 4301373885	138,442.30
04/29	eTransfer Debit, Online Xfer Transfer to CK 4301373893	20,129.55
	Subtotal:	325,898.97

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
03/31	1,065,721.47	04/20	1,264,748.04
04/01	1,068,323.47	04/22	1,413,920.78
04/04	1,067,123.47	04/25	1,304,407.94
04/05	1,426,545.47	04/26	1,308,328.21
04/11	1,426,146.91	04/27	1,297,359.14
04/14	1,424,946.91	04/28	1,244,231.70
04/15	1,257,619.79	04/29	1,245,231.58

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

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

Account Number 1127000464
 Statement Date 04/29/2022
 Statement Thru Date 05/01/2022
 Check/Items Enclosed 0
 Page 1

Address Service Requested

00009545 MPBNJDDA043022094649 01 000000000 0000000 002

LINK COMMUNITY CHARTER SCHOOL INC
 23 PENNSYLVANIA AVE
 NEWARK NJ 07114-2007

Customer Support



Contact us by Phone
 800.448.7768



Visit Us Online
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RELATIONSHIP SUMMARY AND CURRENT STATEMENT ACTIVITY

Account Type	Account Number	Interest Paid In 2021	Balance
BUSINESSADVANTAGE CKNG	1127000464	\$0.00	\$459,968.67

BUSINESSADVANTAGE CKNG

Account Number: 1127000464

Account Owner(s): LINK COMMUNITY CHARTER SCHOOL INC

Balance Summary

Beginning Balance as of 04/01/2022	\$459,968.67
+ Deposits and Credits (0)	\$0.00
- Withdrawals and Debits (0)	\$0.00
Ending Balance as of 04/30/2022	\$459,968.67
Service Charges for Period	\$0.00
Average Balance for Period	\$459,968.00

PROMOTIONS AND OFFERS

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ELECTRONIC FUND TRANSFER ACT DISCLOSURES**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS**

Telephone our Customer Contact Center at 1.800.448.PROV (7768) or write us at Provident Bank P.O. Box 1001, Iselin, NJ 08830-1001 ATTN: Card Management Operations Dept. as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared. When contacting us, please:

- (1) Tell us your name and account number (if any);
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information;
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question. If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within ten (10) business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions we may take up to ninety (90) days to investigate your complaint or question. For new accounts, we may take up to twenty (20) business days to credit your account for the amount you think is in error.

We will tell you the results within three (3) business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

PREAUTHORIZED TRANSFERS/CREDITS TO YOUR ACCOUNT

If you have arranged to have direct deposits or other preauthorized electronic transfers made to your account at least once every sixty (60) days from the same person or company, you can call us at 1.800.448.PROV (7768) to find out whether or not the deposit/transfer has been made.

PREAUTHORIZED TRANSFERS FROM YOUR ACCOUNT AND NOTICE OF VARYING AMOUNTS

Preauthorized electronic fund transfer from your account may be authorized only by a written request signed by you. If these regular preauthorized transfers vary in amount, the designated payee should provide you with a written notice of the amount and date the transfer is scheduled to be made at least ten (10) calendar days before the scheduled date of the transfer.

STOP PAYMENTS ORDERS AND LIABILITY FOR FAILURE TO STOP PAYMENTS

If you have told us in advance to make regular payments out of your account, you can stop payment on any of these payments. Here's how: Call us at 1.800.448.PROV (7768) for all stop payment requests or write us at Provident Bank P.O. Box 1001, Iselin, NJ 08830-1001 ATTN: Card Management Operations Dept. We must receive your request at least three (3) business days before the payment is scheduled to be made. The best way to stop a payment is by calling us first. If you call, we may also require you to confirm your request in writing at the address previously noted within fourteen (14) days after your call. We will charge you a fee for each stop-payment order. If you tell us to stop payment on a preauthorized transfer from your account in accordance with these procedures and we do not do so, we will be liable for any direct losses or damages you can prove.

TRUTH-IN-LENDING ACT DISCLOSURES**HOW WE DETERMINE THE BALANCE ON WHICH YOUR FINANCE CHARGE IS CALCULATED**

We figure the Finance Charge in your account by applying the DAILY PERIODIC RATE to the "Average Daily Balance" of your account, including current transactions. To get the "Average Daily Balance", we take the beginning balance of your account each day, add any new advances of credit, and then subtract any payments or credits. This gives us the daily balance. We then add up all the daily balances for the Billing Cycle and divide the total by the number of days in that same Billing Cycle. This gives us the "Average Daily Balance". Once the Average Daily balance is determined, we then calculate the Finance Charge on your account by: (i) multiplying the Average Daily Balance by the applicable DAILY PERIODIC RATE; and (ii) multiplying the results by the number of days in the Billing Cycle.

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 (on a separate sheet) at Provident Bank, P.O. Box 1002, Iselin, NJ 08830-1002 ATTN: Loan Servicing Dept. as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us at 1.800.448.PROV (7768), but doing so will not preserve your rights.

In your letter, give us the following information:

- (1) Your name and account number,
- (2) The dollar amount of the suspected error,
- (3) 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.

IMPORTANT INFORMATION FOR LINE OF CREDIT CUSTOMERS

Payments received at Provident Bank, P.O. Box 617, Newark, NJ 07101-0617 will be credited to your account on the day received. Payments presented at Provident branch locations will be credited promptly, but credit may be delayed for up to five (5) calendar days after receipt.

To Reconcile Your Account, Just Follow The Procedure Outlined Below:**List outstanding checks not charged to account**

- | | | |
|----|--|-------------------------|
| 1. | Enter: Ending Balance as shown on this statement | \$ _____ |
| 2. | Enter: Total deposits not credited to this statement period (if any). | \$ _____ |
| 3. | Add: Total of #1 and #2 above. | Total \$ _____ |
| 4. | Enter: Total outstanding checks from column at right. | \$ _____ |
| 5. | Subtract: Amount in #4 minus "Total" from #3 above. | Balance \$ _____ |
- Balance:** Should agree with checkbook after deducting service fees or other charges and/or adding interest earned

Check Number	Check Amount	
	Dollars	Cents
	\$	
Total	\$	



LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-6745089
FOR THE MONTH ENDING APRIL 30, 2022

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



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

Page: 1 of 2
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4356745089-717-E-###
Primary Account #: 435-6745089

Overdraft Policy Change Effective April 8, 2022

The following change applies only to Commercial and Small Business Checking Accounts and Money Market Accounts with check access: TD is making changes to reduce Customer overdraft fees: Instead of charging an overdraft fee if you overdraw your account by greater than \$10, you may now overdraw your account by up to \$50 without TD charging you an overdraft fee.

For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

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

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

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

Page: 2 of 2

1. Your ending balance shown on this statement is:

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

3. Subtotal by adding lines 1 and 2.

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

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

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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

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

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

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

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

LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-1373918
FOR THE MONTH ENDING APRIL 30, 2022

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



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

Page: 1 of 2
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373918-717-E-###
Primary Account #: 430-1373918

Overdraft Policy Change Effective April 8, 2022

The following change applies only to Commercial and Small Business Checking Accounts and Money Market Accounts with check access: TD is making changes to reduce Customer overdraft fees: Instead of charging an overdraft fee if you overdraw your account by greater than \$10, you may now overdraw your account by up to \$50 without TD charging you an overdraft fee.

For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

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

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

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

Page: 2 of 2

1. Your ending balance shown on this statement is:

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

3. Subtotal by adding lines 1 and 2.

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

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

1	Ending Balance	23,536.87
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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.

- 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.

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.

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.

LINK COMMUNITY CHARTER SCHOOL
TD Bank
ACCOUNT #430-1373900
FOR THE MONTH ENDING APRIL 30, 2022

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



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

Page: 1 of 2
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373900-717-E-***
Primary Account #: 430-1373900

Overdraft Policy Change Effective April 8, 2022

The following change applies only to Commercial and Small Business Checking Accounts and Money Market Accounts with check access: TD is making changes to reduce Customer overdraft fees: Instead of charging an overdraft fee if you overdraw your account by greater than \$10, you may now overdraw your account by up to \$50 without TD charging you an overdraft fee.

For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

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

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

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

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

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

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

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

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

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

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

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

INTEREST NOTICE

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

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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

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

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

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

LINK COMMUNITY CHARTER SCHOOL
TD Bank
PAYROLL ACCOUNT -430-1373885
FOR THE MONTH ENDING APRIL 30, 2022

	<u>BANK</u>	<u>BOOKS</u>
BALANCE BEG. OF MONTH	\$ 43,052.47	\$ 43,052.47
RECEIPTS		
Deposits	283,974.37	283,974.37
Total Receipts	<u>283,974.37</u>	<u>283,974.37</u>
Disbursements	278,267.22	278,267.22
Total Disbursements	<u>278,267.22</u>	<u>278,267.22</u>
Balance at End of Month	48,759.62	48,759.62
Less: Outstanding Checks	<u>0.00</u>	<u>-</u>
ADJUSTED BALANCE END OF MONTH	<u><u>\$ 48,759.62</u></u>	<u><u>\$ 48,759.62</u></u>

Schedule of Outstanding Checks:

<u>Employee Name</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>
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STATEMENT OF ACCOUNT



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

Page: 1 of 3
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373885-717-E-###
Primary Account #: 430-1373885

Overdraft Policy Change Effective April 8, 2022

The following change applies only to Commercial and Small Business Checking Accounts and Money Market Accounts with check access: TD is making changes to reduce Customer overdraft fees: Instead of charging an overdraft fee if you overdraw your account by greater than \$10, you may now overdraw your account by up to \$50 without TD charging you an overdraft fee.

For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

TD Business Convenience Plus

LINK COMMUNITY CHARTER SCHOOL INC
PAYROLL ACCOUNT

Account # 430-1373885

ACCOUNT SUMMARY

Beginning Balance	43,052.47	Average Collected Balance	44,083.19
Electronic Deposits	283,974.37	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Checks Paid	3,251.25	Annual Percentage Yield Earned	0.00%
Electronic Payments	275,015.97	Days in Period	30
Ending Balance	48,759.62		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/15	eTransfer Credit, Online Xfer Transfer from CK 4302520237	145,532.07
04/29	eTransfer Credit, Online Xfer Transfer from CK 4302520237	138,442.30
Subtotal:		283,974.37

Checks Paid

No. Checks: 1

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

DATE	SERIAL NO.	AMOUNT
04/21	10512	3,251.25

Subtotal: 3,251.25

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/15	CCD DEBIT, N7728 LINK COMMU DIR DEP N7728	98,572.45
04/15	CCD DEBIT, PAYLOCITY TAX AC TAX COL N7728	43,150.75
04/15	CCD DEBIT, N7728 LINK COMMU BILLING N7728	557.62
04/29	CCD DEBIT, N7728 LINK COMMU DIR DEP N7728	92,468.20
04/29	CCD DEBIT, PAYLOCITY TAX AC TAX COL N7728	39,908.41
04/29	CCD DEBIT, N7728 LINK COMMU BILLING N7728	358.54

Subtotal: 275,015.97

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



Begin by adjusting your account register as follows:

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

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

1	Ending Balance	48,759.62
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

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

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

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

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

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

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

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

INTEREST NOTICE

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

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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

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

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

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

**Bank**

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STATEMENT OF ACCOUNTLINK COMMUNITY CHARTER SCHOOL INC
PAYROLL ACCOUNT

Page: 3 of 3
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373885-717-E-###
Primary Account #: 430-1373885

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
03/31	43,052.47	04/21	43,052.47
04/15	46,303.72	04/29	48,759.62

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

LINK COMMUNITY CHARTER SCHOOL
TD Bank
Acct# 430-1373893
FOR THE MONTH ENDING APRIL 30, 2022

	<u>BANK</u>	<u>BOOKS</u>
<u>BALANCE BEG. OF MONTH</u>	<u>\$ 51,214.76</u>	<u>\$ 51,214.76</u>
<u>RECEIPTS</u>		
Deposits /Interests	41,924.60	41,924.60
Total Receipts	<u>41,924.60</u>	<u>41,924.60</u>
-		
Cash Disbursements	35,476.52	35,476.52
Balance at End of Month	57,662.84	57,662.84
Outstanding Checks	0.00	
<u>ADJUSTED BALANCE END OF MONTH</u>	<u>57,662.84</u>	<u>\$ 57,662.84</u>



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STATEMENT OF ACCOUNT



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

Page: 1 of 3
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373893-713-E-###
Primary Account #: 430-1373893

Overdraft Policy Change Effective April 8, 2022

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For Business Checking accounts on Account Analysis Billing, all overdrafts, regardless of volume, are billed through Account Analysis. Please contact your Treasury Management Officer for further details.

TD Business Simple Checking

LINK COMMUNITY CHARTER SCHOOL INC
PAYROLL AGENCY ACCOUNT

Account # 430-1373893

ACCOUNT SUMMARY

Beginning Balance	51,214.76	Average Collected Balance	45,083.58
Electronic Deposits	41,924.60	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Checks Paid	7,591.44	Annual Percentage Yield Earned	0.00%
Electronic Payments	27,885.08	Days in Period	30
Ending Balance	57,662.84		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/15	eTransfer Credit, Online Xfer Transfer from CK 4302520237	21,795.05
04/29	eTransfer Credit, Online Xfer Transfer from CK 4302520237	20,129.55
Subtotal:		41,924.60

Checks Paid

No. Checks: 3

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

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
04/28	1207	1,006.38	04/25	1209	2,788.81
04/25	1208	3,796.25			
Subtotal:					7,591.44

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/08	CCD DEBIT, BENEFLEX INC BT0407 000000172662824	142.29
04/12	CCD DEBIT, DIV OF PENS&BENE TEPS TPAF 000000009883388	18,219.94
04/12	CCD DEBIT, DIV OF PENS&BENE TEPS PERS 000000009883382	9,522.85
Subtotal:		27,885.08

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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.

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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	57,662.84
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

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

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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

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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**Bank**

America's Most Convenient Bank®

STATEMENT OF ACCOUNTLINK COMMUNITY CHARTER SCHOOL INC
PAYROLL AGENCY ACCOUNT

Page: 3 of 3
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373893-713-E-###
Primary Account #: 430-1373893

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
03/31	51,214.76	04/25	38,539.67
04/08	51,072.47	04/28	37,533.29
04/12	23,329.68	04/29	57,662.84
04/15	45,124.73		

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

LINK COMMUNITY CHARTER SCHOOL
TD Bank
STUDENT ACTIVITY FUND - 430-1373926
FOR THE MONTH ENDING APRIL 30, 2022

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



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STUDENT ACTIVITY ACCOUNT
23 PENNSYLVANIA AVE
NEWARK NJ 07114

Page: 1 of 2
Statement Period: Apr 01 2022-Apr 30 2022
Cust Ref #: 4301373926-713-E-###
Primary Account #: 430-1373926

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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

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

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

Page: 2 of 2

1. Your ending balance shown on this statement is:

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

3. Subtotal by adding lines 1 and 2.

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

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

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

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

[illegible]

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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

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

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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 Trial Balance Sheet for Fund 10 (General Fund)

FY2022 Data is Posted to 04/30/22

Printed: 5/6/2022, 10:57:39PM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
10-101	CASH-CHECKING	1,858,229.41	4,928,113.21	5,400,050.90	1,386,291.72
10-103	PETTY CASH	0.00	0.00	0.00	0.00
10-105	Cash with Fiscal Agents	0.00	0.00	0.00	0.00
10-106	Charter Escrow	75,000.00	0.00	0.00	75,000.00
10-108	Impact Aid Rsv (General)	0.00	0.00	0.00	0.00
10-109	Impact Aid Rsv (Capital)	0.00	0.00	0.00	0.00
10-111	INVESTMENTS	0.00	0.00	0.00	0.00
10-114	INTEREST ON INV	0.00	0.00	0.00	0.00
10-116	CAPITAL RSV ACT	0.00	0.00	0.00	0.00
10-117	Maintenance Reserve	0.00	0.00	0.00	0.00
10-118	Emergency Reserve	0.00	0.00	0.00	0.00
10-121	TAX LEVY RECVBL	293,404.37	5,896,396.00	5,017,062.09	1,172,738.28
10-131	I/F LOANS REC	0.00	0.00	0.00	0.00
10-132	INTERFUND	0.00	0.00	0.00	0.00
10-133	Enterprise	(17,930.47)	186,887.75	207,758.65	(38,801.37)
10-134	Interfund Payroll	32,397.36	3,651.98	0.00	36,049.34
10-135	Interfund-Payroll Agency	41,019.36	0.00	6,909.96	34,109.40
10-137	Student Activity	0.00	0.00	0.00	0.00
10-141	STATE A/R	0.00	709,410.00	791,507.80	(82,097.80)
10-142	FEDERAL A/R	0.00	0.00	0.00	0.00
10-143	OTHER A/R	81,483.77	0.00	0.00	81,483.77
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	8,407.60	0.00	12,957.60
10-301	EST REVENUES	6,834,006.00	(1,233,154.00)	0.00	5,600,852.00
10-302	REVENUES	0.00	1,233,154.00	6,743,834.71	5,510,680.71
10-303	BGTD FUND BAL	123,164.72	0.00	(1,233,154.00)	1,356,318.72
10-307	BG WD FR CAPRSV	0.00	0.00	0.00	0.00
10-308	Bud With Sale/Leaseback Res	0.00	0.00	0.00	0.00
10-309	Bud With Cap Res Excess Costs	0.00	0.00	0.00	0.00
10-310	Bud With Maint Res	0.00	0.00	0.00	0.00
10-311	Bud With Tuition Res	0.00	0.00	0.00	0.00
10-312	Bud With Emer. Res	0.00	0.00	0.00	0.00
10-314	Bud With Waiver Offset Res	0.00	0.00	0.00	0.00
10-315	Bud With Bus Ad Rsv for Fuel C	0.00	0.00	0.00	0.00
10-317	Bud With Cap Res xFer to D.S.	0.00	0.00	0.00	0.00
10-318	Bud With Impact Aid Rsv (Gen)	0.00	0.00	0.00	0.00
10-319	Bud With Impact Aid Rsv (Cap)	0.00	0.00	0.00	0.00
10-401	Interfund Loans Payables	0.00	0.00	0.00	0.00
10-402	INTERFUND A/P	0.00	0.00	0.00	0.00
10-411	I/G A/P - STATE	0.00	0.00	0.00	0.00
10-412	I/G A/P-FEDERAL	0.00	0.00	0.00	0.00
10-421	ACCTS PAYABLE	363,166.27	345,809.60	0.00	17,356.67
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)

FY2022 Data is Posted to 04/30/22

Printed: 5/6/2022, 10:57:39PM

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	(45,757.26)	0.00	45,757.26
10-462	FSA	0.00	0.00	0.00	0.00
10-463	Accrued Salaries	0.00	0.00	0.00	0.00
10-481	DEFRRD REVENUES	0.00	0.00	0.00	0.00
10-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
10-601	APPROPRIATIONS	6,957,170.72	0.00	0.00	6,957,170.72
10-602	EXPENDITURES	0.00	4,901,051.23	0.00	4,901,051.23
10-603	ENCUMBRANCES	0.00	6,750,409.04	4,900,960.73	1,849,448.31
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	4,900,960.73	6,750,409.04	1,849,448.31
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	2,004,987.53	0.00	0.00	2,004,987.53
10-772	Res Fund Bal ARRA/SEMI	0.00	0.00	0.00	0.00
			<hr/>	<hr/>	
			28,585,339.88	28,585,339.88	

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

FY2022 Data is Posted to 5/6/2022 11:10:00 PM

Printed: 5/6/2022, 11:10:04PM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
20-101	CASH-CHECKING	(221,229.58)	859,161.64	395,070.30	242,861.76
20-102	Cash on Hand	0.00	0.00	0.00	0.00
20-111	INVESTMENTS	0.00	0.00	0.00	0.00
20-114	INTEREST ON INV	0.00	0.00	0.00	0.00
20-116	CAPITAL RSV ACC	0.00	0.00	0.00	0.00
20-121	TAX LEVY RECVBL	0.00	0.00	0.00	0.00
20-131	I/F LOANS REC	0.00	0.00	0.00	0.00
20-132	INTERFUND A/R	0.00	0.00	0.00	0.00
20-141	STATE A/R	0.46	0.00	0.00	0.46
20-142	FEDERAL A/R	284,422.00	0.00	284,422.00	0.00
20-143	OTHER A/R	0.00	0.00	0.00	0.00
20-151	LOANS RECEIVBL	0.00	0.00	0.00	0.00
20-153	OTHER ACC 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	574,739.64	574,739.64
20-303	BGTD FUND BAL	2,210,878.00	0.00	0.00	2,210,878.00
20-307	BGT WD FROM CR	0.00	0.00	0.00	0.00
20-402	I/F ACCTS PAYABLE	0.00	0.00	0.00	0.00
20-411	I/G A/P - STATE	0.00	0.00	0.00	0.00
20-412	I/G A/P-FEDERAL	0.00	0.00	0.00	0.00
20-421	ACCTS PAYABLE	0.00	0.00	0.00	0.00
20-422	JUDGMENTS PBLE	0.00	0.00	0.00	0.00
20-423	A/P PRIOR YEAR	0.00	0.00	0.00	0.00
20-430	COMP ABS PBLE	0.00	0.00	0.00	0.00
20-431	CONTRACTS PBLE	0.00	0.00	0.00	0.00
20-451	LOANS PAYABLE	0.00	0.00	0.00	0.00
20-481	DEFRRD REVENUES	63,192.53	0.00	0.00	63,192.53
20-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
20-601	APPROPRIATIONS	2,210,878.00	0.00	0.00	2,210,878.00
20-602	EXPENDITURES	0.00	395,070.30	0.00	395,070.30
20-603	ENCUMBRANCES	0.00	817,241.41	395,070.30	422,171.11
20-604	INCR IN CAP RSV	0.00	0.00	0.00	0.00
20-753	RSV ENC CURR YR	0.00	386,881.31	817,241.41	430,360.10
20-754	RSV ENC PRI YR	0.00	8,188.99	0.00	(8,188.99)
20-760	OTHER RESERVES	0.00	0.00	0.00	0.00
20-761	RSV FD BAL CR	0.00	0.00	0.00	0.00
20-770	CE SURPLUS	0.35	0.00	0.00	0.35
			<hr/>	<hr/>	
			2,466,543.65	2,466,543.65	

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

FY2022 Data is Posted to 5/6/2022 11:10:26 PM

Printed: 5/6/2022, 11:10:29PM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
60-101	CASH-CHECKING	23,536.87	394,646.40	400,279.58	17,903.69
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	10,536.39	207,758.65	186,887.75	31,407.29
60-135	Interfund-Student Activity	0.00	0.00	0.00	0.00
60-141	STATE A/R	19,768.18	0.00	19,768.18	0.00
60-142	FEDERAL A/R	(7,394.08)	0.00	0.00	(7,394.08)
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
60-301	EST REVENUES	0.00	0.00	0.00	0.00
60-302	REVENUES	0.00	0.00	187,990.47	187,990.47
60-303	BGTD FUND BAL	300,000.00	0.00	0.00	300,000.00
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	9,412.57	0.00	0.00	9,412.57
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	300,000.00	0.00	0.00	300,000.00
60-602	EXPENDITURES	0.00	192,520.93	0.00	192,520.93
60-603	ENCUMBRANCES	0.00	308,193.18	192,520.93	115,672.25
60-753	RSV ENC CURR YR	0.00	192,520.93	308,193.18	115,672.25
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	37,034.79	0.00	0.00	37,034.79
			1,295,640.09	1,295,640.09	

Link Community Charter School Trial Balance Sheet for Fund 90 (Agency Fund)

FY2022 Data is Posted to 5/6/2022 11:10:56 PM

Printed: 5/6/2022, 11:11:36PM

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
90-101	CASH-CHECKING	40,981.72	2,551,495.81	2,543,717.91	48,759.62
90-102	Payroll Agency	0.00	0.00	0.00	0.00
90-103	Unemployment	25.00	0.00	0.00	25.00
90-104	PPP Account	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	(8,307.80)	0.00	0.00	(8,307.80)
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	32,397.36	2,543,717.91	2,551,495.81	40,175.26
90-403	Interfund Payable	0.00	0.00	0.00	0.00
90-411	I/G A/P - STATE	0.00	0.00	0.00	0.00
90-412	I/G A/P-FEDERAL	0.00	0.00	0.00	0.00
90-421	ACCTS PAYABLE	0.00	0.00	0.00	0.00
90-422	JUDGMENTS PBLE	0.00	0.00	0.00	0.00
90-423	A/P PRIOR YEAR	0.00	0.00	0.00	0.00
90-430	COMP ABS PBLE	0.00	0.00	0.00	0.00
90-431	CONTRACTS PBLE	0.00	0.00	0.00	0.00
90-451	LOANS PAYABLE	0.00	0.00	0.00	0.00
90-471	SUI	14.21	0.00	0.00	14.21
90-472	AXA	0.00	0.00	0.00	0.00
90-481	DEFRRD REVENUES	287.36	0.00	0.00	287.36
90-482	Withholding-FSA	0.00	0.00	0.00	0.00
90-483	Withholding-TSA	0.00	0.00	0.00	0.00
90-484	vision	0.00	0.00	0.00	0.00
90-485	Dental	0.00	0.00	0.00	0.00
90-486	Dependent Care	0.00	0.00	0.00	0.00
90-487	Garnishment	0.00	0.00	0.00	0.00
90-488	TPAF Payable	0.00	0.00	0.00	0.00
90-489	PERS Payable	(0.01)	0.00	0.00	(0.01)
90-490	UNPDT	0.00	0.00	0.00	0.00
90-491	DCRP	0.00	0.00	0.00	0.00
90-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
90-601	APPROPRIATIONS	0.00	0.00	0.00	0.00
90-602	EXPENDITURES	0.00	0.00	0.00	0.00
90-603	ENCUMBRANCES	0.00	0.00	0.00	0.00
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/>	
			5,095,213.72	5,095,213.72	

Acct #	Account Title	Opening Balance	Debits	Credits	Balance
91-101	CASH-CHECKING	56,396.19	441,481.85	442,544.20	55,333.84
91-102	Payroll Agency	0.00	0.00	0.00	0.00
91-103	Unemployment	0.00	0.00	0.00	0.00
91-111	INVESTMENTS	0.00	0.00	0.00	0.00
91-114	INTEREST ON INV	0.00	0.00	0.00	0.00
91-121	TAX LEVY RECVBL	0.00	0.00	0.00	0.00
91-131	I/F LOANS REC	0.00	0.00	0.00	0.00
91-132	Interfund Accounts Receivable	(41,019.36)	3,590.00	(1,836.54)	(35,592.82)
91-133	Interfund	0.00	0.00	0.00	0.00
91-134	Interfund Payroll	8,307.80	0.00	0.00	8,307.80
91-141	STATE A/R	0.00	0.00	0.00	0.00
91-142	FEDERAL A/R	0.00	0.00	0.00	0.00
91-143	OTHER A/R	0.00	0.00	0.00	0.00
91-151	LOANS RECEIVBL	0.00	0.00	0.00	0.00
91-153	OTHER ACC RECBL	0.00	0.00	0.00	0.00
91-199	OTH CURR ASSETS	0.00	0.00	0.00	0.00
91-301	EST REVENUES	0.00	0.00	0.00	0.00
91-302	REVENUES	0.00	0.00	0.00	0.00
91-303	BGTD FUND BAL	0.00	0.00	0.00	0.00
91-402	Interfund Accounts Payable	0.00	0.00	0.00	0.00
91-403	Interfund Payable	0.00	0.00	0.00	0.00
91-411	I/G A/P - STATE	0.00	0.00	0.00	0.00
91-412	I/G A/P-FEDERAL	0.00	0.00	0.00	0.00
91-421	ACCTS PAYABLE	0.00	0.00	0.00	0.00
91-422	JUDGMENTS PBLE	0.00	0.00	0.00	0.00
91-423	A/P PRIOR YEAR	0.00	0.00	0.00	0.00
91-430	COMP ABS PBLE	0.00	0.00	0.00	0.00
91-431	CONTRACTS PBLE	0.00	0.00	0.00	0.00
91-451	LOANS PAYABLE	0.00	0.00	0.00	0.00
91-471	SUI	0.00	0.00	0.00	0.00
91-472	AXA	0.00	39,016.25	35,841.25	(3,175.00)
91-473	AFLAC	715.06	7,605.32	9,042.96	2,152.70
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	16,749.03	16,749.03
91-483	Withholding-TSA	0.00	0.00	0.00	0.00
91-484	vision	0.00	794.54	2,064.32	1,269.78
91-485	Dental	0.00	39,007.11	23,482.71	(15,524.40)
91-486	Dependent Care	0.00	5,993.60	2,315.79	(3,677.81)
91-487	Garnishment	0.00	0.00	0.00	0.00
91-488	TPAF Payable	13,995.01	136,427.84	139,506.59	17,073.76
91-489	PERS Payable	7,819.66	209,284.39	210,785.08	9,320.35
91-490	UNPDT	(0.31)	0.00	0.00	(0.31)
91-491	DCRP	1,155.21	825.15	3,530.66	3,860.72
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

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
			884,026.05	884,026.05	

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

FY2022 Data is Posted to 5/6/2022 11:12:32 PM

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Acct #	Account Title	Opening Balance	Debits	Credits	Balance
95-101	CASH-CHECKING	12,952.60	0.00	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	(250.00)	0.00	0.00	(250.00)
95-133	Interfund-Enterprise	0.00	0.00	0.00	0.00
95-141	STATE A/R	0.00	0.00	0.00	0.00
95-142	FEDERAL A/R	0.00	0.00	0.00	0.00
95-143	OTHER A/R	0.00	0.00	0.00	0.00
95-151	LOANS RECEIVBL	0.00	0.00	0.00	0.00
95-153	OTHER ACC 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	2,909.00	0.00	0.00	2,909.00
95-499	OTHER CURR LIAB	0.00	0.00	0.00	0.00
95-601	APPROPRIATIONS	0.00	0.00	0.00	0.00
95-602	EXPENDITURES	0.00	0.00	0.00	0.00
95-603	ENCUMBRANCES	0.00	0.00	0.00	0.00
95-753	RSV ENC CURR YR	0.00	0.00	0.00	0.00
95-754	RSV ENC PRI YR	0.00	0.00	0.00	0.00
95-760	OTHER RESERVES	0.00	0.00	0.00	0.00
95-770	CE SURPLUS	9,793.60	0.00	0.00	9,793.60
			<hr/>	<hr/>	
			0.00	0.00	

Interim Balance Sheet

ASSETS AND RESOURCES

ASSETS

101 Cash in checking account	\$ 1,386,291.72	
102-106 Other cash equivalents	\$ 75,000.00	
Total cash		\$ 1,461,291.72
111 Investments		\$ 0.00
114 Investment interest receivable		\$ 0.00
121 Tax levy receivable		\$ 1,172,738.28
Accounts receivable		
132 Interfund	\$ 31,357.37	
141 Intergovernmental - state	\$ (82,097.80)	
142 Intergovernmental - federal	\$ 0.00	
143 Intergovernmental - other	\$ 81,483.77	
153 Other Accounts Receivable	\$ 0.00	
		\$ 30,743.34
Loans receivable		
131 Interfund	\$ 0.00	
151 Other Loans Receivable	\$ 0.00	
		\$ 0.00
199 Other current assets		\$ 12,957.60

RESOURCES

301 Estimated revenues (from adjusted budget)	\$ 6,834,006.00	
302 Less: revenues collected or accrued	\$ (5,510,680.71)	
		\$ 1,323,325.29
TOTAL ASSETS AND RESOURCES		\$ 4,001,056.23

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	\$ 17,356.67
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	\$ 45,757.26
481 Deferred revenues	\$ 0.00
499 Other current liabilities	\$ 0.00
Total liabilities	\$ 63,113.93

FUND EQUITY

Appropriated:

753 Reserve for encumbrances - current year			\$	1,858,448.31		
754 Reserve for encumbrances - prior year			\$	0.00		
760 Other reserves			\$	0.00		
771 Designated Fund Balance			\$	0.00		
772 Designated Fund Balance - ARRA/SEMI			\$	0.00		
601 Appropriations			\$	6,957,170.72		
602 Less: expenditures	\$	4,901,051.23				
603 Less: encumbrances	\$	1,858,448.31	\$	(6,759,499.54)	\$	197,671.18
Appropriations less expenditures					\$	2,056,119.49

Unappropriated:

770 Fund Balance, July 1, 2021	\$ 2,004,987.53	
303 Less: budgeted fund balance	<u>\$ (123,164.72)</u>	
Unappropriated fund balance		\$ 1,881,822.81
Total fund equity		<u>\$ 3,937,942.30</u>

TOTAL LIABILITIES AND FUND EQUITY

\$ 4,001,056.23

RECAPITULATION OF FUND BALANCE - CURRENT YEAR ACTIVITY

	Budgeted	Actual	Variance
Appropriations	\$ 6,957,170.72	\$ 6,759,499.54	\$ 197,671.18
Less: Revenues	\$ (6,834,006.00)	\$ (5,510,680.71)	\$ (1,323,325.29)
Subtotal	\$ 123,164.72	\$ 1,248,818.83	\$ (1,125,654.11)
Less: adjustment to appropriations for Prior Year Encumbrances	\$ 0.00	\$ 0.00	\$ 0.00
Total current year budgeted fund balance	\$ 123,164.72	\$ 1,248,818.83	\$ (1,125,654.11)
Add: Unappropriated fund balance			\$ 1,881,822.81
Total of budgeted and unappropriated fund balance			\$ 756,168.70

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	123,164.72	0.00	123,164.72	1,248,818.83	(1,125,654.11)
52xx	From Transfers	0.00	0.00	0.00	0.00	0.00
1xxx	From Local Sources	5,409,304.00	0.00	5,409,304.00	4,377,958.93	1,031,345.07
2xxx	From Intermediate Sources	0.00	0.00	0.00	0.00	0.00
3xxx	From State Sources	1,424,702.00	0.00	1,424,702.00	1,132,721.78	291,980.22
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		6,957,170.72	0.00	6,957,170.72	6,759,499.54	197,671.18

Fund 11 (Current Expense Fund)

Account Group	Group Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Instructional Expense		3,372,496.18	(25,000.00)	3,347,496.18	2,440,426.00	856,654.97	50,415.21	0.00
Administrative		2,276,454.12	(40,000.00)	2,236,454.12	1,592,490.74	570,309.64	73,653.74	0.00
Support Services		1,258,220.42	40,000.00	1,298,220.42	794,211.81	430,583.70	73,424.91	0.00
Grand Totals for fund 11:		6,907,170.72	(25,000.00)	6,882,170.72	4,827,128.55	1,857,548.31	197,493.86	0.00

Fund 12 (Capital Outlay Fund)

Account Group	Group Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Capital Outlay		50,000.00	25,000.00	75,000.00	73,922.68	900.00	177.32	0.00
Grand Totals for fund 12:		50,000.00	25,000.00	75,000.00	73,922.68	900.00	177.32	0.00
Grand Totals for all Subfunds of Fund 10:		6,957,170.72	0.00	6,957,170.72	4,901,051.23	1,858,448.31	197,671.18	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	123,164.72	0.00	123,164.72	1,248,818.83	(1,125,654.11)
10-1200-000-011	Equalization/Lcl Lvy Aid-Local	924,304.00	0.00	924,304.00	681,890.00	242,414.00
10-1200-000-012	Equalization/Lcl Lvy Aid-State	4,485,000.00	0.00	4,485,000.00	3,686,522.00	798,478.00
10-1510-000-023	Interest	0.00	0.00	0.00	0.00	0.00
10-1900-000-023	Other Sources	0.00	0.00	0.00	0.00	0.00
10-1920-000-023	Contributions/Donations	0.00	0.00	0.00	0.00	0.00
10-1920-001-023	Fundraising	0.00	0.00	0.00	0.00	0.00
10-1980-000-023	Refund of Prior Yr Exp	0.00	0.00	0.00	0.00	0.00
10-1990-000-023	Miscellaneous Revenue	0.00	0.00	0.00	9,546.93	(9,546.93)
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	299,108.00	0.00	299,108.00	198,118.00	100,990.00
10-3177-000-016	Categorical Security Aid	187,132.00	0.00	187,132.00	156,814.00	30,318.00
10-3190-000-021	Other Unrestricted State Aid	709,410.00	0.00	709,410.00	649,308.00	60,102.00
10-3195-000-021	Consolidated Aid	0.00	0.00	0.00	0.00	0.00
10-3902-000-000	FICA/TPAF Reimbursement	229,052.00	0.00	229,052.00	128,481.78	100,570.22
10-4210-000-023	Federal Charter School Grant	0.00	0.00	0.00	0.00	0.00
Grand Totals		6,957,170.72	0.00	6,957,170.72	6,759,499.54	197,671.18

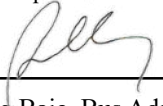
Minimum Expense General Ledger Report**Fund 11 (Current Expense Fund)**

Expend. Account #	Account Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
11-130-100-101	Grade 7-8 Teacher	2,056,913.45	0.00	2,056,913.45	1,621,268.69	435,644.76	0.00	0.00
11-190-100-106	Oth Sal for Inst	0.00	43,345.00	43,345.00	43,345.00	0.00	0.00	0.00
11-190-100-320	Purch Prof Svcs	572,600.00	(156,745.00)	415,855.00	340,643.76	72,891.06	2,320.18	0.00
11-190-100-330	Other Purch Svcs	90,000.00	(30,000.00)	60,000.00	24,598.00	2,798.00	32,604.00	0.00
11-190-100-610	General Supplies	95,000.00	0.00	95,000.00	82,676.20	12,221.39	102.41	0.00
11-190-100-640	Textbooks	51,200.00	0.00	51,200.00	39,677.16	11,255.46	267.38	0.00
11-190-100-890	Miscellaneous Expense	50,000.00	0.00	50,000.00	40,114.69	9,475.74	409.57	0.00
11-200-100-101	Special Education Teacher	416,782.73	0.00	416,782.73	104,414.17	312,368.56	0.00	0.00
11-421-100-105	Stipends	40,000.00	118,400.00	158,400.00	143,688.33	0.00	14,711.67	0.00
Instructional Expense		3,372,496.18	(25,000.00)	3,347,496.18	2,440,426.00	856,654.97	50,415.21	0.00
11-000-230-100	Salaries	1,120,998.60	0.00	1,120,998.60	677,260.22	443,738.38	0.00	0.00
11-000-230-300	Purch Prof/Tech Svc	67,000.00	(4,000.00)	63,000.00	21,154.36	11,370.00	30,475.64	0.00
11-000-230-331	Judgements Against Charters	42,500.00	0.00	42,500.00	22,580.10	19,919.90	0.00	0.00
11-000-230-332	Audit Fees	17,250.00	0.00	17,250.00	0.00	0.00	17,250.00	0.00
11-000-230-530	Communications/Telephone	59,585.00	0.00	59,585.00	46,544.35	12,426.85	613.80	0.00
11-000-230-590	Other Purchased Services (400-500 Series)	57,350.00	9,000.00	66,350.00	61,134.15	3,606.42	1,609.43	0.00
11-000-230-610	Supplies & Materials	7,000.00	0.00	7,000.00	5,770.09	551.30	678.61	0.00
11-000-230-890	Miscellaneous Expense	2,400.00	0.00	2,400.00	2,357.89	0.00	42.11	0.00
11-000-291-230	Benefits - SS & Medicare	245,810.26	0.00	245,810.26	218,319.55	27,490.71	0.00	0.00
11-000-291-232	Benefits - NJ State Pension	165,000.00	(30,000.00)	135,000.00	125,787.00	0.00	9,213.00	0.00
11-000-291-250	State Unemployment Ins	43,678.25	(15,000.00)	28,678.25	3,822.40	24,855.85	0.00	0.00
11-000-291-260	Benefits - Workman's Comp	35,100.00	0.00	35,100.00	26,559.00	5,922.00	2,619.00	0.00
11-000-291-270	Benefits - Health Insurance	409,782.01	0.00	409,782.01	379,571.77	20,428.23	9,782.01	0.00
11-000-291-290	Benefits - FlexSpending Fees	3,000.00	0.00	3,000.00	1,629.86	0.00	1,370.14	0.00
Administrative		2,276,454.12	(40,000.00)	2,236,454.12	1,592,490.74	570,309.64	73,653.74	0.00
11-000-216-320	Purch Prof Tech Svcs - P/OT	130,000.00	(49,000.00)	81,000.00	0.00	23,191.00	57,809.00	0.00
11-000-240-110	Supp Svcs - Salaries	403,107.42	0.00	403,107.42	170,690.83	232,416.59	0.00	0.00
11-000-240-500	Other Purchased Services (400-500 Series)	197,200.00	40,000.00	237,200.00	127,031.61	109,407.88	760.51	0.00
11-000-262-441	Rental of Land & Bldgs	328,000.00	24,000.00	352,000.00	322,666.63	29,333.37	0.00	0.00
11-000-262-520	Insurance	72,413.00	25,000.00	97,413.00	78,833.49	17,627.51	952.00	0.00
11-000-262-610	Supplies & Materials	26,000.00	(5,000.00)	21,000.00	12,308.27	294.33	8,397.40	0.00
11-000-262-620	Energy Costs	76,500.00	0.00	76,500.00	55,375.02	15,624.98	5,500.00	0.00
11-000-262-890	Miscellaneous Expense	25,000.00	5,000.00	30,000.00	27,305.96	2,688.04	6.00	0.00
Support Services		1,258,220.42	40,000.00	1,298,220.42	794,211.81	430,583.70	73,424.91	0.00
Grand Totals for fund 11:		6,907,170.72	(25,000.00)	6,882,170.72	4,827,128.55	1,857,548.31	197,493.86	0.00

Fund 12 (Capital Outlay Fund)

Expend. Account #	Account Title	Original Bgt	New App/Tnsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
12-000-100-730	Instructional Equipment	50,000.00	0.00	50,000.00	48,922.68	900.00	177.32	0.00
12-000-300-730	Non-Instructional Equipment	0.00	25,000.00	25,000.00	25,000.00	0.00	0.00	0.00
Capital Outlay		50,000.00	25,000.00	75,000.00	73,922.68	900.00	177.32	0.00
Grand Totals for fund 12:		50,000.00	25,000.00	75,000.00	73,922.68	900.00	177.32	0.00
Grand Totals for all Subfunds of Fund 10:		6,957,170.72	0.00	6,957,170.72	4,901,051.23	1,858,448.31	197,671.18	0.00

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



Bima Baje, Bus Adm/Bd Sec

5/9/22

Date

Interim Balance Sheet**ASSETS AND RESOURCES**

ASSETS		
101 Cash in checking account	\$ 242,861.76	
102-106 Other cash equivalents	\$ 0.00	
Total cash		\$ 242,861.76
111 Investments		\$ 0.00
114 Investment interest receivable		\$ 0.00
121 Tax levy receivable		\$ 0.00
Accounts receivable		
132 Interfund	\$ 0.00	
141 Intergovernmental - state	\$ 0.46	
142 Intergovernmental - federal	\$ 0.00	
143 Intergovernmental - other	\$ 0.00	
153 Other Accounts Receivable	\$ 0.00	
		\$ 0.46
Loans receivable		
131 Interfund	\$ 0.00	
151 Other Loans Receivable	\$ 0.00	
		\$ 0.00
199 Other current assets		\$ 0.00
RESOURCES		
301 Estimated revenues (from adjusted budget)	\$ 0.00	
302 Less: revenues collected or accrued	\$ (574,739.64)	
		\$ (574,739.64)
TOTAL ASSETS AND RESOURCES		\$ (331,877.42)

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	\$ 0.00	
422 Judgments payable	\$ 0.00	
430 Compensated absences payable	\$ 0.00	
431 Contracts payable	\$ 0.00	
451 Loans payable	\$ 0.00	
481 Deferred revenues	\$ 63,192.53	
499 Other current liabilities	\$ 0.00	
Total liabilities		\$ 63,192.53

FUND EQUITY

Appropriated:

753 Reserve for encumbrances - current year			\$	430,360.10		
754 Reserve for encumbrances - prior year			\$	(8,188.99)		
760 Other reserves			\$	0.00		
771 Designated Fund Balance			\$	0.00		
601 Appropriations		\$	2,210,878.00			
602 Less: expenditures	\$	395,070.30				
603 Less: encumbrances	\$	422,171.11	\$	(817,241.41)	\$	1,393,636.59
Appropriations less expenditures					\$	1,815,807.70
Unappropriated:						
770 Fund Balance, July 1, 2021			\$	0.35		
303 Less: budgeted fund balance			\$	(2,210,878.00)		
Unappropriated fund balance					\$	(2,210,877.65)
Total fund equity					\$	(395,069.95)
TOTAL LIABILITIES AND FUND EQUITY					\$	(331,877.42)

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	2,210,878.00	0.00	2,210,878.00	242,501.77	1,968,376.23
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	173,776.00	(173,776.00)
5xxx	From Other Sources	0.00	0.00	0.00	0.00	0.00
Grand Totals		2,210,878.00	0.00	2,210,878.00	817,241.41	1,393,636.59

Fund 20 (Special Revenue Fund)

Account Group	Group Title	Original Bgt	New App/Tmsf	Revised Bgt	Expenditures	Encumbrances	Avail Balance	Refunds
Title IA - Improving Basic Pgms		219,532.00	0.00	219,532.00	176,398.80	24,901.20	18,232.00	0.00
IDEA Part B		75,062.00	0.00	75,062.00	64,183.60	10,878.40	0.00	0.00
ESSER II		495,357.00	0.00	495,357.00	74,218.64	358,612.60	62,525.76	0.00
American Rescue (ESSER III)		55,000.00	0.00	55,000.00	44,103.13	9,303.07	1,593.80	0.00
ARP-ESSER		1,121,994.00	0.00	1,121,994.00	9,404.25	0.00	1,112,589.75	0.00
Charter Grant		243,933.00	0.00	243,933.00	26,761.88	18,475.84	198,695.28	0.00
Grand Totals for fund 20:		2,210,878.00	0.00	2,210,878.00	395,070.30	422,171.11	1,393,636.59	0.00

Revenues Summary

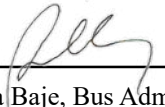
Acct Group	Group Title	Budgeted Est.	Transfers	Adj. Budget	Act to Date	Unrealized Under/(Over)
Info Only	Revenue Req'd to Balance	2,210,878.00	0.00	2,210,878.00	242,501.77	1,968,376.23
20-4411-231-032	Title I	0.00	0.00	0.00	131,683.00	(131,683.00)
20-4413-234-032	Title I C/O	0.00	0.00	0.00	0.00	0.00
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	42,093.00	(42,093.00)
20-4422-251-032	IDEA C/O	0.00	0.00	0.00	0.00	0.00
20-4451-270-032	Title II A	0.00	0.00	0.00	0.00	0.00
20-4452-272-032	Title II D	0.00	0.00	0.00	0.00	0.00
20-4453-271-032	Title II C/O	0.00	0.00	0.00	0.00	0.00
20-4471-280-032	Title IV	0.00	0.00	0.00	0.00	0.00
20-4473-281-032	Title IV C/O	0.00	0.00	0.00	0.00	0.00
20-4475-290-032	Title V	0.00	0.00	0.00	0.00	0.00
20-4476-000-000	Digital Divide	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	400,963.64	(400,963.64)
Grand Totals		2,210,878.00	0.00	2,210,878.00	817,241.41	1,393,636.59

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
20-231-100-100	Title I Sal for Inst	20,000.00	0.00	20,000.00	0.00	20,000.00	0.00	0.00
20-231-100-300	Purchased Services	175,000.00	0.00	175,000.00	170,098.80	4,901.20	0.00	0.00
20-231-100-600	Supplies	13,532.00	0.00	13,532.00	6,300.00	0.00	7,232.00	0.00
20-231-200-200	Benefits	9,000.00	0.00	9,000.00	0.00	0.00	9,000.00	0.00
20-231-200-600	Supplies	2,000.00	0.00	2,000.00	0.00	0.00	2,000.00	0.00
Title IA - Improving Basic Pgms		219,532.00	0.00	219,532.00	176,398.80	24,901.20	18,232.00	0.00
20-250-200-300	Professional Services	75,062.00	0.00	75,062.00	64,183.60	10,878.40	0.00	0.00
IDEA Part B		75,062.00	0.00	75,062.00	64,183.60	10,878.40	0.00	0.00
20-483-100-101	Instruction- Sal of Teacher	245,062.00	0.00	245,062.00	0.00	275,000.00	(29,938.00)	0.00
20-483-100-300	Purchased Services-Instruction	150,000.00	0.00	150,000.00	65,219.25	83,368.75	1,412.00	0.00
20-483-200-200	CRRSA - ESSER II Grant Program	100,295.00	0.00	100,295.00	8,999.39	243.85	91,051.76	0.00
ESSER II		495,357.00	0.00	495,357.00	74,218.64	358,612.60	62,525.76	0.00
20-486-200-600	Supplies	55,000.00	0.00	55,000.00	44,103.13	9,303.07	1,593.80	0.00
American Rescue (ESSER III)		55,000.00	0.00	55,000.00	44,103.13	9,303.07	1,593.80	0.00
20-489-100-101	Salaries	390,000.00	0.00	390,000.00	0.00	0.00	390,000.00	0.00
20-489-100-600	Supplies	74,929.00	0.00	74,929.00	9,404.25	0.00	65,524.75	0.00
20-489-200-200	Benefits	97,065.00	0.00	97,065.00	0.00	0.00	97,065.00	0.00
20-489-200-600	Supplies	60,000.00	0.00	60,000.00	0.00	0.00	60,000.00	0.00
20-489-400-720	Building Repairs	500,000.00	0.00	500,000.00	0.00	0.00	500,000.00	0.00
ARP-ESSER		1,121,994.00	0.00	1,121,994.00	9,404.25	0.00	1,112,589.75	0.00
20-500-100-101	Salaries	94,383.00	0.00	94,383.00	0.00	0.00	94,383.00	0.00
20-500-100-104	Instruction	34,500.00	0.00	34,500.00	6,300.00	8,700.00	19,500.00	0.00
20-500-100-600	Supplies	88,500.00	0.00	88,500.00	12,772.08	9,734.84	65,993.08	0.00
20-500-100-800	Other objects	11,756.00	0.00	11,756.00	7,689.80	41.00	4,025.20	0.00
20-500-200-300	Benefits	14,794.00	0.00	14,794.00	0.00	0.00	14,794.00	0.00
Charter Grant		243,933.00	0.00	243,933.00	26,761.88	18,475.84	198,695.28	0.00
Grand Totals for fund 20:		2,210,878.00	0.00	2,210,878.00	395,070.30	422,171.11	1,393,636.59	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 Bajé, Bus Adm/Bd Sec

5/6/22

Date

All Bank Accounts Included

Check#	Date	Vendor (Payee)/Check Line Comments	Amount	PO or Bal Sht	Exp. Acct. or Balance Sheet Title
A:N0365	4/29/22	Link Community Charter School- Payroll			
			(5,473.63)	10 - 461	Health Insurance Emp share
			3,870.61	10 - 134	Interfund Payroll
		Sal - Teachers 6-8	96,282.16	P202299999	11-130-100-101-000-043
		Special Education Teacher	6,142.01	P202299999	11-200-100-101-000-043
		Stipends	3,626.51	P202299999	11-421-100-105-000-044
		Sal - Administration	25,966.37	P202299999	11-000-230-100-000-052
		Finance & Operation Coord	9,146.42	P202299999	11-000-230-104-001-053
			358.54	P202299999	11-000-230-500-000-056
		Supp Svs - Salaries	7,675.34	P202299999	11-000-240-110-000-066
			10,587.07	P202299999	11-000-291-230-220-054
			338.61	P202299999	11-000-291-250-000-054
			51.84	P202299999	11-000-291-290-000-054
		Total Check Amount:	158,571.85		
A:04515	5/4/22	INVO HEALTHCARE ASSOCIATES			
		March 2022 SLP/OT Direct and Collateral	5,657.34	P202200139	11-000-216-320-002-067
A:04516	5/4/22	Link High Technologies Inc.			
		May 2022 Datto Back Monthly Service	561.25	P202200007	11-190-100-320-000-045
		May 2022 GSuite & GDrive Backup	137.50	P202200007	11-190-100-320-000-045
		May 2022 IT Service Agreement & Monthly Anti	4,700.00	P202200007	11-190-100-320-000-045
		2021-2022 Additional Tech Services	800.00	P202200007	11-190-100-320-000-045
		Total Check Amount:	6,198.75		
A:04517	5/4/22	Motivated Security Services, Inc.			
		Security services 3/15-3/28	5,465.00	P202200170	11-000-240-500-000-068
		Security services 3/1-3/14	5,246.40	P202200170	11-000-240-500-000-068
		12/21/21-01/03/22 Security Services	732.31	P202200117	11-000-240-500-000-068
		01/04/22-1/17/22 Security Services	1,399.04	P202200117	11-000-240-500-000-068
		Security services 11/23/21-12/06/21	4,033.17	P202200170	11-000-240-500-000-068
		Security services 11/09/21-11/22/21	5,191.75	P202200170	11-000-240-500-000-068
		Security services 10/26/21-11/08/21	4,410.26	P202200170	11-000-240-500-000-068
		Security services 4/12/22-4/25/22	3,410.16	P202200170	11-000-240-500-000-068
		Security services 3/29/22-4/11/22	4,940.36	P202200170	11-000-240-500-000-068
		Total Check Amount:	34,828.45		
A:04518	5/4/22	4imprint, inc.			
		Recruiting Supplies including Setup + S/H	2,906.07	P202200198	60-910-310-600-000-000
A:04519	5/4/22	AT & T			
		2021-2022 Long Distance	1,055.81	P202200045	11-000-230-530-000-057
A:04520	5/4/22	Avaya Inc.			
		April 2022 Phone & Voicemail Service	128.49	P202200048	11-000-230-530-000-057
A:04521	5/4/22	Charles Nechtem Associates, Inc.			
		May 2022 EAP Services (Phone & E-Counsel)	291.66	P202200013	11-000-230-331-000-055
A:04522	5/4/22	City of Newark Division of Water			
		April 2022 Water	711.33	P202200077	11-000-262-620-000-074

All Bank Accounts Included

Check#	Date	Vendor (Payee)/Check Line Comments	Amount	PO or Bal Sht	Exp. Acct. or Balance Sheet Title
A:04523	5/4/22	Delta-T Group North Jersey, Inc.			
		04/04/22 - 04/08/22 Subs/Paraprofessional	1,122.56	P202200186	11-190-100-320-000-045
		4/18/22-4/22/22 Subs/Paras	2,898.24	P202200106	11-190-100-320-000-045
		Total Check Amount:	4,020.80		
A:04524	5/4/22	Digital Arts Imaging			
		Retractable Recruitment Banner	227.11	P202200209	20-500-100-800-000-000
A:04525	5/4/22	The Goodkind Group, LLC			
		wk end 5/1/22 Paras/Subs	10,615.32	P202200032	20-231-100-300-000-096
		Wk End 4/24/22 Subs/Paras	9,973.35	P202200032	20-231-100-300-000-096
		Total Check Amount:	20,588.67		
A:04526	5/4/22	Horizon BCBS			
			33,348.54	10 - 461	Health Insurance Emp share
A:04527	5/4/22	NJSchoolJobs.com			
		Annual Unlimited Ads -May 2023	500.00	P202200205	11-190-100-890-000-049
A:04528	5/4/22	NEWARK SCHOOL OF THE ARTS			
		Kindergarten Music Program Curriculum Develop	2,500.00	P202200196	60-910-310-600-000-000
A:04529	5/4/22	Optimum			
		04/23-5/22 Internet Service	146.26	P202200006	11-000-230-530-000-057
A:04530	5/4/22	PSE&G			
		2021-2022 Energy Costs	5,116.16	P202200054	11-000-262-620-000-074
A:04531	5/4/22	Verizon Fios			
		2021-2022 Fios	289.00	P202200057	11-000-230-530-000-057
A:04532	5/4/22	Waste Management of New Jersey, Inc.			
		May 2022 waste/recycling	767.87	P202200010	11-000-240-500-000-068
A:04533	5/4/22	WCEPS			
		WIDA Cando Descriptors Booklet & Key	48.00	P202200200	11-190-100-890-000-049
		Promising Practices	18.00	P202200200	11-190-100-890-000-049
		WIDA Kit w. RB & SS,	71.00	P202200200	11-190-100-890-000-049
		S&H	22.00	P202200200	11-190-100-890-000-049
		Total Check Amount:	159.00		
A:04534	5/4/22	AT&T Mobility			
		2021-2022 Mobile Service	2,704.31	P202200046	11-000-230-530-000-057
A:04535	5/4/22	Jesuit Volunteer Corp			
		2021-2022 JVC Quarterly Billing	5,000.00	P202200051	11-190-100-320-000-045
A:04536	5/4/22	LISA WEBER			
		2021-2022 Powerschool Services	3,000.00	P202200011	11-000-230-300-000-055

All Bank Accounts Included

<u>Check#</u>	<u>Date</u>	<u>Vendor (Payee)/Check Line Comments</u>	<u>Amount</u>	<u>PO or Bal Sht</u>	<u>Exp. Acct. or Balance Sheet Title</u>
D:01210	5/4/22	Horizon BCBS May 2022 Dental	2,329.00	91 - 485	Dental
D:04546	5/4/22	New Jersey Manufacturers Insurance Company	**VOIDED**	Check voided on 5/9/2022	
A:04537	5/5/22	Success Communications Group			
		2021/2022 Advertisement Expenses	841.66	P202200210	11-000-230-500-000-056
		2021-2022 Advertising	312.12	P202200073	11-000-240-500-000-068
		2021-2022 Advertising	308.47	P202200073	11-000-240-500-000-068
		Total Check Amount:	1,462.25		
A:04538	5/5/22	Worrall Communications Newspapers, Inc. 5/9/22 ADS	53.12	P202200008	11-190-100-890-000-049
A:04539	5/5/22	Perma-Bound Raisin in the Sun (qty. 40)	579.60	P202200197	11-190-100-890-000-049
A:04540	5/5/22	LINK EDUCATION PARTNERS, INC			
		June 2022 Rent Expenses	27,333.33	P202200003	11-000-262-441-000-069
		June 2022 Rent- Add'l Space	2,000.00	P202200003	11-000-262-441-000-069
		Total Check Amount:	29,333.33		
A:04541	5/5/22	Youth Development Clinic			
		Apr 2022 Mental Health Service, PD, & Consulti	4,702.50	P202200138	20-250-200-300-000-097
		March 2022 Mental Health Service, PD, & Consu	6,558.75	P202200138	20-250-200-300-000-097
		Total Check Amount:	11,261.25		
A:04542	5/5/22	Gordon & Rees			
		2021-2022 Legal Services	1,376.50	P202200211	11-190-100-890-000-049
		2021-2022 Legal Services	82.50	P202200075	11-000-230-331-000-055
		Total Check Amount:	1,459.00		
A:04543	5/5/22	Amazon Capital Services			
		School Supplies	358.03	P202200212	11-190-100-610-000-047
		School Supplies	293.93	P202200166	11-190-100-890-000-049
		Marketing & Recruiting Supplies	3,484.95	P202200212	20-500-100-600-000-000
		Kindergarten Supplies	86.72	P202200207	20-500-100-600-000-000
		Total Check Amount:	4,223.63		
A:04544	5/6/22	Success Communications Group			
		2021/2022 Advertisement Expenses	304.98	P202200210	11-000-230-500-000-056
A:04545	5/6/22	Western Pest Services			
		March 2022 Pest Control	237.00	P202200103	11-000-240-500-000-068
		4/19/22 Pest Control	237.00	P202200103	11-000-240-500-000-068
		4/29/22 Pest Control	237.00	P202200103	11-000-240-500-000-068
		Total Check Amount:	711.00		
A:04546	5/9/22	New Jersey Manufacturers Insurance Company			
		2021-2022 WC	2,951.00	P202200102	11-000-291-260-000-054

All Bank Accounts Included

<u>Check#</u>	<u>Date</u>	<u>Vendor (Payee)/Check Line Comments</u>	<u>Amount</u>	<u>PO or Bal Sht</u>	<u>Exp. Acct. or Balance Sheet Title</u>
A:04547	5/9/22	Selective Insurance Company of America Property Coverage 2021-22	5,366.00	P202200108	11-000-262-520-000-070
A:04548	5/9/22	Fuel Education LLC Annual Middlebury Site License & Instr. Services	9,000.00	P202200113	11-190-100-320-000-045
A:04549	5/9/22	Digital Arts Imaging Mesh Banners (qty. 2)	616.00	P202200213	20-500-100-800-000-000
A:04550	5/9/22	CIT 2021-2022 Copier	2,798.20	P202200049	11-000-240-500-000-068
A:04551	5/9/22	AAA Facility Solutions Cleaning services March 2022	1,997.80	P202200116	11-000-240-500-000-068
D:01211	5/9/22	AFLAC	1,006.38	91 - 473	AFLAC
D:01212	5/9/22	AXA Equitable Equi-Vest	3,502.50	91 - 472	AXA
The Grand Total of all Checks from Fund 10 is:			31,745.52		
The Grand Total of all Checks from Fund 11 is:			287,418.34		
The Grand Total of all Checks from Fund 20 is:			36,264.70		
The Grand Total of all Checks from Fund 60 is:			5,406.07		
The Grand Total of all Checks from Fund 91 is:			6,837.88		
The Grand total of all checks for this period is:			367,672.51		

Link Community Charter School Budget Transfers printed on 5/6/2022
Report Includes Effective Dates from Apr 01, 2022 to Apr 30, 2022

<u>Date</u>	<u>Source Account/Title</u>	<u>Target Account/Title</u>	<u>Comments</u>	<u>Amount</u>
04/18/22	11-190-100-330-000-046 Other Purch Svcs	11-190-100-320-000-045 Purch Prof Educational Svcs	to cover shortage	30,000.00
04/28/22	11-000-291-250-000-054 State Unemployment Ins	11-421-100-105-000-044 Stipends	to cover shortage	15,000.00
04/28/22	11-000-216-320-002-067 Purch Prof Tech Svcs - P/OT	11-000-262-441-000-069 Rental of Land & Bldgs		24,000.00
The total of all transfers within fund 10 is:				69,000.00